

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

December 13, 2022

[REDACTED], ADMINISTRATOR  
BROOKSIDE ASSISTED LIVING, INC.  
49 BROOKSIDE LANE  
BROOKVILLE, PA, 15825

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 08/31/2022, 09/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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: *44* Waking Staff: *33*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/01/2022*

**Inspection Dates and Department Representative**

08/31/2022 - On-Site [REDACTED]  
 09/01/2022 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *50* Residents Served: *38*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *3*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

08/31/2022 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2022*

12/05/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *12/12/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2022*

Inspections / Reviews *(continued)*

12/09/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2022

12/13/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 8/31/22 at 1:30 pm, the men's common bathroom across from the nursing station did not have an operable outside window, and the ventilation fan was inoperable.

Plan of Correction

Accept [redacted] - 12/09/2022)

- 1. A replacement exhaust fan was ordered on 9/9/2022.
- 2. The replacement fan was installed on 9/26/2022 by a local contractor, [redacted] Plumbing and Heating.
- 3. A staff memo will be prepared to ask staff to notify Administration of any inoperable bathroom exhaust fan in the facility so it can be fixed or replaced. The memo will be circulated and signed with staff acknowledgment by 10/12/22.
- 3. All bathroom exhaust fans in the facility will be checked to be operable by 10/12/22.
- 5. The facility co-owner/building manager will verify that all bathroom exhaust fans are operable on an intermittent basis. A minimum of 25% of bathroom exhaust fans will be checked on a monthly rotating basis. The checks will be documented on the Maintenance Check Sheet. The checks will be implemented on or before 10/12/22.
- 6. Inoperable bathroom exhaust fans will be fixed or replaced as needed within two weeks of being found inoperable or as soon it can be arranged by a contractor.

12/9/22

Update:

[redacted] wner, ordered the replacement bathroom fan on 9/9/22  
 [redacted] Administrator, prepared the staff memo on 9/9/22.  
 [redacted] Administrator, circulated the memo to working staff and left the memo in the staff office for the remaining staff members. [redacted] is on-call 24/7 to receive inquiries from staff members.

[redacted] checked the fans to be operable by 10/12/22.  
 [redacted] is responsible for having inoperable fans fixed or replaced.

Licensee's Proposed Overall Completion Date: 12/09/2022

Implemented (SQ - 12/13/2022)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

## 187d Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #1 is prescribed [REDACTED] 3 times per day before meals per sliding scale: 70-130 0 units, 131-180 1 unit, 181-240 2 units, 241-300 3 units, 301-350 4 units, 351-400 5 units, above 400 6 units and call MD.

On 8/30/22 at 3:30 pm, resident #1's glucometer indicated a blood sugar reading of [REDACTED] and according to the prescriber's orders, 2 units of [REDACTED] should have been administered. However, resident #1's August 2022 medication administration record indicates a blood glucose reading [REDACTED] and [REDACTED] of [REDACTED] were administered.

**Plan of Correction**

Accept [REDACTED] - 12/09/2022)

1. The Administrator notified the medication staff on duty regarding the incorrect glucometer reading being recorded, and the incorrect insulin dosage administered on 9/1/22.
2. A note was added to the facility communication clipboard to notify medication staff to verify that the correct reading is documented on the eMAR. Staff were asked to double check glucometers prior to recording the reading and administering sliding scale insulin.
3. The facility medication administration policy has been updated to include instructions on blood sugar/glucometer readings, documentation of readings, and sliding scale insulin administration for hand held glucometers and continuous glucose monitors.
4. All medication staff will be required to read the updated policy in a staff memo and sign a staff acknowledgement of understanding. This memo and staff acknowledgement will be completed by 10/12/22.
5. Night staff currently perform medication audits monthly on all facility residents. Glucose monitor audits will be implemented on 25% of all glucometers by 10/12/22 to assure that glucometer readings on the glucometer match the recordings on the eMar.
6. Further education and explanation to medication staff will be available and offered by the facility LPN's (2) and the facility RN in the staff memo.

12/9/22

Update:

The note was added 9/1/22 by [REDACTED], RN, Administrator.

[REDACTED] asked staff to double check glucometers 9/1/22 verbally to staff on duty, and in the written note.

The medication administration policy was updated by [REDACTED] on 9/29/22.

The night shift medication staff is responsible for glucose monitor audits.

Regarding further education for medication staff, this was offered in the Staff Memo under Number 2. (6) by the 3 facility nurses.

Formal training has not been provided regarding the incorrect glucometer reading being recorded.

However, verbal clarifications were provided by [REDACTED], without having kept dates for such, with medication certified staff members. All medication certified staff verbalized understanding.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 12/09/2022

Implemented (█ - 12/13/2022)