

Department of Human Services
Bureau of Human Service Licensing

May 5, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: BROOKSIDE SENIOR LIVING
49 BROOKSIDE LANE
BROOKVILLE, PA, 15825
LICENSE/COC#: 41113

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/22/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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

August 3, 2022

[REDACTED], ADMINISTRATOR

RE: BROOKSIDE SENIOR LIVING
49 BROOKSIDE LANE
BROOKVILLE, PA, 15825
LICENSE/COC#: 41113

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2022 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: *BROOKSIDE SENIOR LIVING* License #: *41113* License Expiration: *10/15/2022*
Address: *49 BROOKSIDE LANE, BROOKVILLE, PA 15825*
County: *JEFFERSON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BROOKSIDE ASSISTED LIVING, INC.*
Address: *49 BROOKSIDE LANE, BROOKVILLE, PA, 15825*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/04/2003* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/22/2022*

Inspection Dates and Department Representative

03/22/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

03/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2022*

05/02/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

05/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/04/2022*

07/12/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/14/2022*

08/03/2022 - Document Submission

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

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen.

Plan of Correction

Accept

1. *What do we do right now to fix the problem?*

Who – Brookside Administration

What and When –

On 3/22/22, emergency telephone numbers were posted next to the kitchen telephone, and a sticker with emergency phone numbers was placed on the handset. (See photo – Exhibit A)

2. *How do we prevent this from happening again?*

Who – Brookside Administration

What and When –

A regulation check sheet was started to check each telephone in the facility for emergency telephone numbers on April 21, 2022. (See form – Exhibit B).

Documentation of the emergency telephone number checks will be kept in the Administrator’s binder.

3. *How will we conduct ongoing monitoring?*

Who – Brookside Administration

What and When –

The Administration will perform monthly emergency phone number checks as described above in 2.

The staff will be made aware of the regulation so that they can also be mindful of it.

This is addressed in the Staff Memo (Exhibit C).

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the policy regarding emergency phone numbers.

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation.

Completion Date: 05/04/2022

Document Submission

Implemented

Nothing new to report or submit since previously submitted 5/4/22.

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of December 2021, January 2022 and February 2022.

132a - Monthly Fire Drill (continued)

Plan of Correction

Accept

1. *What do we do right now to fix the problem?*

Who – Brookside Administration

What and When –

The monthly fire drill was missed in December 2022. The regulation had been suspended and resumed that month.

We understand we were out of compliance with the regulation.

The facility being COVID positive complicated compliance in January and February 2022, however we understand we were out of compliance with the regulation.

On 3/23/22, a fire drill was conducted. It was a false alarm and the fire department responded.

A fire drill was conducted 4/1/22 with the fire department.

Therefore, we have resumed our monthly fire drills as per the regulation.

2. *How do we prevent this from happening again?*

Who – Brookside Administration

What and When –

A regulation check sheet was started to improve mindfulness of regulation compliance on 4/21/22 (See Exhibit B).

Monthly fire drills will be planned on the check sheet and will be rescheduled if needed by the end of the month. The fire drills will be unannounced per the regulation.

3. *How will we conduct ongoing monitoring?*

Who – Brookside Administration

What and When –

The Administration will monitor that monthly fire drills are planned and implemented using the regulation check sheet as a reminder.

The staff will be made aware that monthly fire drills are now being conducted regularly as they are no longer suspended by DHS. This is addressed in the Staff Memo (Exhibit C).

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the policy regarding monthly fire drills.

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation.

Completion Date: 05/04/2022

Document Submission

Implemented

Documentation of 3/23/22 and 4/1/22 fire drills attached.

I was unable to upload 7/14/22, the due date, due to scanner issues.

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last inspection and fire drill observed by a fire safety expert was conducted on 11/30/2020.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction

Accept

1. What do we do right now to fix the problem?

Who – Brookside Administration

What and When –

This regulation had been suspended through December of 2021 and we had not scheduled the inspection prior to the year’s end. This was our error.

A fire department drill had been scheduled for 4/1/22 prior to the on-site inspection on 3/22/22. The fire drill and fire safety inspection was successfully performed on 4/1/22 with the Pine Creek Township Fire Department.

2. How do we prevent this from happening again?

Who – Brookside Administration

What and When –

A regulation check sheet was started to identify the due date of the annual fire safety expert drill. (See Exhibit B). The Administrator will monitor the due dates monthly and act accordingly to comply with the regulation to be in compliance with annual inspection by a fire safety expert.

