

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

August 28, 2023

[REDACTED], ADMINISTRATOR  
BROOKLINE AT MIFFLINTOWN LLC  
[REDACTED]

RE: BROOKLINE VILLAGE & COTTAGE  
SENIOR LIVING  
92 VILLAGE DRIVE  
MIFFLINTOWN, PA, 17059  
LICENSE/COC#: 30227

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2023 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: *BROOKLINE VILLAGE & COTTAGE SENIOR LIVING*    License #: *30227*    License Expiration: *11/23/2023*  
 Address: *92 VILLAGE DRIVE, MIFFLINTOWN, PA 17059*  
 County: *JUNIATA*    Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *BROOKLINE AT MIFFLINTOWN LLC*  
 [REDACTED]    [REDACTED]  
 [REDACTED] 7174369312    Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP*    Date: *08/17/1995*    Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *18*    Total Daily Staff: *41*    Waking Staff: *31*

**Inspection Information**

Type: *Full*    Notice: *Unannounced*    BHA Docket #:  
 Reason: *Renewal*    Exit Conference Date: *07/18/2023*

**Inspection Dates and Department Representative**

*07/18/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *28*    Residents Served: *22*

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: *0*  
 Diagnosed with Mental Illness: *0*    Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *1*    Have Physical Disability: *0*

**Inspections / Reviews**

**07/18/2023 - Full**

Lead Inspector: [REDACTED]    Follow-Up Type: *POC Submission*    Follow-Up Date: *08/05/2023*

**08/08/2023 - POC Submission**

Submitted By: [REDACTED]    Date Submitted: *08/21/2023*  
 Reviewer: [REDACTED]    Follow-Up Type: *POC Submission*    Follow-Up Date: *08/15/2023*

Inspections / Reviews *(continued)*

08/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/21/2023

08/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 54a - Direct Care Staff

## 1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

## Description of Violation

Staff Member A and B lacked documentation of either a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

## Plan of Correction

Accept (█) - 08/14/2023)

Upon receipt of the VR dated 7/18/2023, PCHA requested Highschool Diploma's from Staff Member A and B. PCHA received Highschool Transcripts from Staff Member A and Highschool Diploma from Staff Member B. PCHA filed the documents in the respective staff member's employee file on 8/3/2023.

PCHA will audit all employee files to ensure proper documentation is filed in accordance with DHS requirements with a completion date of 8/18/2023. PCHA will ensure that all new hire employees will have the correct documentation filed during the onboarding process. PCHA will conduct quarterly employee file audits to ensure that the facility is within requirements set by the DHS starting 9/1/2023.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented (█) - 08/22/2023)

## 63a - First Aid/CPR Training

## 2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

## Description of Violation

On 7/3/23, 7/4/23, 7/8/23 and 7/9/23, from 10:00 PM to 6:00 AM, 22 residents were present in the home. During this time there were no direct care staff persons working in the home who were certified in First Aid/CPR Training.

## Plan of Correction

Accept (█) - 08/14/2023)

Upon receipt of VR dated 7/18/2023, PCHA reviewed all staff on each shift for CPR Certifications and ensured certifications were valid in accordance with DHS requirements of 1 CPR certified staff per 50 residents on 8/3/2023. PCHA signed up direct care staff persons for CPR certification to complete. PCHA will review schedules weekly beginning on 8/4/2023 to ensure proper coverage of CPR/First Aid trained staff.

Upon review of staff schedule, PCHA will ensure that at least one direct care staff person is working in the home at all times. PCHA will conduct quarterly CPR certification audits on all direct care staff workers in home and track dates for recertification starting 9/1/2023.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented (█) - 08/24/2023)

## 65d - Initial Direct Care Training

## 3. Requirements

2600.

65d - Initial Direct Care Training (continued)

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Member A, hired on [redacted]/23 and Staff Member B, hired on [redacted]/23, began providing unsupervised ADL services on their initial hire dates. However, the staff persons have not yet completed and passed the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [redacted] - 08/14/2023)

Upon receipt of VR dated 7/18/2023, PCHA enrolled Staff Member A and Staff Member B in DCS training course to be completed.

PCHA will conduct an audit starting 8/14/23 to ensure that all staff members working in the home have completed a DCS training course to be in compliance with regulations set forth by the DHS, audit to be completed by 8/18/2023. PCHA will ensure that all new hire employees complete the DCS training course before providing unsupervised ADL services. PCHA will ensure that the competency test certification is filed in the employees file.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([redacted] - 08/22/2023)

66a Staff Training Plan

4. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for training year 2023.

