



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

Mr. Hugh Davis,  
CEO  
Menno-Haven, Inc.  
2011 Scotland Avenue  
Chambersburg, Pennsylvania 17201

RE: Brookview Personal Care Center  
2075 Scotland Avenue  
Chambersburg, Pennsylvania 17201  
License #: 336710

Dear Mr. Davis:

As a result of the Department of Human Services' annual licensing inspections on August 2, 2017 and August 3, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 33671 - 08/02/2017 - McCloskey, Jason  
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.18(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 7-2-17 at supper time, Resident 1's blood sugar was measured as 164. The resident's sliding scale prescription directs for the administration of 3 units of Humalog insulin for this measurement. Resident #1 did not receive the administration of the prescribed Humalog due to the insulin available being expired. The home did not report the medication error to the Department.

**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.

LPN responsible for error was immediately re-educated on DHS Incident reporting regulations. Review of established reportable incidents were reviewed and LPN advised to the best of her knowledge she does not feel she has missed reporting any other incidents.  
 Director can confirm that LPN has reported other medication errors, incident of the fire department, and when a Resident has sustained an injury and required treatment at a medical facility. These events were reported to the Director in a timely manner as LPN knew incidents required reporting to DHS within a certain timeframe.  
 Due to this incident other PC Nursing staff also were provided an educational review of Incident reporting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) High Davis, CEO Date 8/22/17

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

The above plan of correction is approved as of <u>8/24/17</u> (Date)	Plan of correction implementation status as of <u>9/22/17</u> (Date)
The above plan of correction was approved by <u>BAS</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: 33671 - 08/02/2017 - McCloskey, Jason  
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**  
 The home has electric sliding doors at the front entrance. The doors are turned off from 9:15pm until 6:00am. There is a keypad and swipecard pad available to operate the doors, however, there is no code posted to allow residents or other people without swipecards to operate the door.  
  
 The exit doors throughout the building, including those in the private dining room, the rear entrance in the Bistro hallway, and stairwell doors near the main entrance, are equipped with magnetic locks that only allow egress through the use of a swipecard or breaking the glass in an emergency door release box to deactivate the magnetic lock.

**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.*

Community will disengage the magnetic lock system on all doors including automatic sliding doors. Automatic sliding doors will remain on a timer system during the overnight hours to be locked from the outside only. Any visitor would need to ring to summon Staff to let them into the building during the overnight hours. Automatic doors will open around the clock from the inside when motion is detected. All other doors will be manually locked for the overnight hours, but still accessible to open from the inside by engaging the push bar as before, but again just increasing security from the outside in.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Hugh Davis, CEO* Date *8/22/17*

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 (Date)

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

Plan of correction implementation status as of 9/22/17  
 (Date)

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

Violation Report: 33671 - 08/02/2017 - McCloskey, Jason  
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 self administers medications and stores aspirin in an unlocked nightstand in the bedroom. Although there is a locking nightstand available, it doesn't have a key and cannot be secured. The resident stated that he/she does not lock the bedroom door when leaving the bedroom.

**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.*

Resident recently moved in to PC. With this incident it has brought to the light potential failures with the current process for those Residents who self-administer medications. Previously, Staff would provide the self-medication review upon move in and then provide a review with the Resident quarterly. With this incident, process will be changed that Residents who move in will be reviewed upon move in, then 2 weeks later, and then proceed to quarterly if the Resident passes the self-medication review at that time. Resident involved in this incident, would have been coming due for her review in September under the past processes. PC Supervisor will take over the responsibility of providing these reviews as LPNs covering the floor feel pressure to complete the reviews timely and provide adequate time while performing the review so Residents do not feel pressured to hurry.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Hugh Davis, CEO	8/22/17

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Violation Report: 33671 - 08/02/2017 - McCloskey, Jason  
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2800**  
 2600.187(d) - The home shall follow the directions of the prescriber.

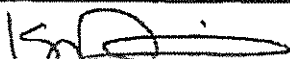
**2a. DESCRIPTION OF VIOLATION**  
 On 7-2-17 at supper time, Resident 1's blood sugar was measured as 164. The resident's sliding scale prescription directs for the administration of 3 units of Humalog insulin for this measurement. Resident #1 did not receive the administration of the prescribed Humalog due to the insulin available being expired.

**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.

LPN responsible for this error, did follow proper procedures by not providing expired medication to the Resident, her mistake came when she did not report to the MD or the Department as well as not looking ahead to manage when medication should have been reordered.

Going forward audits will be conducted by Nightshift LPN to manage when insulins will expire and items will be ordered from the pharmacy prior to the weekend to alleviate the risk of non-delivery.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Hugh Davis	Date 8/22/17
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Violation Report: 33671 - 08/02/2017 - McCloskey, Jason  
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2800**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 7-2-17 at supper time, Resident 1's blood sugar was measured as 164. The resident's sliding scale prescription directs for the administration of 3 units of Humalog insulin for this measurement. Resident #1 did not receive the administration of the prescribed Humalog due to the insulin available being expired. The home did not report the medication error to the resident, the resident's designated person, and the prescriber.

**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.*

LPN responsible for error was counseled on the above incident and re-educated on the DHS medication regulations. After review, LPN feels she has not had any other incidents of this nature that she did not contact the MD or Family to report.

Director can confirm that House MD as well as Family members were interviewed via phone by the Director to assure that any recent changes had been brought to their attention and they agreed that the LPN in question is informative and thorough with her calls and notifications. At this time, Director will continue to monitor to see if a pattern is established but none has been present yet and the incident seems to be isolated.

\* The home shall report all medication errors to the resident, the resident's designated person, and the prescriber.

BAS  
8/24/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Hugh Davis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Hugh Davis</i>	Date <i>8/22/17</i>
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