3. How will we conduct ongoing monitoring?

Who – Brookside Administration

What and When –

The Administrator or designee will monitor the annual fire safety expert drill and inspection due date and schedule it once annually.

Documentation will be kept on the check sheet.

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the regulation regarding annual fire drills conducted by a fire safety expert as described in the Staff Memo (See Exhibit C).

The Monthly Regulation Check Sheet began 4/22/22.

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation.

Completion Date: 05/04/2022

Document Submission

Implemented

Fire expert letter attached.

I was unable to upload 7/14, the due date, due to scanner issues.

183b - Meds and Syringes Locked

1. Requirements

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.

Description of Violation

Resident #2 self-administers the prescribed medication, [redacted] with assistance to store, remember schedule, offer medications at prescribed times and open container or locked storage area. On 3/22/22, the prescribed [redacted] was unlocked, unattended, and accessible in the medicine cabinet in the bathroom in bedroom [redacted]

183b - Meds and Syringes Locked (*continued*)**Plan of Correction****Accept**

1. *What do we do right now to fix the problem?*

Who – Brookside Administration and Medication Staff

What and When –

The [REDACTED] was secured on 3/22/22 and taken to the medication storage room.

Upon talking with the resident, the resident said [REDACTED] no longer uses the cream. The physician was contacted and an order was received to discontinue the medication.

(See Exhibit D).

2. *How do we prevent this from happening again?*

Who – Brookside Administration or Designated Certified Med Staff

What and When –

Resident who self-administer will be asked to sign a Medication Self-Administration Policy

which addresses the need to secure medications kept in room to be in a locked location when unattended. This can include a locked cabinet or by locking the room door. (See Exhibit E).

3. *How will we conduct ongoing monitoring:*

Who – Brookside Administration or Designated Certified Med Staff

What and When –

The Med Staff will intermittently monitor that the room door is locked on residents who self-administer.

When the annual RASP is performed all residents will be monitored for medication self-administration. The Administration will assess that the resident is following the Medication Self-Administration Policy.

The self-administration policy will be addressed in the Staff Memo (See Exhibit C).

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the regulation for securing medications in a locked area or container when unattended.

*The medication was discontinued **3/24/22**.*

Room door checks:

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation to include immediate implementation of intermittent room door checks.

Review upon RASP's being done:

This process was immediately implemented on 4/23/22 by myself, [REDACTED], Administrator.

Medication Self-Administration Policy:

All residents self-administering were educated on the policy in person by myself, [REDACTED], Administrator, from 4/22/22-4/28/22. The residents signed the policy and were given a copy for their rooms. The Administrator kept the original copy. All residents verbalized understanding of the policy.

Staff Memo including Medication Self-Administration Policy:

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation and the Medication Self-Administration Policy.

Completion Date: 05/04/2022

183b - Meds and Syringes Locked (*continued*)**Document Submission****Implemented**

Nothing new to report or submit since previously submitted 5/4/22.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The medication, [REDACTED], belonging to resident #1 was in the medication cart. This medication expired on 11/2021.

On 1/7/22, resident #3 was prescribed the medication, [REDACTED] 3-4 drops into both ears twice daily as needed for 4 days. On 3/22/22, the medication was in the medication cart.

Plan of Correction**Accept**

1. What do we do right now to fix the problem?

Who – Brookside Medication Staff

What and When –

The expired medication listed above was discarded by the medication staff at the facility on 3/22/22.

The medication was reordered and a new bottle was received the next day.

2. How do we prevent this from happening again?

Who – Brookside Medication Staff

What and When -

On a long-term basis our house pharmacy, [REDACTED] Pharmacy, has conducted medication cart audits. They stock our medication cart and also check all medications for expiration dates. Expired medications are discarded and reordered. We will continue this practice.

Additionally, monthly medication audits will be performed on each resident which will include checking for expired medications. (See form - Exhibit F).

Expired medications will be discarded and reordered from the pharmacy.

3. How will we conduct ongoing monitoring?

Who – Brookside Medication Staff and Administrator

What and When –

Effective 4/21/22, monthly medication audits will be conducted as per #2 above.

The medication audits will be reviewed by the Administrator to assure completion.

The staff will be updated of the medication audits on the Staff Memo (See Exhibit C).

