



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

Mr. Hugh Davis
Chief Executive Officer
Menno-Haven, Inc.
2011 Scotland Avenue
Chambersburg, Pennsylvania

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

Dear Mr. Davis:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 27 and 28, 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 cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33671 - 08/27/2018 - OPake, Hope
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

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 August 2018 medication administration record for Resident #1 did not include blood sugar readings on August 24 and 27, 2018.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

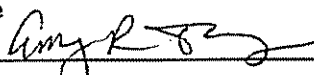
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Nursing Supervisor will educate the nursing team on 10/1/18 that effective immediately, the nurses and/or med-techs will be responsible for taking the blood sugar readings. This will enable the parameters to be measured and documented at the appropriate times and locations. Currently, the RAs are obtaining the readings and giving the readings to the nurses to document in the EMR for all diabetics. Since the on-site visit, and after review of all diabetic residents, we will encourage physicians to discontinue unnecessary diabetic checks; as this is current best practice. We anticipate 5 residents to continue blood glucose checks due to insulin coverage. The nurses and/or med-techs will be responsible for not only documentation, but also obtaining the readings prior to administering insulin. Alleviating the RAs in the process and implementing best practice will allow the licensed staff to better ensure residents' safety when it comes to diabetic needs. Additionally, we will ensure all staff participating in diabetic administration will be kept current in diabetic education and further certification.

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)

Amy R Fager Director of Personal Care

Date 10/3/18

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The above plan of correction is approved as of 10/31/18
 (Date)

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

Plan of correction implementation status as of 10/31/18
 (Date)

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

Violation Report: 33671 - 08/27/2018 - OPake, Hope
 PCH Name: BROOKVIEW PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

On August 23, 2018, Staff Member A, whose diabetes education expired on May 31, 2018, administered insulin to Resident #1.

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.

During the on-site visit, and at the time it was discovered that Staff member A did not have her diabetic training, Staff member A was immediately pulled from any diabetic administration. Nursing Supervisor informed staff member A she could not administer insulin until such date as she had completed her diabetic education class. She participated in the class held on September 26th. With the recent change in nursing leadership the missed class by staff member A was overlooked as she had been scheduled for the class but due to her nursing school schedule she missed the originally scheduled class. Staff member A did not inform leadership she did not attend the training. Additionally, because the certificates of completion had been sent directly to HR for the team member's personnel file, leadership did not realize she had not completed the training. Moving forward, the new Nursing Supervisor will be responsible for tracking completion of the diabetic training. A binder has been set up; complete with a tracking sheet (see attached). Moving forward, the team member will be responsible for being sure the Nursing Supervisor has been given the certificate. Once the spreadsheet has been completed, the Nursing Supervisor will add a certificate copy to the binder, update the spreadsheet and then send a copy to HR for the team member's personnel file. Nursing staff will be educated on the new process during their bi-weekly nursing meeting on 10/1/18.

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) Amy R. Fager Director of PC Date 10/3/18

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

The above plan of correction is approved as of <u>10/31/18</u> (Date)	Plan of correction implementation status as of <u>10/31/18</u> (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented