



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Mr. Thomas Gutheridge,
Administrator
Brookside Assisted Living, Inc.
49 Brookside Lane
Brookside, Pennsylvania 15825

RE: Brookside Senior Living
License #: 411130

Dear Mr. Gutheridge:

As a result of the Department of Human Services' annual licensing inspection on February 22, 2017 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

| | | |
|--|-----------------------|--|
| PCH Name: BROOKSIDE SENIOR LIVING | | License Number: 41113 |
| Address: 49 BROOKSIDE LANE, BROOKVILLE, PA 15825 | | County: Jefferson |
| Administrator: Kristen Mazzaferro | | Region: WEST |
| Legal Entity Name: BROOKSIDE ASSISTED LIVING INC | | |
| Legal Entity Address: 49 BROOKSIDE LANE, BROOKVILLE, PA 15825 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 07/03/2003 Dept. of L & I | | MAY 17 2017 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 48 | Waking Staff: 36 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 02/22/2017: Cutter, Jan; Park, Beth | | |
| 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: 50 Number of Residents Served: 44 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: 3 Number of Hospice Residents in past year: 15 | | Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 43 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1 |

Kristen Mazzaferro 05.17.17

RECEIVED

MAY 17 2017

Violation Report: 41113 - 02/22/2017 - Cutter, Jan
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has a gas-fired boiler; however, no carbon monoxide detectors were present in the home.

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.

Refer to Addendum A (page 2^a of 7)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas Guthridge

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Thomas Guthridge, Administrator*

Date *05.17.17*

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

The above plan of correction is approved as of *5/23/17*
(Date)

Plan of correction implementation status as of *5/23/17*
(Date)

- Fully Implemented *JW.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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MAY 17 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. What change was made?

A carbon monoxide alarm was installed within 15 feet of the facility's gas-fired boiler (which is located in the basement). The basement carbon monoxide alarm is interconnected wirelessly with an additional carbon monoxide alarm that is located upstairs so that it can be easily heard by Staff if/when the alarm sounds. The alarms meet requirements indicated in the Care Facility Carbon Monoxide Alarms Standards Act.

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

The carbon monoxide alarms were installed on 04.15.17.

4. How the change was made?

A carbon monoxide alarm was installed within 15 feet of the facility's gas-fired boiler (which is located in the basement). The basement carbon monoxide alarm is interconnected wirelessly with an additional carbon monoxide alarm that is located upstairs so that it can be easily heard by Staff if/when the alarm sounds.

5. What system will be implemented to prevent reoccurrence of the same violation?

The system to prevent reoccurrence of this violation is in place. The carbon monoxide alarms will be monitored by Brookside Administration periodically to ensure that they are in operating condition. Additionally, batteries will be replaced annually or when needed - batteries will be dated when changed.

6. What training will be provided to staff?

Staff Persons will be informed via MEMO of the Evacuation and Alarm Protocol as indicated in the Care Facility Carbon Monoxide Alarms Standards Act. Additionally, this will be part of orientation for new employees.

James [Signature]

05.17.17

pd.
5/23/17

RECEIVED

Violation Report: 41113 - 02/22/2017 - Culter, Jan
PCH Name: BROOKSIDE SENIOR LIVING

MAY 17 2017

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There was no bedside table or shelf beside resident #1's bed.

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.

Refer to Addendum B (page 3 of 7)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas Gutteridge*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas Gutteridge, Administrator* Date *05.17.17*

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

The above plan of correction is approved as of 5/23/17
(Date)

Plan of correction implementation status as of 5/23/17
(Date)

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

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

Addendum B

1. What change was made?

The nightstand and lamp (sitting upon the nightstand), which was already in resident #1's room, was moved directly adjacent to resident #1's bed. Compliance was verified on-site by DHS Representatives, and compliance verification related to this violation was also verbally reaffirmed between Brookside Administration, DHS Representatives, and the AAA Representative during the Exit Interview on 02.22.17. As a result, no further corrective action is necessary at this time.

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

This change was made on 02.22.17.

4. How the change was made?

The nightstand and lamp (sitting upon the nightstand), which was already in resident #1's room, was moved directly adjacent to resident #1's bed.

5. What system will be implemented to prevent reoccurrence of the same violation?

Currently, any resident room / furniture related issues - especially as they may relate to Regulations - are generally addressed by Brookside Administration with a resident/family during initial admission. In this particular case, we are unsure of the circumstances which may have led to resident #1's nightstand and lamp being displaced from close proximity to bed. Upon discovering the situation, Brookside Administration moved the nightstand and lamp directly adjacent to resident #1's bed. Additionally, Brookside Administration conducted a review of all resident rooms to ensure that a bedside table/shelf and a source of lighting was in close proximity to all resident beds, and the findings proved this to be true. As a result, this type of situation does not seem to be a common/systemic problem.

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO to look for any potential situations in which a resident does not have the Regulation-required bedside table/shelf and source of lighting directly near his/her bedside. If a situation like this is discovered, Staff Persons will be instructed/reminded to then resolve these potential situations independently if possible, or report to Brookside Administration promptly for appropriate attention.