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the regulation regarding expired medications.

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation and that Medication Audits were to be implemented 5/1/22.

The Medication Audits have been implemented by the medication staff beginning 5/1/22 and the audits are being

183f - Discontinued Medications (continued)

kept by the Administrator.

Completion Date: 05/04/2022

Document Submission**Implemented**

Med audits (3 files) for May and June 2022 are attached.

I was unable to upload 7/14, the due date, due to scanner issues.

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

8. Frequency of administration.
9. Administration times.

Description of Violation

Resident #1 is prescribed [REDACTED], every other day at bedtime as needed. However, resident's March 2022 MAR indicates every other day at bedtime and as needed.

Resident #1 is prescribed [REDACTED] at 9:00 am. However, resident's March 2022 MAR indicates 8:00 am.

Plan of Correction**Directed**

1. What do we do right now to fix the problem?

Who – Brookside Medication Staff

What and When –

On 3/22/22 an "instructions changed refer to MAR" sticker was placed on the prescription label for the [REDACTED]

On 3/28/22, the order for [REDACTED] was changed to every other day as needed. (See Exhibit H).

On 3/22 the medical provider was faxed regarding the time discrepancy for administration time of the [REDACTED]

An order was received to change the medication to 8 am. (See Exhibit H).

2. How do we prevent this from happening again?

Who – Brookside Medication Staff

What and When –

On a long-term basis our house pharmacy, [REDACTED] Pharmacy, has conducted medication cart audits. They monitor for the prescription labels to match the MAR. This error was not found on the audit process. We will continue medication cart audits to help identify medication label errors of this kind.

Brookside Medication Staff will also begin to monitor for these errors with completion of monthly medication audits on each resident (See Exhibit C).

3. How will we conduct ongoing monitoring?

Who – Brookside Staff and Administrator

What and When –

As per #2 above, monthly medication audits will be performed on resident medications which will include

187a - Medication Record (continued)

the checking of labels to match the MAR.

The audits will begin on 5/1/22.

The staff will be updated on the medication audits on the Staff Memo (See Exhibit C).

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the policy.

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation and on the implementation of monthly medication audits for each resident.

Completion Date: 05/04/2022

Document Submission

Implemented

Med audits (3 files) for May and June 2022 are attached.

I was unable to upload 7/14, the due date, due to scanner issues.

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #2 is prescribed [REDACTED] every 30 days. Staff person A administered the medication to resident #2 on 3/16/22, at 8:00 am. Staff person A has successfully completed the Department-approved medications administration course, but is not a licensed medical professional and is not qualified to administer this medication intramuscularly.

Plan of Correction

Accept

1. *What do we do now to fix the problem?*

Who – Brookside Administrator

What and When –

On 3/22/22, the Administrator notified the resident’s medical provider of the situation.

An order was received to change the medication administration route to subcutaneous injection including an order for subcutaneous syringes. (Exhibit I).

On 3/22/22, a note was made on the staff communication tablet that the facility does not administer intramuscular injections to notify staff.

The nurse on duty 3/23/22 checked all MAR’s for intramuscular injections to be certain there were no other intramuscular injections ordered for any facility resident.

2. *How do we prevent this from happening again:*

Who – Brookside Medication Staff

What and When –

Brookside Medication Staff will monitor medication orders each time an order is received.

If an order for intramuscular injections is received, the prescribing medical provider will be notified of the facility’s policy regarding intramuscular injections; the facility does not provide the service.

Documentation of the medical provider’s response will be kept.

190a - Completion Medication Course (continued)

The Brookside Medication Policy was updated 4/22/22 regarding the policy for intramuscular injections (See Exhibit G).

3. How will we conduct ongoing monitoring?

Who - Brookside Medication Staff

What and When –

Medication Staff will be notified via the Staff Memo of the policy regarding intramuscular injections (See Exhibit C).

The staff will sign an acknowledgement of review, acknowledgement and understanding of the immediate administration of the policy.

The staff was notified on the inspection date, 3/22/22, via the facility communication tablet of the policy on intramuscular medications for immediate implementation.

From 4/23/22-5/4/22 all staff have been trained, read the Staff Memo, and signed the Staff Acknowledgement form attached regarding the review of this regulation and the policy on intramuscular medication orders.

Completion Date: 05/04/2022

Document Submission

Implemented

Nothing new to report or submit since previously submitted 5/4/22.