

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

December 18, 2023

[REDACTED]
BROOKSIDE ASSISTED LIVING, INC.
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2023 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: *BROOKSIDE SENIOR LIVING* License #: *41113* License Expiration: *10/15/2024*
 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: [REDACTED]
 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: *11/03/2023*

Inspection Dates and Department Representative

11/03/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *50* Residents Served: *34*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: [REDACTED] Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: [REDACTED]
 Have Mobility Need: [REDACTED] Have Physical Disability: *0*

Inspections / Reviews

11/03/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/04/2023*

12/08/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/15/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/15/2024*

Inspections / Reviews *(continued)*

12/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. 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 [redacted], from [redacted] until [redacted], on [redacted], 32 residents were present in the home. During this time no staff persons were present in the home who are trained in first aid.

Plan of Correction

Accepted [redacted] - 12/08/2023)

63a

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken:

- 1. On [redacted] by the administrator to obtain first aid certification for staff on duty by texting the facility's AHA trainer to schedule a class with the state inspectors present. A tentative class was arranged for the first week of December when [redacted] texted back [redacted] availability. Class is scheduled for 12/04/2023.
- 2. On 11/03/2023 the administrator verified that all other medication staff (non-licensed) have active CPR **and** first aid cards or dual certification card. (A medication staff person is always on duty.) The facility serves less than 50 residents at all times, currently 34.

The following **preventative actions** will be taken:

- 1. The Administrator or designee will monitor that staff certifications cards include both CPR and first aid quarterly. This applies to non-licensed medication staff persons, with a completion date on or before 12/15/2023 and annually thereafter. CPR and first aid will continue to be recommended but not required for non-medication staff members.
- 2. By 12/15/2023, facility staff will be notified via memo by administrator of the regulation that 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. Staff will be asked to aid in facilitating compliance by being mindful of their own expiration dates. Signature verification will be made.

Implementation of preventive actions will be overseen by the administrator with an overall completion date of 12/15/2023.

Compliance monitoring:

Effective 12/15/2023 the administrator or designee will perform quarterly checks to maintain ongoing compliance ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times through 12/15/2024. Any deficiencies will corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/18/2023)

101j7 - Lighting/Operable Lamp

5. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] and resident [redacted] do not have access to a source of light that can be turned on/off at bedside. The bedside light was 38 inches from bedside.

Plan of Correction

Accept [redacted] - 12/08/2023)

101j7

In response to the violation on 11/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/03/2023 by [redacted] to access a source of light at the residents' bed-sides by installing a push light on the wall next to both beds. The inspector was present to witness the corrections were made.

Preventative actions.

- 1. By 12/15/2023, [redacted] will monitor resident rooms on a monthly basis to verify that a source of light is accessible at the bedside and correct any deficiencies immediately. (ex, install push light, provide lamp).
- 2. By 12/15/2023 facility staff will be notified via memo by administrator of the regulation for residents to have access to a source of light at the residents' bed-sides, and to take corrective action or get help from administration if they note a deficiency. Signature verification will be made.

Implementation of preventive actions will be overseen by the administrator with an overall completion date of 12/15/2023 for both preventative actions

Compliance monitoring:

Effective 12/15/2023, [redacted] will perform monthly checks to maintain ongoing compliance ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at their bedside. Any deficiencies noted will be documented and reviewed internally for continuous improvement purposes through 12/15/2024. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/18/2023)

133.1 - Exit Signs

6. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the emergency exit door in the kitchen. In addition, there is no sign over the door leading to the enclosed patio to indicate if the door is an exit. The home currently serves 34 residents.

Plan of Correction

Accept [redacted] - 12/08/2023)

133.1

133.1 - Exit Signs (continued)

In response to the violation on 11/03/2023 by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken on 11/03/2023 by [REDACTED] to put a sign on the enclosed patio door stating, "NOT AN EXIT". On 11/06/2023 action was taken by [REDACTED] to install an exit sign over the door in the kitchen from facility storage.

The following **preventative actions** will be taken:

1. By 12/15/2023 [REDACTED] will check exit doors and patio doors for appropriate sign placement quarterly.
2. By 12/15/2023 facility staff will be notified via memo by administrator of the regulation regarding placing at all exits, signs bearing the word "EXIT" in plain legible letters for homes serving nine or more residents, (and "NOT AN EXIT" if applicable), and asked to take corrective action or get assistance from administration if a deficiency is noted. Signature verification will be made.

Implementation of preventive actions will be overseen by the administrator with an overall completion date of 12/15/2023.

Compliance monitoring:

Effective 12/15/2023 [REDACTED] will perform door checks to maintain ongoing compliance in the placing at all exits, signs bearing the word "EXIT" in plain legible letters for homes serving [REDACTED] or more residents, (and "NOT AN EXIT" if applicable). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes through 12/15/2024. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] - 12/18/2023)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [REDACTED] is being administered [REDACTED] However, this medication was filled on 12/19/22 and expired 6 weeks after opening.

Plan of Correction

Accept [REDACTED] - 12/08/2023)

183d

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken to dispose of the expired [REDACTED] by the facility LPN on duty. It was replace by a new bottle from the resident's stock and dated immediately.

Administrator discussed with med staff on duty. The bottle in violation may have been dated incorrectly.

Administrator talked to resident and he verified that [REDACTED] gets [REDACTED] eye drops every night.