Within 15 days of receipt of the plan of correction: a designated staff person will check resident bedrooms weekly to ensure each resident has a bedside table or shelf. *gw. 5/23/17*

Thomas Guttridge 05.17.17

RECEIVED

MAY 17 2017

Violation Report: 41113 - 02/22/2017 - Cutter, Jan
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not have a source of lighting that can be turned on/off from bedside. The resident's lamp was 8 feet from the bed.

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.

Refer to Addendum C (page 4 of 7)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas Guthridge

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

Thomas Guthridge, Administrator

Date

05.17.17

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

The above plan of correction is approved as of

5/23/17
(Date)

Plan of correction implementation status as of

5/23/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PH*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PH
(Initials)

1. What change was made?

The nightstand and lamp (sitting upon the nightstand), which was already in resident #1's room, was moved directly adjacent to resident #1's bed. Compliance was verified on-site by DHS Representatives, and compliance verification related to this violation was also verbally reaffirmed between Brookside Administration, DHS Representatives, and the AAA Representative during the Exit Interview on 02.22.17. As a result, no further corrective action is necessary at this time.

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

This change was made on 02.22.17.

4. How the change was made?

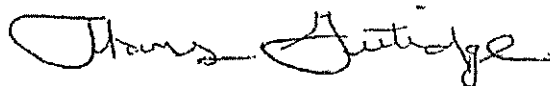
The nightstand and lamp (sitting upon the nightstand), which was already in resident #1's room, was moved directly adjacent to resident #1's bed.

5. What system will be implemented to prevent reoccurrence of the same violation?

Currently, any resident room / furniture related issues - especially as they may relate to Regulations - are generally addressed by Brookside Administration with a resident/family during initial admission. In this particular case, we are unsure of the circumstances which may have led to resident #1's nightstand and lamp being displaced from close proximity to bed. Upon discovering the situation, Brookside Administration moved the nightstand and lamp directly adjacent to resident #1's bed. Additionally, Brookside Administration conducted a review of all resident rooms to ensure that a bedside table/shelf and a source of lighting was in close proximity to all resident beds, and the findings proved this to be true. As a result, this type of situation does not seem to be a common/systemic problem.

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO to look for any potential situations in which a resident does not have the Regulation-required bedside table/shelf and source of lighting directly near his/her bedside. If a situation like this is discovered, Staff Persons will be instructed/reminded to then resolve these potential situations independently if possible, or report to Brookside Administration promptly for appropriate attention.



05.17.17

AS
5/23/17

MAY 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41113 - 02/22/2017 - Cutter, Jan
PCH Name: BROOKSIDE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The picnic table umbrella in the home's designated smoking area outside of the kitchen door did not have a tag indicating that it is fire resistant.

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.

Refer to Addendum D (page 5^a of 7)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Thomas Guthridge*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Thomas Guthridge, Administrator* Date *05.17.17*

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

The above plan of correction is approved as of 5/23/17
(Date)

Plan of correction implementation status as of 5/23/17
(Date)

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

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

Addendum D

1. What change was made?

The picnic table umbrella was removed from the picnic table and discarded due to it being in the facility's designated smoking area while not having a fire resistant rating. Compliance was verified on-site by DHS Representatives, and compliance verification related to this violation was also verbally reaffirmed between Brookside Administration, DHS Representatives, and the AAA Representative during the Exit Interview on 02.22.17. As a result, no further corrective action is necessary at this time.

2. Who made the change?

This change was made by Brookside Administration.

3. When the change was made?

This change was made on 02.22.17.

4. How the change was made?

The picnic table umbrella was removed from the picnic table and discarded due to it being in the facility's designated smoking area while not having a fire resistant rating.

5. What system will be implemented to prevent reoccurrence of the same violation?

Brookside Administration has determined that a picnic table umbrella will no longer be used in the facility's designated smoking area. Additionally, Brookside Administration will periodically review the facility's designated smoking area to ensure that proper fire safety safeguards are in place.

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO of Brookside Administration's decision to longer use a picnic table umbrella in the designated smoking area, as well as to look for any potential fire safety related concerns in the facility's designated smoking area (particularly as it relates to Regulation 2600.144(c)(1)) and report to Brookside Administration promptly for appropriate attention.

Thomas Judge 05.17.17

Violation Report: 41113 - 02/22/2017 - Cutler, Jan
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed ondansetron 4 mg, dissolve 1 tablet sublingually every 6 hours as needed for nausea; however, the medication was not available for administration.

Resident #3 is prescribed ondansetron 4 mg, take 1 tablet every 6 hours as needed for nausea/vomiting; however, the medication was not available for administration.

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.

Refer to Addendum E (page 6 of 7)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas Guthridge

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

Thomas Guthridge, Administrator

Date 05.17.17

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

The above plan of correction is approved as of

5/23/17
(Date)

Plan of correction implementation status as of

5/23/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *DN.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

DN.
(Initials)

Addendum E

1. What change was made?

The respective prn medications in question for both resident #2 and resident #3 were discontinued.