Plan of Correction

Accept [redacted] - 08/14/2023)

Upon receipt of the VR dated 7/18/2023, PCHA began implementing a staff training plan for the remainder of the 2023 calendar year. PCHA will begin monthly training sessions starting 9/1/2023, that all staff will be required to attend and sign off on. PCHA will review staff training plan monthly, and provide training to all staff. PCHA will develop annual staff training plans at the end of each year to ensure home is in compliance with regulations set forth by the DHS

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([redacted] - 08/22/2023)

81b Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The following resident beds were equipped with enabler bars in which the uncovered openings were greater than 4 3/4 inches creating a potential entrapment hazard:

Resident #1, room [redacted] was observed having an enabler bar attached to the bed with a vertical opening of 12 inches

**81b - Resident Personal Equipment (continued)**

and horizontal opening of 12 inches. Resident #2, located in room [REDACTED] was observed having an enabler bar attached to the bed with a vertical opening of 3 and 3/4 inches and a horizontal opening of 18 inches.

**Plan of Correction****Accept (AS 08/14/2023)**

Upon receipt of VR dated 7/18/2023, PCHA reviewed Resident #1 and Resident #2 enabler bars to develop a plan of covering openings and ensuring resident safety with the maintenance department.

Maintenance department will create and execute a plan to cover Resident #1 and Resident #2 enabler bars that is in accordance with regulations set by the DHS. Both resident #1 and Resident #2's enabler bars were covered on 7/18/2023.

PCHA will conduct monthly audits to ensure that all resident's using enabler bars are in accordance with regulations set by the DHS starting 8/14/2023.

Licensee's Proposed Overall Completion Date: 08/11/2023

**Implemented ([REDACTED] - 08/22/2023)****91 - Telephone Numbers****6. 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**

The telephones mounted to the walls in each of the 3 resident wings and rooms #106 and #109 dialed to outside lines. All 5 telephones lacked the numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline posted on or by each telephone.

**Plan of Correction****Accept ([REDACTED] 08/14/2023)**

Upon receipt of the VR dated 7/18/2023, PCHA assessed all telephone locations with the ability to dial outside lines. Upon review and conformation of all telephone locations, PCHA and the Maintenance Department posted laminated telephone numbers of all emergency services required by the DHS, and posted them on the telephones mounted to walls in each of the 3 resident wings, as well as room #106 and #109.

PCHA will conduct monthly audits of all telephone numbers by ensuring that all numbers are visible, non damaged, correctly labeled and securely mounted, to ensure the home is in compliance with regulations set forth by the DHS. PCHA monthly audits of telephone numbers will begin on 9/1/2023.

Licensee's Proposed Overall Completion Date: 08/11/2023

**Implemented ([REDACTED] - 08/22/2023)****132b - Safety Inspection/Fire Drill****7. 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.

132b - Safety Inspection/Fire Drill (continued)

**Description of Violation**

*The most current fire safety inspection and fire drill conducted by a fire safety expert was completed on 3/4/22.*

**Plan of Correction**

**Accept** [REDACTED] - 08/08/2023)

*Upon receipt of the VR dated 7/18/2023, PCHA and Maintenance Supervisor coordinated with a fire safety expert to complete the annual Supervised Fire Drill and Fire-Safety Inspection. The annual Supervised Fire Drill and Fire-Safety inspection was completed by a fire safety expert on 7/28/2023.*

*PCHA and Maintenance director will implement a document and calendar dates to ensure that the annual Supervised Fire Drill and Fire-Safety Inspection are scheduled and completed annually, on time.*

**Licensee's Proposed Overall Completion Date:** 08/04/2023

**Implemented** [REDACTED] - 08/22/2023)

132d Evacuation

**8. Requirements**

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The home lacks a maximum safe evacuation time specified in writing by a fire safety expert completed within the past year. The most current safe evacuation time on file was documented 3/4/22.*

*Fire drills conducted on 3/29/23, 4/25/23, 5/24/23, and 6/23/23 all exceed the maximum allowed evacuation time of 2 minutes and 30 seconds.*

**Plan of Correction**

**Accept** [REDACTED] 08/14/2023)

*Upon receipt of the VR dated 7/18/2023, PCHA and Maintenance Director coordinated with a fire safety expert to conduct the annual Fire Evacuation Time and Fire Safe Area Designation Assessment. The annual Fire Evacuation Time and Fire Safe Area Designation Assessment was completed on 7/28/2023, by a fire safety expert.*

*An evacuation time greater than 2.5 minutes was approved by the fire safety expert. Fire safety expert concluded that the maximum safe evacuation time for the home, from the time the fire alarm sounds until all residents have evacuated to the outside of the building is 5 minutes and 25 seconds.*

