



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Ruby Cook,
Administrator
Brookline at Mifflintown, Inc.
8796 Route 219
Brockway, Pennsylvania 15824

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

Dear Ms. Cook:

As a result of the Department of Human Services' annual licensing inspection on December 15, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: BROOKLINE RETIREMENT VILLAGE		License Number: 30227
Address: B2 VILLAGE DRIVE, MIFFLINTOWN, PA 17059		County: Juniata
Administrator: Ruby Cook		Region: CENTRAL
Legal Entity Name: BROOKLINE AT MIFFLINTOWN INC		
Legal Entity Address: 8796 ROUTE 219, BROCKWAY, PA 15824		
Certificate(s) of Occupancy		
C-2 LP 08/11/1995 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/15/2016: Heemer, Laura; Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 24 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0

Violation Report: 30227 - 12/15/2016 - Heemer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person A did not receive orientation in evacuation procedures prior to or during the staff person's first day of work.

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.

Due to employee start date being [redacted] 1/15 new orientation given.

Administrator reviewed evacuation procedure with staff person A, and educated her on evacuation procedures. 12/30/16.

Administrator will assure all new hires are oriented on the first day of employment according to regulation 2600.65(a)

Please see attached Orientation list

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN / PCH A.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN / PC Administrator* Date *1/13/2017*

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The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 1/24/17 (Date)

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

Violation Report: 30227 - 12/15/2016 - Heemer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff Person A did not receive orientation on the home's emergency medical plan within the first 40 scheduled working 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.

Due to employee start date being [redacted] /15 new orientation given.

Administrator reviewed and educated Staff person A. to the homes Emergency Medical plan. 12/30/16

Administrator will assure all new hires are oriented on the first day of employment or within 40 hours according to regulation 2600.-65 (b)

Please see attached.
 Orientation List.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ruby Cook PCA Administrator* Date *1/13/2017*

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

The above plan of correction is approved as of 1/24/17
 (Date)

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

Plan of correction implementation status as of 1/24/17
 (Date)

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

Violation Report: 30227 - 12/15/2016 - Heamer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A "Power House Heavy Duty Oven Cleaner" spray can, with a manufacture's label indicating "if swallowed, call physician immediately", was located under the sink in the activity center and unlocked and accessible to residents.

A "Clorox" commercial disinfectant cleaner with bleach, 1 qt spray bottle, with a manufacturers label indicating "if swallowed, call poison control", was located under the sink in the activity center and unlocked and accessible to residents.

A "Clorox" Hospital Disinfectant and Deodorizer, with a manufacturers label indicating "if swallowed, call poison control" was located in the unlocked public men's room across from the lobby.

A 16 oz bottle of "Skintegrely" antibacterial hand soap with a label indicating "if swallowed, get medical help or contact poison control right away" was located in the public unlocked women's restroom located near the front lobby.

Residents of the home, including Resident 1, have not been assessed capable of recognizing and using poisons safely.

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.

poisonous materials were removed immediately from under sink in Activity Room. The antibacterial hand soap was removed from the women's restroom in front lobby and the the hospital disinfectant and deodorizer in the mens restroom in front lobby was removed immediately.

Staff was educated immediately to regulation 2600.-82(c) and the risk to Residents. Wall mount hand soap installed. Sinks and all restrooms will be locked. All Residents will be assessed of their capability of recognizing and using poisons safely and will be added to Support Plan.

Administrator will assure restrooms in all of facility and sinks will be locked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ruby Cook PC Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ruby Cook PC Administrator* Date *1/13/17*

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The above plan of correction is approved as of <u>1/24/17</u> (Date)	Plan of correction Implementation status as of <u>1/24/17</u> (Date)
The above plan of correction was approved by <u>BAC</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 - 12/15/2016 - Heumer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 65 Pa.Code §2300
 2603.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 12/15/2016 there was an accumulation of lint in the lint trap of the dryer in the laundry room.

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.

Lint was removed from Dryer lint trap immediately.

Staff was educated on the potential of fire from uncleaned lint traps.

Sign was posted at Dryer to remind Staff to check and clean lint trap before and after every load of laundry.

Administrator/Maintenance will routinely check lint trap in clothes Dryer to ensure lint trap is clean.

Please See Attached.

