



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 12, 2015**

Mr. Eddy J. Inzana, President/ CEO  
Brookline at Mifflintown, Inc.  
8796 Route 219, P.O. Box 240  
Brockway, Pennsylvania 15824

RE: Brookline Retirement Village  
92 Village Drive  
Mifflintown, Pennsylvania 17059  
Certificate #: 302270

Dear Mr. Inzana:

As a result of the Department of Human Services' licensing inspection on April 1 and 2, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 30227 - 04/01/2015 - Minnich, Ron

PCH Name: Brookline Retirement Village

**1. REGULATION 55 Pa.Code §2600**

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

**2a. DESCRIPTION OF VIOLATION**

On 3/28/15, there were 23 residents in the home, including 9 residents with mobility needs, requiring a total minimum of 32 of hours of direct care. On this date, only 28.75 hours of direct care staffing was provided.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed*

Step1- All residents with mobility needs have been identified through assessment.

Step2-Direct care staff will be available to provide 2 hours of care to residents with mobility needs.

Step3-The Administrator will staff hours accordingly to meet the hours of residents with mobility needs.

Step4 -The Administrator will make sure the hours specified will be during waking hours.

Step 5- Will review resident mobility needs and census by the Administrator  
To make sure hours are met by direct care staff

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah A. Light RN/PA/HA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah A. Light RN/PA/HA* Date *4-30-2015*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6-11-15</u> (Date)	Plan of correction implementation status as of <u>5-15-15</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30227 - 04/01/2015 - Minnich, Ron

PCH Name: Brookline Retirement Village

**1. REGULATION 55 Pa.Code §2600**

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**

On 3/28/15, a total of 24 hours of direct care was required during waking hours. However, only 17.25 of the required hours were provided during waking hours.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Step1- the Administrator will oversee that the direct care Staff will be available to provide at least one hour of personal care to each resident.

Step 2- The Administrator will oversee that the direct care staff will be available to provide 2 hours of care to each resident that has mobility needs.

Step 3- The Administrator will provide at least 75% of personal care services during waking hours.

Step4-The Administrator will review the residents needs daily to ensure the correct number of Direct Care hours are provided.

steps - Assessments were completed by the home + AAA to determine mobility needs. Five residents were relocated. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Shelora A. Light RN/RHIT*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shelora A. Light RN/RHIT* Date *4-30-2015*

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The above plan of correction is approved as of 6-11-15  
(Date)

The above plan of correction was approved by SE  
(Initials)

Plan of correction implementation status as of 5-15-15  
(Date)

Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 30227 - 04/01/2015 - Minnich, Ron  
 PCH Name: Brookline Retirement Village

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The fire safety letter dated September 30, 2014, indicated that the safe evacuation time for the home is 5 minutes 30 seconds. The evacuation time for the fire drill conducted on February 27, 2015, at 5:58am was 6 minutes 29 seconds.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Step 1-Monthly fire drill evacuation times will be monitored to ensure evacuation under the recommended time of the fire safety expert

Step2- the Administrator will monitor to make sure fire drills evacuation of all residents to the outside of the building under the recommended time of the fire safety expert.

Step 3 -Fire Safety expert [REDACTED] Mifflintown Hose Company #1 has established 6 minutes and 35 seconds as the maximum safe evacuation time

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah A. Light LPN/PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah A Light LPN/PCHA* Date *5-11-2015*

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The above plan of correction is approved as of 6-11-15  
 (Date)

The above plan of correction was approved by DL  
 (Initials)

Plan of correction implementation status as of 6-11-15  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 30227 - 04/01/2015 - Minnich, Ron

PCH Name: Brookline Retirement Village

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 last medical evaluation was completed on 3/12/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Step1-Administrator will make sure all medical evaluations are done annually.

Step2-Administrator will review monthly to see which Medical Evaluations are due and develop a tracking log

Step 3-Administrator will review with the Executive Director Monthly for Medical Evaluations that are due as a part of Quality Assessment.

Step4-Resident #1 Medical evaluation was completed

Step5-Administrator reviewed all residents medical evaluations and are current

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Deborah A Light LPN/RNA*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Deborah A Light LPN/RNA*

Date

*4-30-2015*

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The above plan of correction is approved as of

*6-11-15*  
(Date)

Plan of correction implementation status as of

*5-15-15*  
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*DL*  
(Initials)

Violation Report: 30227 - 04/01/2015 - Minnich, Ron

PCH Name: Brookline Retirement Village

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

During an interview with the home's administrator, administrator A confirmed that resident #1, #2, #3, #4, #5, #6, #7, #8 and #9 assessments were not updated to accurately reflect the change in mobility needs.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Step1-Residents #1-9 will have updated assessments completed

Step2 -Any resident that presents a change in status prior to the annual assessment will have a significant change documented.

Step3- Administrator will keep RASP/DME Tracking Book updated. -2e

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah A. Light DM/PCMH*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah A. Light LPN/PCMH* Date *4-30-2015*

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(Date)

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(Date)

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- Not Implemented

The above plan of correction was approved by DE  
(Initials)

Violation Report: 30227 - 04/01/2015 - Minnich, Ron  
 PCH Name: Brookline Retirement Village

1. REGULATION 55 Pa.Code §2600  
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment

2a. DESCRIPTION OF VIOLATION

During an interview with the home's administrator, administrator A confirmed that resident #1, #2, #3, #4, #5, #6, #7, #8 and #9 mobility needs assessment's were not updated to accurately reflect the change in mobility needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Step1- Residents #1-9 will have an assessment for mobility needs completed

Step-2 Any resident that is identified with mobility needs will be evaluated for a higher level of care. *five residents were discharged to higher levels of care. -BE*

Step3-All residents will be reviewed to ensure that all mobility needs are addressed on their annual assessment

Step 4- Administrator will update RASP/ DME Tracking Book as needed. *-BE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah A. Light LPN/PCA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah A. Light LPN/PCA* Date *4-30-2015*

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