



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2018

Ms. Kristen Mazzaferro
President
Brookside Assisted Living, Inc.
49 Brookside Lane
Brookside, Pennsylvania 15825

RE: Brookside Senior Living
Certificate #: 411130

Dear Ms. Mazzaferro:

As a result of the Department of Human Services' Licensing annual licensing inspection on February 21, 2018, 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: Tom Guthridge		Region: WEST
Legal Entity Name: BROOKSIDE ASSISTED LIVING INC		
Legal Entity Address: 49 BROOKSIDE LANE, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy C-2 LP 07/03/2003 Dept of L & I		RECEIVED APR 20 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Working Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/21/2018: Summers, Vicky; Bartlett, Patricia		
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: 41 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: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 39 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 4 Have a Physical Disability: 1	

Thomas Guthridge

04.20.18

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

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

From approximately 10:40 AM to 10:45 AM, a 1 quart bottle of Proven System enzyme spotter, with a manufacturer's label indicating to call a poison control center if ingested, was unlocked and accessible to residents on the unattended cleaning cart next to room 26.

Not all residents in the home, including resident #5, have been assessed able to safely use or avoid poisonous materials.

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 of 9)

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) <u>Thomas Guthridge, Administrator</u>			Date <u>04.20.18</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/24/18</u> (Date)		Plan of correction implementation status as of <u>4/24/18</u> (Date)	
The above plan of correction was approved by <u>TM</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>TM</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

1. What change was made?

Any poisonous materials under supervision, use, or possession of Brookside and/or Brookside Staff Persons are to be kept locked and accessible to Brookside Staff Persons only. This practice has already been in existence and will remain in effect as per Brookside Policy entitled *Poisonous Materials* (see Attachment 1).

The Housekeeping Staff Person responsible for this oversight was instructed immediately (by Brookside Administration) upon discovery of the situation to keep the cleaning cart and subsequent poisonous materials under his/her *direct supervision* at all times or to keep the poisonous materials locked.

2. Who made the change?

This change was made by Brookside Administration and the Housekeeping Staff Person.

3. When the change was made?

This change was made immediately upon discovery of the situation on 02.21.18.

4. How the change was made?

The Housekeeping Staff Person responsible for this oversight was instructed immediately (by Brookside Administration) upon discovery of the situation to keep the cleaning cart and subsequent poisonous materials under his/her *direct supervision* at all times or to keep the poisonous materials locked.

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

The system to prevent reoccurrence of this violation is in place. Any poisonous materials under supervision, use, or possession of Brookside and/or Brookside Staff Persons are to be kept locked and accessible to Brookside Staff Persons only. This practice has already been in existence and will remain in effect as per Brookside Policy entitled *Poisonous Materials* (see Attachment 1).

Additionally, Residents are not permitted to independently use or possess poisonous materials unless deemed capable by their physician and/or Brookside Administration. If a Resident is deemed capable to safely use or possess poisonous materials independently, then Brookside requires that the Resident keep the materials locked in his/her room or secured by Brookside. This information is stipulated in our *Resident Home Contract* (see Attachment 2).

Lastly, a sign is now hung on the cleaning cart indicating "Cleaning Cart must be supervised at all times and/or Poisonous Materials must be locked" (see Attachment 3).

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO to be aware of what is considered poisonous materials and to review *Regulation 2600.82* regarding *Poisons* and appropriate storage. Additionally, Staff Persons will be directed via MEMO to review Brookside Policy entitled *Poisonous Materials* (see Attachment 1).


2018 Violation Report

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74-
4/24/18

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
 PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A 3 foot by 7 foot section of the ceiling in the activity room is peeling and cracking, exposing the layer of drywall underneath.

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 9)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Thomas Guthridge, Administrator</i>	Date <i>04.20.18</i>
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The above plan of correction is approved as of <u>4/24/18</u> (Date)	Plan of correction Implementation status as of <u>4/24/18</u> (Date)
The above plan of correction was approved by <u>MG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MG</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Addendum B

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APR 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. What change was made?

The interior portion of the roof leak (damaged area of the ceiling in the activity room with peeling/cracking paint) was repaired and cosmetically restored (see Attachment 4).
The exterior portion of the roof leak (which caused the interior damage in the activity room) was repaired/eliminated (see Attachments 5 and 6).

2. Who made the change?

This interior portion of the repair was completed by Brookside Administration.
The exterior portion of the repair was completed by David Ogershok Construction.

3. When the change was made?

The exterior portion of the repair was completed on 02.20.18.
The interior portion of the repair was completed on 03.01.18.