Repeat Violation No: _____ Date(s) of Previous Violation(s): _____

Signature of Legal Entity Representative: *Ruby Cook*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: *Ruby Cook / PCH Administrator* Date: *1/13/17*
 (Required on EVERY Page)

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

The above plan of correction is approved as of 1/24/17
 (Date)

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

Plan of correction implementation status as of 1/24/17
 (Date)

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

Violation Report: 30227 - 12/15/2016 - Heemer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 12/15/2016, a medication blister card containing two Warfarin 2 mg tablets in each blister and prescribed for Resident 2 was located in the medication cart. Two of the blister packs on the card had been opened, but still contained medication. When interviewed, staff explained that in order to administer the correct dosage as ordered, the blisters will be opened and 1 tablet is removed and split. Half of the tablet is administered to the resident and the other half of the tablet is re-inserted into the blister pack. This results in open blisters of medication being stored on the medication card.

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.

Appropriate Pharmacy was notified 12/16/16 requesting the exact dose of all medications be packaged in same bubble blister. Pharmacy requested copy of medication changes. Changes were sent.

All medication dosage/change will be sent to pharmacy upon change. All correct dosage of medication will be packaged with exact dose in bubble blister by pharmacy.

Administrator/Med.Tech. will assure all medication changes are sent to pharmacy and returned to facility with correct dosage packaged in same bubble blister.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruby Cooks LPN/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ruby Cooks LPN/PCA Administrator* Date *1/13/17*

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The above plan of correction is approved as of 1/24/17 (Date)

Plan of correction implementation status as of 1/24/17 (Date)

The above plan of correction was approved by *BCS* (Initials)

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

Violation Report; 30227 - 12/15/2016 - Heemer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident 1 does not include a diagnosis or purpose for the prescribed Aspirin 81 mg.

The medication administration record for resident 2 does not include a diagnosis or purpose for the prescribed Bumetadine 1 mg tablet.

Resident 2 is prescribed, and has been receiving the administration of Pot CL Micro 10MEQ Tab. The medication administration record for Resident 2 does not include a listing for the Pot CL Micro 10MEQ Tab, including the strength, dosage, form, route of administration, frequency of administration, and administration times for this medication.

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.

The diagnosis was added to Resident #1 and Resident #2 MARs immediately. The medication Pot CL Micro 10MEQ Tab. was listed on MAR immediately with the strength, dosage, form, route, frequency and time. Staff re-educated on MAR documentation and the Five Rights of Medication Administration. Administrator will assure Med. Techs. do MAR audits weekly. Please see attached Audit form.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN/PCHBA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN/PCA Administrator* Date *1/13/17*

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The above plan of correction is approved as of 1/24/17 (Date)

Plan of correction implementation status as of 1/24/17 (Date)

The above plan of correction was approved by *Bas* (Initials)

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

Violation Report: 30227 - 12/15/2016 - Heemer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed, and has been receiving the administration of Pot CL Micro 10MEQ Tab. The medication administration record for Resident 2 does not document the dates and times this medication was administered.

The daily blood sugar readings recorded on Resident 3's Medication Administration Record from December 1, 2016 through December 15, 2016 have been improperly recorded, as they do not match the actual blood sugar readings recorded on the glucometer of Resident 3.

Resident 4 is ordered to have blood sugar testing two times per day. The glucometer of Resident 4 records that on 12/4/16, 12/5/16, 12/6/16, and 12/7/16 the resident's blood sugar level was measured only once. However, the Medication Administration Records for Resident 4 documents blood sugars levels were measured twice on these days.

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.

The dates and times of the medication Pot CL Micro 10meq. tab were added to Resident #2 MAR. immediately.

Glucometers for Resident #3 and Resident #4 will be checked weekly to ensure all blood sugar readings are documented in MAR exactly as it reads on Glucometer.

Staff educated on correct documentation of medications and information. Five Rights of medication administration reviewed with Staff.

Administrator/Med. Tech. will assure weekly MAR audit is completed to ensure everything in Reg. 2600-187(a) is included on all Resident MAR's.

Please see attached.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN/PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ruby Cook LPN/PC Administrator* Date *1/13/17*

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The above plan of correction is approved as of 1/24/17 (Date)

Plan of correction implementation status as of 1/24/17 (Date)

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

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

Violation Report: 30227 - 12/16/2016 - Heemer, Laura
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 4 is ordered to have blood sugar testing two times per day. The glucometer of Resident 4 records that on 12/4/16, 12/5/16, 12/6/16, and 12/7/16 the resident's blood sugar level was measured only once.

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.

All Med. Techs. were counseled and re-educated on Medication Administration and documentation on Resident MAR's.

MAR audits will be done weekly and reviewed by Administrator.

Please see Attached.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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

The above plan of correction is approved as of 1/24/17
 (Date)

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

Plan of correction implementation status as of 1/24/17
 (Date)

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