



May 20, 2019

Mr. Thomas Guthridge  
Administrator  
Brookside Assisted Living, Inc.  
49 Brookside Lane  
Brookside, Pennsylvania 15825

RE: Brookside Senior Living  
Certificate #: 411130

Dear Mr. Guthridge:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 26, 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,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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: Thomas Guthridge		Region: WEST
Legal Entity Name: BROOKSIDE ASSISTED LIVING INC		
Legal Entity Address: 49 BROOKSIDE LANE, BROOKVILLE, PA 15825		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/04/2003 L & I		RECEIVED APR 8 2019 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/26/2019: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 44 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 44 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1	

*Thomas Guthridge*

04.06.19

Violation Report: 41113 - 02/26/2019 - McConnell, Deb

PCH Name: BROOKSIDE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The home's staffing schedule indicates that only 2 staff persons work on the 11:00 pm-7:00 am shift. In the event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision needs of the residents. The home serves 45 residents and has identified residents #1 and #2 as physically immobile needing 2-person assistance in transferring and residents #3 and #4 as cognitively immobile using the wander guard services for safety.

During an emergency evacuation residents #3 and #4 would be unsupervised while residents #1 and #2 are assisted by the 2 staff persons present in 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.*

Refer to Addendum A

See page 2A of 6

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 04.06.19

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

The above plan of correction is approved as of 5/1/19  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 5/1/19  
(Date)

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

## Addendum A

**1. What change was made?**

In an effort to supplement overnight shift with a third staff person, we are, in the short term, actively adjusting Staff Schedules when able and are also seeking to hire additional employees.

In the long term, we will assess the viability of having a third overnight staff person vs. no longer accepting/retaining residents who are considered 2-person assistance and/or cognitively immobile.

**2. Who made the change?**

Brookside Administration is currently in the process of resolving this violation as indicated above.

**3. When the change was made?**

Brookside Administration is currently in the process of resolving this violation as indicated above.

**4. How the change was made?**

Brookside Administration is currently in the process of resolving this violation as indicated above.

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

In an effort to supplement overnight shift with a third staff person, we are, in the short term, actively adjusting Staff Schedules when able and are also seeking to hire additional employees.

In the long term, we will assess the viability of having a third overnight staff person vs. no longer accepting/retaining residents who are considered 2-person assistance and/or cognitively immobile.

**6. What training will be provided to staff?**

Staff training is not applicable in this situation as this an Administrative decision.

Immediately - A designated staff person will review the staffing schedule daily and the administrator will review the staffing schedule at least weekly, to ensure staffing needs, including transferring and supervision needs, are sufficient at all times to meet residents' needs based on the residents' assessments and support plans. --JRW 5/1/19

  
5/1/19





04.06.19

Violation Report: 41113 - 02/26/2019 - McConnell, Deb  
 PCH Name: BROOKSIDE SENIOR LIVING

**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**

At 10:35 am, the unhinged baseboard cover over the heating unit in the dining room had sharp edges, created a potential cutting hazard.

**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

See Page 3A of 6


Repeat Violation: No	Date(s) of Previous Violation(s):			
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## Addendum B

1. **What change was made?**

The baseboard cover in question was rehinged and remains as such (verification of this action – ie. pictures of baseboard – can be provided upon DHS request). All other baseboard covers throughout the facility were checked to ensure that they were in good repair, clean, and free of hazards – they remain as such.

2. **Who made the change?**

The baseboard cover was rehinged by Brookside Administration.

3. **When the change was made?**

The baseboard cover was rehinged on 02.27.19.

4. **How the change was made?**

The baseboard cover in question was rehinged and remains as such. All other baseboard covers throughout the facility were checked to ensure that they were in good repair, clean, and free of hazards – they remain as such.