4. How the change was made?

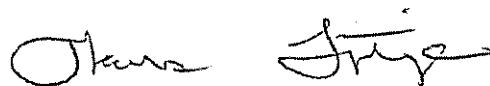
The interior portion of the roof leak (damaged area of the ceiling in the activity room with peeling/cracking paint) was repaired and cosmetically restored (see Attachment 4).
The exterior portion of the roof leak (which caused the interior damage in the activity room) was repaired/eliminated (see Attachments 5 and 6).

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

Currently, any maintenance related issues is reported to Brookside Administration upon discovery, typically by Staff Persons or Residents, and promptly repaired or replaced by Brookside Administration and/or appropriate professionals.

6. What training will be provided to staff?

Staff Persons will be reminded via MEMO to look for any potential maintenance related issues and report to Brookside Administration promptly for appropriate attention.



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Page 4 of 9

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
There was an 8" tear and a 7" tear in the lint screen in dryer #5.

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 9)

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

04.20.18

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The above plan of correction is approved as of

4/24/18
(Date)

Plan of correction implementation status as of

4/24/18
(Date)

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

The above plan of correction was approved by

PL
(Initials)

Page 4^g of 9

Addendum C

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WEST REGION FIELD OFFICE
Human Services Licensing

1. What change was made?

The lint screen in dryer #5 was replaced with a new lint screen that is in good repair.

2. Who made the change?

The lint screen was replaced by Brookside Administration.

3. When the change was made?

The lint screen was replaced on 02.22.18.

4. How the change was made?

The lint screen in dryer #5 was replaced with a new lint screen that is in good repair.

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

Currently, any furniture/equipment maintenance related issues is reported to Brookside Administration upon discovery, typically by Staff Persons or Residents, and promptly repaired or replaced by Brookside Administration and/or appropriate professionals.


Additionally, a sign has been placed in the Laundry Room to remind Staff Persons to "Report any maintenance-related equipment issues to Administration" and to "Remove lint from lint trap and drum of dryers after each use" (see Attachment 7).

6. What training will be provided to staff?

Staff Persons will be reminded via MEMO to:

- Look for any potential furniture/equipment maintenance related issues and report to Brookside Administration promptly for appropriate attention.
- Remove lint from lint trap and drum of dryers after each use.





04.20.18

2018 Violation Report

74.
4/24/18

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(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

At approximately 11:52 AM, there was a 1/4 inch accumulation of lint in the lint trap of dryer #2 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.

Refer to Addendum D (page 5 of 9)

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)

Thomas Guthridge, Administrator

Date

04.20.18

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The above plan of correction is approved as of

4/24/18
(Date)

Plan of correction implementation status as of

4/24/18
(Date)

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

The above plan of correction was approved by

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(Initials)

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APR 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Page 5^o of 9

Addendum D

1. What change was made?

The lint in dryer #2 was removed from the lint trap. 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 02.21.18. As a result, no further corrective action is necessary at this time.

2. Who made the change?

The lint was removed by Brookside Administration.

3. When the change was made?

The lint was removed immediately upon discovery on 02.21.18.

4. How the change was made?

The lint in dryer #2 was removed from the lint trap.

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

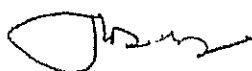
Currently, any furniture/equipment maintenance related issues is reported to Brookside Administration upon discovery, typically by Staff Persons or Residents, and promptly repaired or replaced by Brookside Administration and/or appropriate professionals.

Additionally, a sign has been placed in the Laundry Room to remind Staff Persons to "Remove lint from lint trap and drum of dyers after each use" and to "Report any maintenance-related equipment issues to Administration" (see Attachment 8).

6. What training will be provided to staff?

Staff Persons will be reminded via MEMO to:

- Remove lint from lint trap and drum of dryers after each use.
- Look for any potential furniture/equipment maintenance related issues and report to Brookside Administration promptly for appropriate attention.



04.20.18

Violation Report: 41113 - 02/21/2018 - Summers, Vicky

PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Bisac-Evac 10 mg - insert 1 suppository daily as needed; however, the pharmacy label indicates to insert 1 suppository every 4th day as needed.

Resident #1 is prescribed Humalog 100/ml vial inject units subcutaneous twice daily per sliding scale as follows:

Blood Sugar	Units
150-199	1 unit
200-249	2 units
250-299	3 units
300-349	5 units
350-399	6 units
greater than 399	8 units and call doctor

However, the pharmacy label does not include "if blood sugar is greater than 399, give 8 units and call doctor".

