

Department of Human Services  
Bureau of Human Service Licensing

October 12, 2021

[REDACTED], RN, BC, NHA, COO  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: BROOKVIEW PERSONAL CARE  
CENTER  
2075 SCOTLAND AVENUE  
CHAMBERSBURG, PA, 17201  
LICENSE/COC#: 33671

Dear [REDACTED], RN, BC, NHA,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2021, 08/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *BROOKVIEW PERSONAL CARE CENTER* License #: *33671* License Expiration Date: *09/02/2021*  
Address: *2075 SCOTLAND AVENUE, CHAMBERSBURG, PA 17201*  
County: *FRANKLIN* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *02/09/2010* Issued By: *Green Twp*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal* Exit Conference Date: *08/04/2021*

**Inspection Dates and Department Representative**

08/03/2021 - On-Site: [REDACTED]  
08/04/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *130* Residents Served: *77*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2021*

10/12/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/19/2021*

10/12/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act requires that an approved carbon monoxide alarm be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has a gas-burning stove, however there was no carbon monoxide alarm nearby.

Plan of Correction

Accept

A CPO2 carbon monoxide device was added immediately to the kitchen area within 15 feet of the gas stove. Administrator or designee will check devices annually to ensure they are operational.

Completion Date: 08/27/2021

Document Submission

Implemented

Copy of CPO2 detector added and all steps have been completed

121b - Locking Device Approval

1. Requirements

2600.

- 121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

All exit doors to the outside doors are equipped with a pad that is activated with a swipe card to unlock the doors.

Plan of Correction

Accept

All doors were unlocked immediately and all Residents may exit the doors at any time. The outside lock of the doors are locked from 8pm-8am for Resident safety from the outside only.

Administrator or designee will conduct monthly checks of all exit routes and doors, hallways and stairwells for potential obstructions to passageways and egress routes.

Completion Date: 08/27/2021

Document Submission

Implemented

plan of correction accepted

227d - Support Plan Medical/Dental

1. Requirements

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental *(continued)***Description of Violation**

*During the physical site inspection, an enabler bar was observed on the bed of Resident #1. The resident's need for this enabler bar is not documented on the resident's support plan (RASP), dated [REDACTED]*

**Plan of Correction****Accept**

*All Resident DME's and Rasps were audited by Administrator/Designee immediately for all any bed enablers being used that is not on care plan. Physician was made aware of any bed enabler's that are being used for body positioning and a MD was put in place for Resident to have a bed enabler. Bed enabler information was added to Resident's DME and Rasp's.*

**Completion Date:** 08/27/2021

**Document Submission****Implemented**

*Audit completed and rasp and DME updated*