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

Currently, any furniture/equipment maintenance related issues are 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, it is common practice for Brookside Administration to regularly conduct walkthroughs of the facility to monitor for the good condition, cleanliness, and safety of furniture and equipment. Walk-throughs shall be conducted at least monthly. -JRW 5/1/19

6. **What training will be provided to staff?**

Staff Persons will be reminded via MEMO to:

- Look for any potential furniture/equipment related maintenance issues, resolve the issues themselves if possible, and/or report to Brookside Administration promptly for appropriate attention.



04.06.19

Violation Report: 41113 - 02/26/2019 - McConnell, Deb  
 PCH Name: BROOKSIDE 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 fire safe evacuation time established by the fire safety expert on 11/14/18, is 8 minutes and 0 seconds. The home's fire drill log indicates on 10/28/18, at 6:05 am, the residents evacuated in 8 minutes and 48 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.*

Refer to Addendum C

See Page 4A of 6

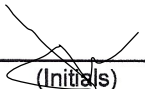
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Thomas Guthridge, Administrator Date 04.06.19

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 (Date)

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- Not Implemented

## Addendum C

**1. What change was made?**

In this situation, all residents were evacuated to the designated fire safe areas well within the appropriate fire safe time of 8 minutes except for one **Resident**. Of note, this one **Resident** is completely alert/oriented, independently ambulatory physically with walker or cane, and the **Resident's** room is located approximately 75 feet from a fire exit. This **Resident's** reluctance to participate in the fire drill is the only reason that the evacuation time in question exceeded 8 minutes. Brookside Staff went to the **Resident's** room on three different occasions during the fire drill and were met with lack of cooperation and stalling. In response to this **Resident's** lack of cooperation, Brookside Administration advised the **Resident** verbally that participation in fire drills was mandatory and that continued non-compliance with facility rules may result in future discharge. This incident was documented in the **Resident's** chart (verification of this action can be provided upon DHS request).

**2. Who made the change?**

Brookside Administration discussed this incident with the **Resident** on 10.28.18.

**3. When the change was made?**

Brookside Administration discussed this incident with the **Resident** on 10.28.18.

**4. How the change was made?**

Brookside Administration discussed this incident with the **Resident** on 10.28.18.

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

As per the recommendation from the on-site DHS Inspector on 02.26.19, in the event that a similar incident occurs again in the future, another fire drill will be conducted.

**6. What training will be provided to staff?**

Staff will continue to be trained in proper measures related to fire drills, evacuation procedures, and general fire safety.

Evacuations for fire drills conducted since November 2018 - present have been in compliance with the time given by the fire safety expert. The administrator will review fire drill logs monthly to ensure evacuation times are met. -- JRW 5/1/19



Violation Report: 41113 - 02/26/2019 - McConnell, Deb  
 PCH Name: BROOKSIDE 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 #5 is prescribed Vitamin D3, 50,000 units, 1 capsule weekly on Friday. On Friday, 2/8/19, the medication was not available. The medication was not administered until Friday, 2/15/19.


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


See Page 5A of 6

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) Thomas Guthridge, Administrator Date 04.06.19

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## Addendum D

**1. What change was made?**

There is no change that can be made to correct this specific violation, as the respective medication in question was not received by Brookside Staff until after the scheduled administration time which is indicated on the Violation Report.

**2. Who made the change?**

The medication in question was ultimately obtained by the initiation of Brookside Staff to the resident's preferred pharmacy.

**3. When the change was made?**

The medication in question was received by Brookside Staff on Monday, 02.11.19.

**4. How the change was made?**

The medication in question was requested to be refilled by Brookside Staff through resident #5's preferred pharmacy on the morning of Friday, 02.08.19, which is the date in which it was due to be administered. The resident's preferred pharmacy routinely delivers to Brookside twice daily (afternoon and evening). However, in this situation, the medication in question was apparently out of refills. Thus, the resident's PCP was apparently contacted by the pharmacy for refills on the morning of 02.08.19, but a refill prescription was not ordered by the PCP until Monday, 02.11.19. As a result, the medication in question was not delivered to Brookside Staff until after the scheduled administration time which is indicated on the Violation Report. Ultimately, the medication refill which was received on 02.11.19 was then used to resume the prescribed schedule, with the next dose being administered on 02.15.19.

