



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 05 2019

Mr. Brian Rendos  
Chief Financial Officer/ Treasurer  
Brookline at Mifflintown, Inc.  
8796 Route 219  
Brockway, Pennsylvania 15824

RE: Brookline Village and Cottage Senior Living  
92 Village Drive  
Mifflintown, Pennsylvania 17059  
Certificate #: 302270

Dear Mr. Rendos:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on November 29, 2018, December 12, 2018, and March 5, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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  
Violation Report



Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

An allegation of abuse occurring on 9/11/18 against Resident 1 was not reported to the local Area Agency on Aging by 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.*

We will be following the abuse reporting flow chart that is distributed by DHS. We will complete the Act 13 form and send to AAA within 48 hours of any abuse reporting or allegations. We will then notify the resident as well as the resident's designated person. After that we will complete a Reportable Incident form and send to the department. An internal investigation will be done to find if the claims are substantiated or unsubstantiated with all evidence, statements and reports sent to ARL.

Staff to be retrained on all abuse reporting on 2/21/19.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, PCHIA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administrator* Date *1/10/19*

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

The above plan of correction is approved as of 2/15/19  
(Date)

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

Plan of correction implementation status as of 3/6/19  
(Date)

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

Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home has not implemented its quality management plan as it has not conducted a quality management review during 2017 and to date in 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.

Our Quality Management meetings will be held on a quarterly basis. There we will go over our implemented QMP, reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations with plans of correction, and information and minutes from our Council meetings. Our QMP will be in a public space for staff, residents, and their families.

Prevention will be regulated and documented meetings.

Binder will be kept with all minutes.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kayli Devlin, Administrator Date 1/10/19

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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.*

High School Diploma will be collected on or before hire date. HR will keep in employee files for state use.

Employee Chart audits will be done to ensure all documentation is in compliance with all department regulations. Initial audit of staff files completed to ensure all educational requirements.

Diploma / GED will be collected at time of hire or 1<sup>st</sup> day orientation.

Please See Attached

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

During the following periods, there were between one and fifty residents in the home and no staff present in the home that were trained in first aid and certified in CPR:

- 12/3/18 from 10:30pm to 12/4/18 at 6:30am
- 12/4/18 from 10:30pm to 12/5/18 at 6:30am
- 12/5/18 from 10:30pm to 12/6/18 at 6:30am
- 12/6/18 from 10:30pm to 12/7/18 at 6:00am
- 12/7/18 from 10:30pm to 12/8/18 at 6:30am

**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.*

Plan of Correction: All Staff will be CPR/First Aid trained so this violation is not repeated. Immediately after DHS visit, staff were put through proper training through local fire department. Additional trainings will be offered monthly if any cards need to be recertified.

All Cards will be kept in binder for DHS review and use. Prior to implementing weekly staffing schedules, Admin. will ensure sufficient staff on duty with CPR/1st Aid training. Employee file audit will now contain section to check on status of training.

Please See Attached

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Kayli Devlin, Administrator	1/10/19

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to direct care Staff Person B in calendar training year 2017 did not include instruction in "Care for residents with dementia and cognitive impairments" and "Care for residents with mental illness or mental retardation".

**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.*

Steps for coming year: All Staff training will be completed monthly with signed documentation proving attendance. Training topics for each month will be pulled directly from Regulation 65 in the RC6.

Prevention will come from Staff training audits and employee file audits.

Staff training to be audited quarterly to ensure trainings that have been missed are rescheduled.

Please See Attached.

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct care Staff Person B did not receive training in fire safety during calendar training year 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.*

All staff training curriculum will be taken from Regulation 65 in the RCG, with Fire Safety being one of them.

Prevention of this violation will come from Staff Training audits and employee file audits.

Staff trainings will be audited quarterly to ensure trainings that have been missed will be rescheduled.

Fire Safety training is scheduled for April (due to weather) and the identified staff person will receive this training.

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Signature of Legal Entity Representative (Required on EVERY Page) Kayli Devlin, PGHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kayli Devlin, Administrator Date 1/10/19

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The home's sidewalks have various defects such as chipped or missing concrete, holes, and uneven joints where concrete slabs meet. These areas create tripping hazards to anyone entering or leaving the building.

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.

Sidewalk defects will be repaired and Corrected by 13/31/19.  
 Defects cannot be repaired in Cold Weather.

To prevent this violation, we will be using a "Grounds Inspection Monthly Audit." Our Maintenance team will specifically scope grounds out for any defect or possible violation to be repaired immediately.

