



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Mr. Brian Rendos,
CFO
Brookline at Mifflintown, Inc.
8796 Route 219
Brockway, Pennsylvania 15824

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

Dear Mr. Rendos:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on December 5, 2017 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: BROOKLINE RETIREMENT VILLAGE		License Number: 30227
Address: 02 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: 28 Waking Staff: 21		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/05/2017: Showers, Michael; Springs, Israel		
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: 23 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 5 Have a Physical Disability: 0	

Violation Report: 30227 - 12/05/2017 - Showers, Michael
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 12/05/2017 at 9:30 am, a box containing frozen turkeys and a box containing bags of frozen spinach were stored on the floor in the walk-in freezer. At 2:30pm, a box containing seven cans of Pudding was located on the floor of the dry storage area.

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.

1. All box's of food in walk-in freezer were put on freezer shelves 12/5/17 immediately.
 All box's of food in dry storage closets were put on shelves 12/5/17 immediately.

2 All foods for freezers, refrigerators and dry storage will be placed on shelves when delivered.
 All staff will be educated on proper storage of all food in next scheduled monthly in-service 1/11/18. Notice on all freezers, refrigerators and food storage closets was posted 12/6/17.

3. Administrator and Maint. staff will do daily walk through to ensure nothing is stored on the floor.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ruby Cook Administrator	Date 12/21/17
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The above plan of correction is approved as of 12/22/17
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 12/22/17
 (Date)

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

Violation Report: 30227 - 12/05/2017 - Showers, Michael
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2800

2800.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident 1 was admitted to the home on [redacted] 2017, but the initial assessment was not completed until [redacted] 2017.

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.

1. Unable to correct dates on Resident #1's Assessment at present.
 2. As of 12/6/17 Administrator will monitor dates of Assessments and Support Plans by documenting on monthly calendar and check calendar daily.
 3. Administrator will be responsible to have the correct dates on all resident assessments and Support Plans to maintain compliance
- * Going forward: All initial resident assessments will be completed within 15 days from the date of admission.
- BVS 12/22/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ruby Cook Administrator* Date *12/21/17*

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

The above plan of correction is approved as of <u>12/22/17</u> (Date)	Plan of correction implementation status as of <u>12/22/17</u> (Date)
The above plan of correction was approved by <u>BVS</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