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 9)

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)

Thomas Guthridge, Administrator

Date

04.20.18

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The above plan of correction is approved as of

4/24/18
(Date)

Plan of correction implementation status as of

4/24/18
(Date)

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

The above plan of correction was approved by

JK
(Initials)

APR 20 2018

WEST REGION FIELD OFFICE
Human Services LicensingPage 6^a of 9

Addendum E

1. What change was made?

A "Directions Changed – Refer to Chart" sticker was placed on the mis-labeled Bisac-Evac pharmacy label and the incomplete-labeled Humalog pharmacy label in question. The "...Chart" (aka MAR/TAR) possesses all of the required pharmacy label information including Resident's name, name of medication, date prescription was issued, prescribed dosage and instructions for administration, and name/title of prescriber.

2. Who made the change?

These changes were made by Brookside Staff.

3. When the change was made?

These changes were made on 02.21.18.

4. How the change was made?

After discovering that the medication's pharmacy label information did not completely match the MAR/TAR, Brookside Staff adhered "Directions Changed – Refer to Chart" stickers on the mis-labeled Bisac-Evac pharmacy label and the incomplete-labeled Humalog pharmacy label in question.

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

A system is currently in place to monitor for discrepancies between pharmacy labels and 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 Attachments 9 and 10). 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 9).
- Brookside Policy entitled *Supplemental Medication Policies and Procedures* (see Attachment 10).
- Staff Persons qualified to administer medications will be reminded to, if/when applicable, use "Directions Changed – Refer to Chart" stickers on pharmacy labels that do not match the MAR/TAR as a result of a prescriber's order change.

04.20.18

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
 PCH Name: BROOKSIDE SENIOR LIVING

WEST HESSON 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

The glucometers belonging to residents #1, #2 and #3 are not calibrated to the current date and time.

On the following dates, resident #1's blood sugar readings on his/her glucometer did not match the blood sugars documented on the resident's February 2018 medication administration record (MAR) or treatment administration record (TAR);

Date	Glucometer reading	MAR	TAR
2/20/18	136	121 at 8:00 a.m.	121 at 8:00 a.m.
2/19/18	no reading	200 at 8:00 p.m.	230 at 8:00 p.m.
2/19/18	132	131 at 8:00 a.m.	131 at 8:00 a.m.

On the following dates, resident #3's blood sugar readings on their glucometer did not match the blood sugars documented on the resident's February 2018 treatment administration record (TAR);

Date	Glucometer reading	TAR
2/15/18	123 at 8:53 a.m.	135 at 8:00 a.m.
2/8/18	119 at 8:59 a.m.	125 at 8:00 a.m.
2/6/18	91 at 8:53 a.m.	125 at 8:00 a.m.
2/4/18	92 at 8:48 a.m.	131 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 (page 7^a of 9)

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

04.20.18

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The above plan of correction is approved as of

4/24/18
 (Date)

Plan of correction implementation status as of

4/24/18
 (Date)

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

The above plan of correction was approved by

pd.
 (Initials)

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APR 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Page 7^a of 9

Addendum F

1. What change was made?

The glucometers in question, as well as all other glucometers managed by Brookside, were assessed and, if necessary, adjusted to the appropriate date and time. There is no other change that can be made to correct this specific violation. As of 04.20.18, all glucometers managed by Brookside continue to reflect the correct date and time.

2. Who made the change?

These glucometers were assessed/adjusted by Brookside Staff and Brookside Administration.

3. When the change was made?

These glucometers were assessed/adjusted 02.21.18.

4. How the change was made?

The glucometers in question, as well as all other glucometers managed by Brookside, were assessed and, if necessary, adjusted to the appropriate date and time. There is no other change that can be made to correct this specific violation. As of 04.20.18, all glucometers managed by Brookside continue to reflect the correct date and time.

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

Brookside Administration has developed and will implement a new policy entitled *Glucometer Guidelines and Maintenance* (see Attachment 11). Staff education and adherence to this policy should prevent reoccurrence of similar violations in the future.

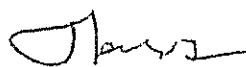
Additionally, Brookside Administration will monitor for policy adherence regularly.

6. What training will be provided to staff?

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

- Brookside Policy entitled *Glucometer Guidelines and Maintenance* (see Attachment 11).

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications will audit glucometer readings and documentation of blood glucose readings to ensure readings are accurately recorded and the directions of the prescriber are followed. *g.u. 4/24/18*



04.20.18

APR 20 2018

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

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 #4 is prescribed the following medications; however, the treatment administration record on 2/9/18 at 6:00 p.m. does not include the initials of the staff person who administered medication:

- Alphagan P 0.1% - Instill 1 drop into each eye twice daily
- Dorzol/timol 22.3-6.8 - instill 1 drop into each eye twice daily

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 G (page 8^a, A9)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Thomas Guthridge</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Thomas Guthridge - Administrator</i>	<i>04.20.18</i>

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

The above plan of correction is approved as of <u>4/24/18</u> (Date)	Plan of correction implementation status as of <u>4/24/18</u> (Date)
The above plan of correction was approved by <u>TC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>TC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 8^a of 9

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APR 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Addendum G

1. What change was made?

Administration of the medications in question was confirmed and a late entry of medication administration was entered onto the TAR by the responsible Staff Person (see Attachments 12 and 13). A separate Medication Charting Note was entered by the responsible Staff Person to explain the updated MAR/TAR documentation.