*PCHA and Maintenance director will implement a document and calendar dates to ensure that the annual Fire Evacuation Time and Fire Safe Area Designation Assessment is done annually, on time.*

*PCHA and Maintenance Director will develop and implement a plan for the event that a fire drill is not successful in the evacuation of all residents by the 5.25 minute time frame certified by a fire safety expert. Plan to be completed by 8/18/2023.*

**Licensee's Proposed Overall Completion Date:** 08/11/2023

## 132d - Evacuation (continued)

Implemented ( ) - 08/22/2023

## 141b1 - Annual Medical Evaluation

## 9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## Description of Violation

Resident #3 and Resident #4 lacked medical evaluations completed on an annual basis. The most current medical evaluation observed on file for Resident #3 was completed on [REDACTED] and the most current medical evaluation observed on file for Resident #4 was completed on [REDACTED]

## Plan of Correction

Accept ( ) - 08/14/2023

Upon receipt of the VR dated 7/18/2023, PCHA reviewed Resident #3 and Resident #4 document of medical evaluation and reached out to resident's primary care providers to get updated medical evaluations on both residents.

Resident #3's current medical evaluation was completed by resident's primary care provider and returned to facility on [REDACTED] 3.

Resident #4's current medical evaluation was completed by resident's primary care provider and returned to facility on [REDACTED]

PCHA will conduct monthly audit's on all resident's DME's and ensure that all resident DME's are current and in accordance with regulations set by the DHS. PCHA monthly audits will begin on 9/1/2023.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 08/22/2023

## 185a - Implement Storage Procedures

## 10. Requirements

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

The glucometer and MAR for Resident #5 was observed having the following errors: The glucometer for Resident #5 recorded the following 3 measurements on 7/13/23; [REDACTED] 2:18 AM, [REDACTED] at 3:01 AM and [REDACTED] at 7:14 AM. However, the only documented measurement on the Medication Administration Record (MAR) was 111 at 7:14 AM. On 7/15/23 the MAR lacked any documentation of measurements. However, the glucometer recorded a measurement of [REDACTED] at 6:52 AM. On 7/16/23 the glucometer recorded a measurement of [REDACTED], however this measurement was incorrectly documented on the MAR as [REDACTED]

185a - Implement Storage Procedures (continued)

**Plan of Correction**

Accept ( ) - 08/08/2023

Upon receipt of the VR dated 7/18/2023, re-training was scheduled for all med tech's to be completed. PCHA and Resident Care Coordinator will train and conduct a mock glucometer and MAR observation for all med techs to ensure that all are aware of proper measurement and recording techniques surrounding resident's glucometer and MAR.

PCHA and Resident Care Coordinator will conduct weekly audits of glucose readings and compare them to the numbers documented in the MAR. This weekly audit will be conducted for 6 weeks with an anticipated completion date of September 2023. PCHA and Resident Care Coordinator will conduct random audits on glucometers and MAR documentation to ensure home is in compliance with regulations set by the DHS. Diabetic Training was completed by all med techs on 7/11/2023.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented ( ) - 08/22/2023

191 - Resident Right to Refuse

11. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #4 admitted to the home on ( ), Resident #5, admitted to the home on ( ) and Resident #6, admitted to the home on ( ) have not been educated to their right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

Accept ( ) - 08/14/2023

Upon receipt of the VR dated 7/18/2023, PCHA sat down with resident's #4, #5, and #6 and educated each resident on all of their rights, including the right to refuse medications. Resident's #4, #5, and #6 understood their rights and initialed documentation.

PCHA will conduct an audit of all resident's file to ensure that all residents currently in home have read and signed the correct document understanding their rights, specifically their right to refuse medication starting on 8/7/2023. PCHA will ensure that all new residents to home understand and sign their rights as residents upon admission.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 08/22/2023

227d - Support Plan Medical/Dental

12. 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**

The assessment for Resident #2, dated [REDACTED] did not indicate that the resident has a need for an enabler bar. The resident's support plan dated 5/23/23 does not document how this need will be met.

**Plan of Correction****Accept ( [REDACTED] - 08/14/2023)**

Upon receipt of VR dated 7/18/2023, PCHA reviewed resident #2's Support Plan and documented the resident need for an enabler bar. PCHA sat down with resident #2 to review Support Plan and sign resident's corrected Support Plan.

PCHA will audit all resident Support Plan's currently in home and ensure that all residents Support Plan's reflect their current condition with a completion date of [REDACTED] PCHA will audit all resident MAR's quarterly for annual due dates as well as changes due to significant change in needs starting 9/1/2023.

Licensee's Proposed Overall Completion Date: 08/11/2023

**Implemented ( [REDACTED] - 08/22/2023)**