



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 30, 2020

Mr. Brian Rendos
CFO/ 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 14, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKLINE VILLAGE & COTTAGE SENIOR LIVING*
Address: *92 VILLAGE DRIVE,, MIFFLINTOWN, PA 17059*
County: *JUNIATA* Region: *CENTRAL*

License Number: *30227*

Administrator

Name: *Kayli Devlin* Phone: *7174369312* Email:

Legal Entity

Name: *BROOKLINE AT MIFFLINTOWN INC*
Address: *8796 ROUTE 219, BROCKWAY, PA, 15824*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/11/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

11/14/2019 - On-Site: Israel Springs, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *20*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

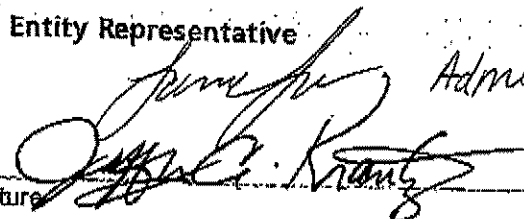
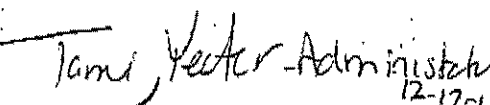
The resident-home contract, dated 3/12/19, for Resident #1 was not signed by the Resident.

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.)

SEE ATTACHED PAGES Page 2A

Legal Entity Representative

	Administrator 12/17/19		Administrator 12-17-19
Signature		JEFFREY A. KRANZ	11/27/19
		INTERIM ED	Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/18/2019 (Date) Plan of correction implementation status as of 1/30/2020 (Date)

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

Implemented

Not Implemented

2019.11.26 POC Brookline Villages & Cottages

Plan of Correction (POC)

2600.25b

Upon receipt of the VR (dated 11.18.2019), resident #1 was asked to sign the contract where appropriate. The resident included today's date. { Signature page attached. }

It is incumbent upon the Executive Director to secure all necessary signatures on the resident home contract prior to or coincident to the resident's arrival. In this way, the resident has secured the protections afforded by the agreement. The Executive Director, likewise, verifies that the resident is fully aware of the language and implications of the agreement. The timely signatures of all parties assures a common understanding of the document's language.

The Executive Director is singularly responsible and accountable that all signatures are obtained. The resident's file should not be deemed "complete" until all signatures are acquired. The Executive Director must monitor all contracts for this assurance. The Resident Care Coordinator and Business Office Manager should communicate any absent signatures or deficiencies to the Executive Director immediately for every resident contract.

25b

The Administrator will complete an audit of all current resident records to ensure that each contract contains the proper signatures. The audit will be completed by December 20th 2019 with documentation provided to the Department upon completion.

Clami Yeater, Administrator

[Signature] 12/17/19

Jerry A. Krause

[Signature]

11/27/19

Print, Interim Executive Director

Sign, Interim Executive Director

Date

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

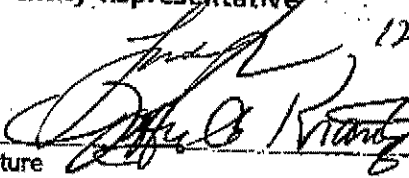
- The first aid kit located at the nurse's station was missing adhesive tape and breathing shield.
- The first aid kits located in the kitchen and in the laundry room were both missing a breathing shield.

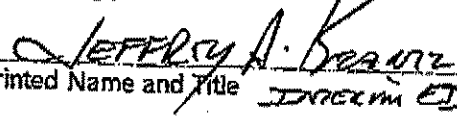
Plan of Correction (POC)

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SEE ATTACHED PAGES Page 3A

Legal Entity Representative

 12/17/19
 Signature

Clara Yeater, Administrator 12/17/19
 11/27/19
 Printed Name and Title INTERIM ED Date

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Implemented

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 Not Implemented

2019.11.26 POC Brookline Villages & Cottages

Plan of Correction (POC)

2600.96a

Upon receipt of the VR (dated 11.18.2019), the Interim Executive Director was able to secure the required breathing shields. These shields were placed in each of the indicated First Aid Kits: nurse's station, kitchen, laundry room. This was completed today (11.25.2019).

For each of the kits, a list will be attached which indicates the prescribed contents as required by the regulation. Attached to each kit, by December 6, 2019, will be an advisory asking employees to replace any used items. Staff are to notify the Clinical Care Coordinator or Executive Director if items are not available for replacement.

It shall be the responsibility of the third shift med tech to review and secure the items needed in each kit. This safety check should occur at least weekly. Documentation will be maintained by the Executive Director that these weekly checks are conducted and recorded with the effective implementation date of December 6, 2019.