Please See Attached.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administrator* Date *1/10/19*

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home's written emergency procedures have not been reviewed and submitted to the municipal emergency management agency within the past year.

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.

Plan approved by Corporate and mailed to:  
 Juniata County Emergency Management  
 Juniata County Courthouse  
 c/o Allen Weaver  
 PO Box 68  
 Mifflintown, PA 17059

At Q4 QM meeting review of plan will be completed and resent before new calendar year.

Please See Attached.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kayli Devlin, Administrator</i>	Date <i>1/22/19</i>
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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home's emergency procedures are not posted in a conspicuous and public place in the home. These procedures are located in the nursing office, an area not accessible to residents and the public.

**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.*

Brookline's Emergency procedures will be posted on public board outside nursing station. Procedures will be located adjacent to all licensing and public notices for easy access by staff, residents, and public.

Posted Immediately.

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Signature of Legal Entity Representative (Required on EVERY Page) Kayli Devlin, PC+IA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<u>Kayli Devlin, Administrator</u>	<u>1/10/19</u>

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill records for the monthly drills conducted from 6/28/18 through 11/20/18 do not include the number of residents evacuated, any problems encountered, and whether the alarm was operative.

**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.*

For accurate fire drill reporting, Brookline will now utilize the fire drill log sheet provided by DHS.

Administrator provided sheet to maintenance team, and keeps a fire drill log in specific binder to track all details of each months' drills.

Administrator will review all fire drill records within 72 hours of each drill to ensure proper documentation of the drill.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kayli Devlin, Administrator Date 1/10/19

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home's designated evacuation time from a fire safety expert is 5 minutes 30 seconds. The drill conducted on 10/30/18 was completed in 5 minutes 42 seconds.

**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.*

We will prevent further time violations by reviewing procedures & time allotted with all staff at Staff meeting to be held on 1/23/19.

Detailed fire safety training will continue throughout year and in accordance and regulation with Reg 132.

Administrator will review the report from each fire drill and in the event that the evacuation was longer than the designated time, it will be investigated to find the causes and implement measures to address the problem(s). These measures will be evaluated for efficiency during the next drill.

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(Required on EVERY Page) Kayli Devlin, PCHLA

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(Required on EVERY Page) Kayli Devlin, Administrator Date 1/10/19

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on 3/27/18.

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.

Sleeping hours fire drill will be taking place on 1/28/19. Date pushed back due to weather.

Meeting with maintenance was done to determine months for night time drills. New department fire drill log will be our tool to prevent this violation. All fire drill logs will be reviewed during QM meetings to ensure that a sleeping hours drill is performed every 6 months.

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
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1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident 2's most recent medical evaluation was performed on 11/26/2018. The previous medical evaluation was performed on 9/11/17.

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.

To prevent violation, Brookline will now be implementing Chart review audits. We will be auditing dates of all medical and state needed documentation, along with Staff initials for accountability.

Audits will be completed Quarterly.

Please See Attached.

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
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1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 On 11/29/18, the Metamucil supplement for Resident 3 was unlocked and accessible on the resident's bathroom sink.

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.

Medication was immediately removed & family notified.  
 Reminder mailed to all Responsible parties reminding them that any and all medications, including OTC meds may not come in without order from physician.  
 Residents who self administer have checked and working lock boxes in rooms for their medications.  
 At staff meeting on 12/18/18 staff were reminded to stay vigilant while cleaning rooms, providing care, etc.  
 All rooms were thoroughly checked for any other unnoticed and unlocked meds.

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**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**

On 11/29/18, Resident 4's Novolog insulin was not labeled as to when it was opened. The manufacturer directions state to discard the unused insulin after 28 days. The home has not implemented a system to determine the date that the insulin should be discarded.

**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.*

Prevention will take place by labeling all insulins with date opened and with date it is to expire.

Checking of labels will be done with MAR audit after each shift. This will be responsibility of Shift Med Tech.

Staff retraining occurred on 1/23/19 at Staff meeting.

Please See Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kayli Derlin, PC+IA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kayli Derlin, Administrator</i>	Date <i>1/14/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/15/19  
 (Date)

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

Plan of correction implementation status as of 3/6/19  
 (Date)

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

Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**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 Medication Administration Record (MAR) for Resident 4 documents that the resident is prescribed Lisinopril Tab 40mg. The original prescriber order is for 10mg of Lisinopril.