The following **preventative actions** will be taken:

1. By 12/15/2023 the administrator will have an individual or group meeting with each medication staff person/LPN to discuss this regulation, specifically regarding manufacturer's instructions regarding expiration date being

183d - Prescription Current (continued)

contingent on start date (opening) of medication, with signature verification.

- 2. By 12/15/2023, the medication policy will be reviewed by all medication staff with signature verification.
- 3. By 12/15/2023 the use of a medication label (bright yellow) stating "start date and expiration date" will be implemented to facilitate compliance.
- 4. By 12/15/2023 a designated staff member assigned to medication compliance will be assigned by administrator to audit every resident's medications once monthly to verify compliance. See audit form.
- 5. By 12/15/23 facility staff will be notified via memo by administrator of the regulation and to take corrective action or get help from administration if they note a deficiency. Signature verification will be made.

Implementation of preventive actions will be overseen by the administrator with an overall completion date of 12/15/2023.

Compliance monitoring:

Effective 12/15/2023 the designated staff member assigned to medication compliance will perform monthly medication audits through 12/15/2024 to maintain ongoing compliance with the regulation stating only current (un-expired) prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/18/2023)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed and being administered [redacted] however, this medication was not dated when opened. According to manufacturer's instruction, the medication is to be discarded after 6 weeks after opening.

Resident [redacted] is prescribed and being administered [redacted]; however, this medication has not been dated when opened. According to manufacturer's instruction, the medication is to be discarded 3 months after opening.

Plan of Correction

Accept [redacted] - 12/08/2023)

183 e

Resident [redacted] In response to the violation on 11/03/2023 by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken to dispose of the expired [redacted] by the facility LPN on duty. It was replace by a new bottle (from **resident [redacted]** stock supply on hand) with start date.

Resident [redacted] In response to the violation on 11/03/2023 by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken to determine the approximate start date of the medication for **resident [redacted]**

184a - Resident's Meds Labeled (continued)

██████████; Greater than ██████████ and notify MD. However, the medication label indicates ██████████ before breakfast, ██████████ before lunch, and ██████████ before dinner.

Resident ██████████ is prescribed ██████████ units subcutaneously in the evening. However, the medication label indicates ██████████ each a.m., and ██████████ each evening.

Resident ██████████ is prescribed ██████████ take ██████████ orally every 8 hours as needed; however, the medication label indicates ██████████, take ██████████ by mouth every 8 hours.

Plan of Correction

Accept ██████████ - 12/08/2023)

184a

In response to the violation on ██████████ by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken to put a "instructions changed refer to MAR" sticker on the three medication labels by the facility LPN on duty.

The following **preventative actions** will be taken:

1. By 12/15/2023 the administrator will have an individual or group meeting with each medication staff person/LPN to discuss this regulation for pharmacy labels, specifically regarding having the correct administration instructions on the prescription label, with signature verification. (ex. "instructions changed refer to MAR" sticker on medication label when orders change)
2. By 12/15/2023, the medication policy will be reviewed by all medication staff with signature verification.
3. By 12/15/2023 a designated staff member assigned to medication compliance will be assigned by the administrator to audit every resident's medications once monthly to verify compliance. See audit form.
5. By 12/15/2023 facility staff will be notified via memo by the administrator of the regulation and to take corrective action or get help from administration if they note a deficiency. Signature verification will be made.

Implementation of all preventive actions will be overseen by the administrator with an overall completion date of 12/15/2023.

Compliance monitoring:

Effective 12/15/2023 the designated staff member assigned to medication compliance will perform monthly medication audits through 12/15/2024 to maintain ongoing compliance with the regulation regarding pharmacy labels as follows:

The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1.The resident's name.
- 2.The name of the medication.
- 3.The date the prescription was issued.
- 4.The prescribed dosage and instructions for administration. (if changed, apply "instructions changed refer to MAR" sticker)
- 5.The name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

184a - Resident's Meds Labeled (continued)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] 12/18/2023)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is ordered [REDACTED]; however, the resident is being administered [REDACTED].

Repeat Violation: 8/31/22

Plan of Correction

Accepted [REDACTED] - 12/08/2023)

187d

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, **immediate action** was taken by administrator to seek clarification from the resident's PCP to ask if the medication can be used as a [REDACTED] interchangeably. [REDACTED] A doctor's order was received to approve it. The MAR was updated with the change.

The following **preventative actions** will be taken:

- 1. By 12/15/2023 the administrator will have an individual or group meeting with each medication staff person/LPN to discuss this regulation to follow the prescriber's order, specifically regarding the proper form of medication in this instance. [REDACTED]
- 2. By 12/15/2023, the medication policy will be reviewed by all medication staff with signature verification.
- 3. By 12/15/2023 a designated staff member assigned to medication compliance will be assigned by the administrator to audit every resident's medications once monthly to verify compliance with following the prescriber's order (correct form of medication).
See audit form.
- 5. By 12/15/2023 facility staff will be notified via memo by administrator of the regulation and to take corrective action or get help from administration if they note a deficiency. Signature verification will be made.

Implementation of all preventive actions will be overseen by the administrator with an overall completion date of 12/15/2023.

Compliance monitoring:

Effective 12/15/2023 the designated staff member assigned to medication compliance will perform monthly medication audits through 12/15/2024 to maintain ongoing compliance with the regulation stating the home shall follow the directions of the prescriber.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] - 12/18/2023)

187d - Follow Prescriber's Orders (*continued*)