Gami Yeaker, Administrator ^{12/17/19} *Jeffrey A. Krantz* ^{12/17/19}
Jeffrey A. Krantz Jeffrey A. Krantz 11/27/19
Print, Interim Executive Director Sign, Interim Executive Director Date

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

- The Documentation of Medical Evaluation form (DME) for Resident #1, dated 3/1/19, was missing documentation of the resident's cognitive function.
- The DME for Resident #2, dated 9/30/19, was missing documentation of the resident's ability to self-administer medications.

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.)

SEE ATTACHED PAGES 4A

Legal Entity Representative

[Signature] 12/12/19
[Signature]

Rami Yaker Administration 12/17/19
JEFFREY A. KRANTZ 12/21/19
Printed Name and Title *INFORMED* Date

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Implemented

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

Not Implemented

2019.11.26 POC Brookline Villages & Cottages

Plan of Correction (POC)

2600.141.a

Upon receipt of the VR (dated 11.18.2019), the Resident Care Coordinator & the Executive Director extracted the DME for each resident cited. We reviewed each DME and found the necessary information was lacking. The Resident Care Coordinator (RCC), in consultation of the Interim Executive Director, faxed each resident's DME to the resident's respective physician. The RCC directed the physician to the appropriate section of the DME for timely completion and return of document to this facility annotated with the date and his initials.

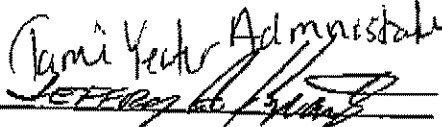

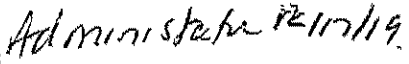
Attached you will find those documents and related fax materials, sent this day.

To avoid this complication with future records, the RCC must review thoroughly the receipt of resident documents for completion and accuracy. It is the responsibility of the RCC to request completed documents initially or return these for completion. The RCC will continuously document the evolving medical status of the resident and request additional documentation as needed for this purpose.

The Executive Director will randomly audit several resident charts per month to assure the currency of these records. Record will be maintained of these audits. These audits to begin on or before December 6, 2019.

Prior to mailing this POC, Brookline did receive a response from the physician of Resident #1. The cognitive function information was inserted, signed, and dated by the physician. A copy of which is attached.

141a=The Administrator will complete an audit of all current resident records to ensure that the most recent DME form has been fully completed. The audit will be completed by December 20th 2019 with documentation provided to the Department upon completion

		
Print, Interim Executive Director	Sign, Interim Executive Director	Date

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 11/2/19 at 7:19 pm, Resident #2's glucometer had an actual reading of 301 stored in the memory while 300 was documented on the Medication Administration Record (MAR), on 11/3/19 at 8:42 pm, the glucometer reading was 258 and the MAR documented 277, and on 11/4/19 at 9:10 pm, the glucometer reading was 277 and the MAR documented 285.

On 11/10/19 at 12:39 pm, Resident #3's glucometer had an actual reading of 171 stored in the memory while 179 was documented on the MAR, on 11/12/19 at 8:45 pm, the glucometer reading was 246 and the MAR documented 178

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.)

SEE ATTACHED PAGES 5A and 5B

Legal Entity Representative

[Signature] 12/17/19
[Signature]
Signature

[Signature] 12/17/19
[Signature] 11/27/19
Printed Name and Title: *James Yeater Administrator*
INTERIM ED Date

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Implemented

The above plan of correction was approved by BAS (Initials) Not Implemented

2019.11.26 POC Brookline Villages & Cottages

Plan of Correction (POC)

2600.185.a

Upon receipt of the VR (dated 11.18.2019), the Resident Care Coordinator (RCC) and the Interim Executive Director consulted to develop an appropriate approach to this citation. While each of the facility's med techs have been trained, both in proper medication administration and proper Diabetic Medication administration, it would seem that the proper documentation is not well attended.

For an initial re-training, the RCC will re-educate each med tech about appropriate medication administration and documentation.

The December staff meeting is tentatively scheduled for Wednesday, December 4. Part of the agenda will include the Executive Director responding to these issues and retraining as needed.

Also, Pat Wolf, RN, Certified Diabetic Trainer from Geisinger Lewistown Hospital has been contacted to return to Brookline Village for a more extensive and formal re-training. In her return call this day, Ms. Wolf would look to return over the next few days and we will schedule training as soon as possible. Ms. Wolf is the CDE professional who has provided this training in the past to Brookline staff.

The med techs must be formally reminded that poor documentation or errors in administration can be the basis to rescind of med tech competency within the facility. Staff records will be maintained. The Executive Director will clarify this point at the December Staff meeting.