The MAR for Resident 4 does not include a diagnosis or purpose for the prescribed Magnesium 500mg.

**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.*

MAR will be audited and signed for after shift.  
 Med Tech responsible for noting diagnosis or purpose for each medication, as well as confirming dose matches MAR. New Audit Sheet attached. Error on MAR corrected for wrong dosage being listed. Staff retraining was 1/23/19.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kayli Devlin, PC+IA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kayli Devlin, Administrator</i>	Date <i>1/15/19</i>
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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

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

2a. DESCRIPTION OF VIOLATION

Resident 4 is prescribed blood sugar testing twice daily with Novolog insulin administration based upon a sliding scale regimen. On 11/7/18 at 6am, Resident 4's blood sugar was not tested. On 10/21/18 at 4pm, the resident's blood sugar measured 202, requiring 2 units of Novolog, and none was administered. On 10/17/18 at 6am, the resident's blood sugar measured 212, requiring 2 units of Novolog, and none was administered.

Resident 4 is prescribed Pantoprazole Tab 40mg, 1 tab every day. On 10/21/18, this medication was not administered.

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.*

MAR will be audited after every shift and signed for. Staff will be checking for any signatures missing or doses not given. Between audit and shift change report, all medications and information pertaining to administering them will be translated to each shift. This is to prevent any missed doses or misinterpretations of the MAR.

Please See Attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administer* Date *1/15/19*

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**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**

Staff person A has not successfully completed a Department-approved diabetes patient education program within the past 12 months and has administered insulin on the following dates and times:

- Administered Novolog insulin to Resident 5 at 4pm on 12/1/18, 12/2/18, 12/3/18, 12/7/18, 12/10/18, and 12/11/18.
- Administered Lantus insulin to Resident 6, at 8pm on 12/1/18, 12/2/18, 12/3/18, 12/7/18, 12/10/18, and 12/11/18.

**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.*

All Med Tech Staff will have completed Diabetic education with supporting documentation or certificates. New employee file audit. will eliminate not locating documentation or not having on file. Med Tech / Diabetic Education Binder for all Medication Administering staff will now be kept to ensure all staff are educated and documented properly. This is to prevent any staff from unsafely administering medications or insulin of any kind. Please See Attached.

→ Page 19 A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administrator* Date *1/15/19*

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(Initials)

Plan of correction implementation status as of 3/6/19  
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Continuation for 2600.190 (b)

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Pg. 20 of 23

Diabetic training has been completed for all staff prior to survey. Certificates were missing. All current staff are up to date with certificates in files. Next diabetic training course to take place by March to re-certify anyone who may be coming close to their re-certification deadline.

Following survey, immediate audit was done to ensure that all staff administering insulin are properly trained and certified with documentation to prove it.

Only staff with up to date diabetic training will be permitted to perform insulin administration.

Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(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**  
 The initial assesement for Resident 4, admitted on 6/7/18, was completed on 12/4/18.

**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.

To prevent this Violation, resident chart audits will take place quarterly. Staff who do any admission documentation were also educated on state timelines for assessments. Administrator will be checking / auditing all new resident paperwork for chart.

Please See Attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administrator* Date *1/15/19*

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- Not Implemented

Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
2600.225(c) - The resident shall have additional assessments as follows:  
(1) Annually.  
(2) If the condition of the resident significantly changes prior to the annual assessment.  
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
The most recent assessment for Resident 2 was completed on 12/4/18. The previous assessment was completed on 9/30/16.  
The most recent assessment for Resident 7 was completed on 12/4/18. The previous assessment was completed on 1/28/17.

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.

To prevent this violation, resident chart audits will take place quarterly. On the audit is a section to identify assessment dates so staff will know when next one is due, again to prevent this violation. With staff auditing quarterly, we know who will need which assessment by when, eliminating guessing or any lapse in state required timelines of assessments.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administrator*      Date *1/22/19*

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Violation Report: 30227 - 11/01/2018 - McCloskey, Jason  
 PCH Name: BROOKLINE VILLAGE & COTTAGE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The records for Residents 2, 3, 4, and 7 do not include documentation whether or not the resident has identifying marks.

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.

To prevent this violation from occurring again, new Resident Chart form has section to ensure we have a photo with written documentation of any identifying marks on resident. Admitting Staff were educated on the importance of this regulation for emergency reasons. Quarterly audits of resident charts will ensure we have documentation in order and to the satisfaction of the department.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kayli Devlin, Administrator* Date *1/22/19*

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