2. Who made the change?

The change was made by the responsible Staff Person.

3. When the change was made?

The change was made on 02.23.18.

4. How the change was made?

Administration of the medications in question was confirmed and a late entry of medication administration was entered onto the TAR by the responsible Staff Person (see Attachments 12 and 13). A separate Medication Charting Note was entered by the responsible Staff Person to explain the updated MAR/TAR documentation.

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

It is routine practice of Brookside Staff Persons to record their initials at the time they record medication administration. This practice is also presently in place in Brookside Policy entitled *Medication Record (MAR)* (see Attachment 14).

Additionally, there is an active system in place on the eMAR program used which will Alert Brookside Staff Persons to medications that have not yet received documentation – this system will provide alerts for both routinely prescribed medications and prn follow-ups (ie: results/effectiveness).

In this particular case, the cause of this missed documentation is unknown by the responsible Staff Person – it appears to simply be an oversight.

6. What training will be provided to staff?

Staff Persons will be instructed/reminded via MEMO to review the following:

- Brookside Policy entitled *Medication Record (MAR)* (see Attachment 14).

Additionally, Staff Persons will be reminded via MEMO to utilize and be mindful of the Alert function on the eMAR program to ensure that all medication documentation is completed accordingly.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications will audit medication administration records (MARs) to ensure that the documentation of medication administration is recorded at the time the medication is administered. *AL. 4/24/18*

John Stuzo 04.20.18

2018 Violation Report

Violation Report: 41113 - 02/21/2018 - Summers, Vicky
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD 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 #1 is prescribed Accucheck - check twice daily; however, on 2/19/18 at 8:00 p.m. there was no blood sugar reading in the resident's glucometer.

Resident #2 is prescribed Accucheck - check before meals and at bedtime; however, on the following dates, there were no blood sugar readings in the resident's glucometer;

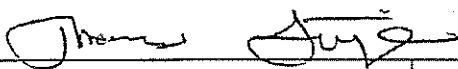
- 2/20/18 at 4:00 p.m.
- 2/15/18 at 12:00 p.m.
- 2/11/18 at 8:00 p.m.
- 2/10/18 at 8:00 p.m.

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 H (page 9 of 9)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/22/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas Guthridge, Administrator	04.20.18

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

The above plan of correction is approved as of 4/24/18
(Date)

Plan of correction implementation status as of 4/24/18
(Date)

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

The above plan of correction was approved by 
(Initials)

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Addendum H

1. What change was made?

Upon investigation, both resident #1 and resident #2 have blood sugar results that are recorded in the MAR/TAR as directed by their prescribers. However, as noted by DHS Representatives, each resident's individual glucometers did not reflect this finding.

As described in a previous violation, the glucometers belonging to resident #1 and resident #2 were not calibrated to the appropriate date and time. Additionally, it is reasonable to assume that staff persons on these days may have used a glucometer that did not belong to the residents in question.

As a result, it is difficult to determine the exact cause of these inconsistencies.

The glucometers in question, as well as all other glucometers managed by Brookside, were assessed and, if necessary, adjusted to the appropriate date and time. There is no other change that can be made to correct this specific violation. As of 04.20.18, all glucometers managed by Brookside continue to reflect the correct date and time.

2. Who made the change?

These glucometers were assessed/adjusted by Brookside Staff and Brookside Administration.

3. When the change was made?

These glucometers were assessed/adjusted 02.21.18.

4. How the change was made?

The glucometers in question, as well as all other glucometers managed by Brookside, were assessed and, if necessary, adjusted to the appropriate date and time. There is no other change that can be made to correct this specific violation. As of 04.20.18, all glucometers managed by Brookside continue to reflect the correct date and time.

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

Brookside Administration has developed and will implement a new policy entitled *Glucometer Guidelines and Maintenance* (see Attachment 11). Staff education and adherence to this policy should prevent reoccurrence of similar violations in the future.

Additionally, Brookside Administration will monitor for policy adherence regularly.

6. What training will be provided to staff?

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

- Brookside Policy entitled *Glucometer Guidelines and Maintenance* (see Attachment 11).



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Immediately and monthly thereafter: A designated staff person who is qualified to administer medications will audit glucometer readings and documentation of blood glucose readings to ensure readings are accurately recorded and the directions of the prescriber are followed. 4.20.18/21/18