2. Who made the change?

This change was made by resident #2 and resident #3's respective PCP's and Brookside Staff.

3. When the change was made?

This change was made on 05.16.17.

4. How the change was made?

Neither resident #2 nor resident #3 has had a need for their respective prn medications in question. As a result, the corresponding PCP's have discontinued use of these medications.

5. What system will be implemented to prevent reoccurrence of the same violation?

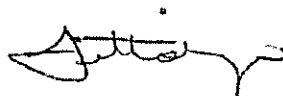
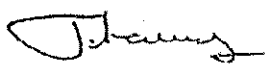
A system is currently in place to monitor for availability of medications/treatments which are listed on MAR's/TAR's. This system, to be performed by designated Brookside Staff, includes regular audits of MAR's/TAR's to medications/treatments for accuracy and availability (see Attachment 1). Additionally, Diamond Pharmacy will continue to conduct quarterly audits to help ensure accuracy/availability of MAR's/TAR's to medications/treatments.

6. What training will be provided to staff?

Staff Persons will be directed via MEMO to review the following:

- Brookside Policy entitled *Procedures for Safe Storage, Access, Security, Distribution and Use of Medications and Medical Equipment* (see Attachment 1).

Documentation of the staff education shall be kept. *gwi*
5/23/17



05.17.17

Violation Report: 41113 - 02/22/2017 - Cutter, Jan
PCH Name: BROOKSIDE SENIOR LIVING

MAY 17 2017

WEST HUNTSFIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #3 did not receive the following medications on the following dates and times because they were not available for administration.

- * carvedilol 12.5 mg on 2/5/2017 at 8:00 a.m and 8:00 p.m. and 2/6/2017 at 8:00 a.m.
- * clopidogrel 75 mg on 2/6/2017 at 8:00 a.m.

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.

Refer to Addendum F (pages 7^a & 7^b of 7)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas Guthridge

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

Thomas Guthridge, Administrator

Date

05.17.17

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

The above plan of correction is approved as of

5/23/17
(Date)

Plan of correction implementation status as of

5/22/17
(Date)

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

The above plan of correction was approved by

qu
(Initials)

RECEIVED

Violation Report: 41113 - 02/22/2017 - Cutler, Jan
PCH Name: BROOKSIDE SENIOR LIVING

MAY 23 2017

Page 7 of 7

1. REGULATION 55 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 did not receive the following medications on the following dates and times because they were not available for administration.

- carvedilol 12.5 mg on 2/5/2017 at 8:00 a.m and 8:00 p.m. and 2/6/2017 at 8:00 a.m
- clopidogrel 75 mg on 2/6/2017 at 8:00 a.m.

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

Within 30 days of receipt of the plan of correction; the administrator will review and update the medication policy and procedure to ensure that all currently prescribed medications are present in the home for administration as ordered, including medications delivered by residents' families. All staff persons will be educated on the medication policy and procedures. Documentation of the education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas Guthrie

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

Thomas Guthrie, Administrator

Date 05.23.17

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

The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

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

1. What change was made?

There is no change that can be made to correct this specific violation, as the respective medications in question were not received by Brookside Staff until after the scheduled administration times which were indicated on the Violation Report.

2. Who made the change?

The medications in question were ultimately obtained by the initiation of Brookside Staff to the resident's preferred pharmacy.

3. When the change was made?

The medications in question were received by Brookside Staff on 02.06.17.

4. How the change was made?

The medications in question were requested to be refilled by Brookside Staff through resident #3's preferred pharmacy, who unfortunately does not have delivery service to the facility. As a result, it is a regular occurrence that resident #3's family will pick up the medications at the preferred pharmacy and deliver them to the facility upon Brookside Staff's request. In this particular situation, the medications in question were not delivered to Brookside Staff until after the scheduled administration times which were indicated on the Violation Report. Upon receiving the medications in question later in the day on 02.06.17, Brookside Staff resumed administering the medications as scheduled.


5. What system will be implemented to prevent reoccurrence of the same violation?

A system is currently in place to obtain medications from resident #3's preferred pharmacy. This system includes Brookside Staff initiating a refill request to the pharmacy approximately one week in advance of running out of the existing medications fill (as permitted by pharmacy); Brookside Staff will then notify resident #3's family that the refill request was submitted so that the family may acquire and deliver the medication in a timely fashion to Brookside Staff.

Additionally, we have offered to the family the utilization of our contracted pharmacy which delivers routinely prescribed medications every two weeks automatically - this would eliminate the potential for any lapses in availability of routinely prescribed medications. However, family has continued to decline this option.

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO to be mindful to request medication refills from non-contracted pharmacies in a timely fashion that will permit sufficient time for the medication(s) to be acquired by the facility so that there is no lapse in supply of the medication(s) - ie. one week in advance of running out of existing medication(s), or as permitted by the non-contracted pharmacy.


2017 Violation Report

05.17.17

9/21
5/23/17