<i>Nanci Ketcher</i> Administrator 12/17/19	<i>[Signature]</i>	Administrator 12/17/19
<i>Jeffrey A. Grand</i>	<i>[Signature]</i>	11/27/19
Print, Interim Executive Director	Sign, Interim Executive Director	Date

185a and 187d=Diabetic training will be instructed by Pat Wolf December 20th 2019 at 8am with documentation provided to the Department upon completion

The RCC will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This will be done on a weekly basis for the all residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of 6 weeks with the anticipated date of completion being January 29th 2020. The Administrator will randomly audit readings/documentation on the glucometers to assure the accuracy and currency of the documentation. Documentation will be provided to the Department upon completion.

Tami Yeater Administrator 12/17/19

 Administrator 12/17/19.

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 11/14/19 at 8:00am, Resident #1 was administered Simvastatin, 10 mg. The staff person who performed the administration did not initial the MAR.

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.)

SEE ATTACHED PAGES 6A

Legal Entity Representative

[Signature] Administrator
[Signature]
Signature

[Signature] Administrator 12/17/19
JEFFREY A. KRAVITZ
Printed Name and Title *INTERIM ED* Date 11/27/19

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Not Implemented

2019.11.26 POC Brookline Villages & Cottages

Plan of Correction (POC)

2600.187.b

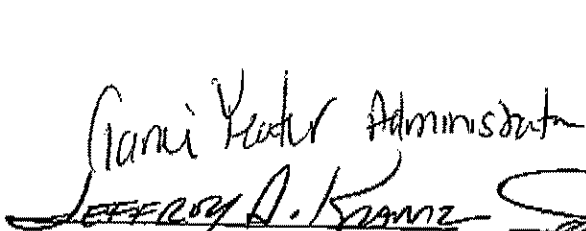

Upon receipt of the VR (dated 11.18.2019), the Resident Care Coordinator (RCC) and the Interim Executive Director consulted to develop an appropriate approach to this citation. While each of the facility's med techs have been trained in proper medication administration, the proper documentation is not well attended and undermines the assurance of sound medication administration practice.

For an initial re-training, the RCC will re-educate each med tech about appropriate medication administration and documentation.

The MAR audit is conducted daily. However, med techs need to be more critical of their documentation and more attentive to its accuracy. The successful audit requires a high level of accountability of one's actions and a willingness to critique the documentation of other med techs.

The December staff meeting is tentatively scheduled for Wednesday, December 4. Part of the agenda will include the Executive Director responding to these issues and retraining as needed.

The med techs must be formally reminded that poor documentation or errors in administration can be the basis to rescind of med tech competency within the facility.. Staff records will be maintained. The Executive Director will clarify this point at the December Staff meeting.

 Gami Yecker Administrator	 Jeffrey D. Kranz Administrator	12/17/19
Print, Interim Executive Director	Sign, Interim Executive Director	Date

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 11/12/19 at 8:45 pm the glucometer for Resident #3 had a reading of 246 requiring 4 units of insulin to be administered based upon the resident's sliding scale regimen. However, the MAR documented a measurement of 178 and the resident was only administered 2 units of insulin.

Repeat Violation: 11/01/2018

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.)

SEE ATTACHED PAGES 7A and 7B

Legal Entity Representative

[Signature] Administrator 12/1/19
Signature *[Signature]*

[Signature] Administrator 12/17/19
Tami Yeater
JEFFREY A. KRANZ 11/27/19
Printed Name and Title Date

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Implemented

The above plan of correction was approved by BAS (Initials) Not Implemented Inadequate Progress

2019.11.26 POC Brookline Villages & Cottages

Plan of Correction (POC)

2600.187.d

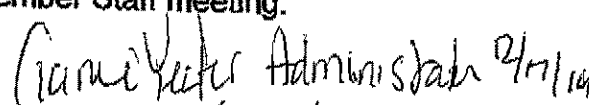
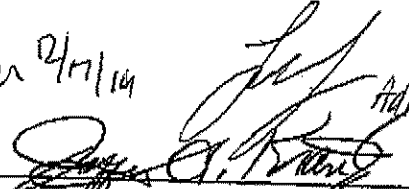
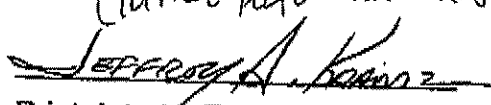
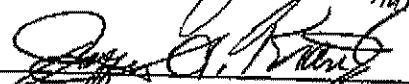
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		12/17/19 Administrator
		11/27/19
Print, Interim Executive Director	Sign, Interim Executive Director	Date

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Tami Yeater Administrator 12/17/19

 Administrator 12/17/19.