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


A system is currently in place to obtain medications from resident #5's preferred pharmacy. This system includes the pharmacy automatically dispensing routinely ordered daily medication to prevent medications from being unavailable. However, because this medication is a weekly medication (as opposed to daily), the pharmacy requires a manual request by Brookside Staff for the medication to be refilled. In these situations, it is protocol for Brookside Staff to manually request a refill as needed to the pharmacy approximately one week in advance of requiring the next refill (as permitted by pharmacy); in this situation, Brookside Staff failed to request the refill in accordance with this protocol for the medication in question (refill should have been requested by Brookside Staff on approximately 02.01.19).

**6. What training will be provided to staff?**

Staff Persons will be instructed/reminded via MEMO to be mindful to request medication refills from pharmacies in a timely fashion that will permit sufficient time for the medication(s) to be acquired by the facility so that there is no lapse in supply of the medication(s) - ie. one week in advance of requiring the next refill, or as permitted by the pharmacy.



04.06.19  
 2019 Violation Report

 5/1/19

Violation Report: 41113 - 02/26/2019 - McConnell, Deb

PCH Name: BROOKSIDE SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

The support plan for resident #6, dated 10/10/18, does not address how the home will meet the resident's need related to medication refusal as indicated in the assessment, dated 10/10/18.

**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.*


Refer to Addendum E

See Page 6A of 6

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

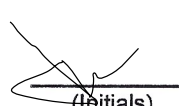
Date 04.06.19

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(Date)

Plan of correction implementation status as of 5/1/19  
(Date)

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

The above plan of correction was approved by   
(Initials)

## Addendum E

1. **What change was made?**

We believe that we are in compliance with the Regulation cited (2600.227.d) as we feel that resident #6's RASP from 10.10.18 does adequately address "medical, dental, vision, hearing, mental health or other behavioral care services" that are available to the resident. Additionally, resident #6's Primary Care Provider has not made any "referrals for the resident to outside services" specifically related to resident #6's history of medication refusals.

Of note, resident #6 has not in been deemed incompetent or incapacitated, does not have a Guardian or POA, and obviously has the right to refuse medications. Resident #6 has been educated a number of times by Brookside Staff, the Primary Care Provider, and Specialists, on the importance of his medications and their corresponding significance to his overall wellbeing both physically and mentally.

In this situation, we have a standing Medication Refusal Informational Order (dated 08.03.18 and reaffirmed on 10.10.18) from resident #6's Primary Care Provider which indicates that "Notification to Primary Care Provider / Medication Prescriber of resident's medication refusals are not required unless something new develops." – this Informational Order is documented monthly on resident #6's MAR/TAR. We feel that we have followed the directives of the Primary Care Provider since their inception.

Lastly, we feel that we have followed the directives as described in Regulation 2600.187 (c & d) pertaining to medication refusals as we have documented the refusals on resident #6's record/MAR, reported to the prescriber/PCP, and followed the directions of the prescriber/PCP.

However, in an effort to further comply with this Regulatory Violation, on 04.05.19, Brookside Administration has made an addition to resident #6's existing RASP to reflect the Medication Refusal Information Order which is already reflected in his monthly MAR/TAR (verification of this correction can be provided upon DHS request).

2. **Who made the change?**

See response in #1 above.

3. **When the change was made?**

See response in #1 above.

4. **How the change was made?**

See response in #1 above.

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

For future situations in which Medication Refusal directives are obtained by a PCP/Prescriber, Brookside Administration and/or Brookside Staff will note in the resident's MAR/TAR and resident's RASP the Medication Refusal directives which are ordered.


6. **What training will be provided to staff?**

Staff Persons will be instructed via MEMO to reflect any Medication Refusal directives obtained by a PCP/Prescriber to both the resident's MAR/TAR and the resident's RASP.



04.06.19

2019 Violation Report

 5/1/19