

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

July 1, 2024

[REDACTED] ADMINISTRATOR
MENNO HAVEN INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2024, 06/05/2024 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: *BROOKVIEW PERSONAL CARE CENTER* License #: 33671 License Expiration: 09/02/2024
 Address: 2075 SCOTLAND AVENUE, CHAMBERSBURG, PA 17201
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: *MENNO HAVEN INC*
 Address: [REDACTED] 1
 Phone: [REDACTED]

[REDACTED]

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 89 Waking Staff: 67

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: 0
 Reason: *Renewal* Exit Conference Date: 06/05/2024

Inspection Dates and Department Representative

06/04/2024 - On-Site: [REDACTED]
 06/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Residents Served: 88

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: 88
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

06/04/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/20/2024

06/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/27/2024
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/18/2024

Inspections / Reviews *(continued)*

06/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/31/2024

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A, hired on [REDACTED] has lived in PA for less than 2 years. However, an FBI background check was not completed.

Plan of Correction

Directed ([REDACTED]) - 06/13/2024)

- Team Services is responsible for doing FBI checks on all new hires who have not lived in PA for less than 2 years.
- Team Services was educated on the importance of FBI checks being completed by Jody Plasterer,PCHA on 6-10-24
- FBI check has been submitted on 6-10-24 for [REDACTED] by Team Services.
- Team Services will audit all employee files initially to be completed by 6-18-24 that are FBI checks are present in employee files.
- Team services will audit all employee files quarterly to ensure all FBI checks are completed.
- Team services created a check list for all new hires. See attached.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- Starting 6/18/24, team services will audit all employee files quarterly to ensure all FBI checks are completed. Documentation of these audits will be kept and available for review by the Department.
- Starting 6/18/24, team services will implement a check list for all new hires.

Directed Completion Date: 06/18/2024

Implemented ([REDACTED]) - 06/28/2024)

54a - Direct Care Staff

2. 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

Direct care staff person A, hired on [REDACTED] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed ([REDACTED]) - 06/13/2024)

- Employee had a high school diploma from [REDACTED], waiver has been submitted showing that team member continues [REDACTED] education and has become a US citizen.
- Waiver was completed by [REDACTED], PCHA and sent into DHS on 6-6-24
- Certification of high school education submitted to World Education services.
- Audit of other employees was completed by [REDACTED], PCHA and 2 other waivers was completed and submitted on 6-7-24 to DHS for [REDACTED] and [REDACTED]
- [REDACTED] and [REDACTED] was removed from providing ADL services effective on 6-11-24 until waiver is approved.

54a - Direct Care Staff (continued)

- [REDACTED], Resident assistant is currently out [REDACTED].
- Team Services was educated on need for waiver submission for high school diplomas out of the country on 6-7-24 by [REDACTED], PCHA LPN
- Team Services will audit charts for high school diplomas quarterly.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- Starting 6/18/24, Team Services will audit charts for high school diplomas quarterly. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 06/18/2024

Implemented ([REDACTED] - 06/28/2024)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training during the 2023 training year.

Plan of Correction

Directed ([REDACTED] - 06/13/2024)

- Employee has completed all direct care staff training as of 6-7-24 and [REDACTED] annual training will continue to give all direct care training going forward. All other activities staff was added direct care staff training as well going forward.
- Team Services was updated on need for all activities staff to complete annual direct care staff trainings by [REDACTED] [REDACTED], PCHA LPN on 6-7-24.
- Team Services will do an initial audit to be completed by 6-18-24. See attached.
- Team Services will continue to monitor employee training records for completion quarterly going forward for discrepancies.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- Starting 6/18/24, Team Services will audit employee training records for completion quarterly. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 06/18/2024

Implemented ([REDACTED] - 06/28/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

141a 1-10 Medical Evaluation Information *(continued)*

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's most recent medical evaluation does not include the date of evaluation, the date the form was completed or dietary needs.

Resident 3's medical evaluation, dated [REDACTED], does not include special health, dietary needs or the medication addendum.

Resident 4's current medical evaluation, dated [REDACTED] does not include the height, weight, dietary needs or the medical professional's license number.

Plan of Correction**Directed [REDACTED] - 06/13/2024)**

-Personal Care Staff supervisor is responsible for DME Completion and was educated on the importance of completion on 6-5-24 by [REDACTED], PCHA LPN.

-An Initial Audit of all medication evaluations was completed on 6-8-24 and all missing documentation was completed at that time.

-Personal Care Staff supervisor will audit all med evaluations pending PCP completions for missing documentation going forward within 72 hours of completion and do a quarterly audit to ensure completion.

Proposed Overall Completion Date: 06/11/2024

[Directed]

- Personal Care Staff Supervisor or designee will complete an initial audit of all current medical evaluations by 7/12/24. Documentation of this audit will be kept and available for review by the Department.*
- Starting 7/12/24, Personal Care Staff supervisor will audit all med evaluations pending PCP completions for missing documentation going forward within 72 hours of completion and will complete quarterly audits to ensure completion. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: 07/12/2024

141a 1-10 Medical Evaluation Information (continued)

Implemented () - 06/28/2024

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 6/3/24 was posted. However, the menu for the week of 6/10/24 was not posted.

Plan of Correction

Directed () - 06/13/2024

- Menus was posted immediately after noted they was not posted on 6-4-24 by Director of Culinary.
- Director of Culinary will ensure all menus continue to be posted going forward.
- Director of Culinary will review bulletin board weekly that 2 weeks of Menus are present for resident viewing.
- Menus was already on a Live TV outside the dining room prior but only had the week coming up on it.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- PCHA will educate Director of Culinary Services and dining staff about the violation by 7/12/24. Documentation of education will be kept and available for review by the Department.
- Starting 7/12/24, the Director of Culinary Services will complete weekly audits of the bulletin board and Live TV outside of the dining room to ensure both the current week's menu and the next week's menu are posted. Documentation of audits will be kept and available for review by the Department.

Directed Completion Date: 07/12/2024

Implemented () - 06/28/2024

181c - Self-administration Assessment

6. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 2 self-administers medications to include Neosporin, Tylenol, Centi zine (10mg), Aspirin and Ester C vitamins; however, Resident 2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer these medications.

Plan of Correction

Directed () - 06/13/2024

- Both Residents was immediately updated of DHS requirements to self-administer medications as well as updating their PCP on 6-5-24 by Personal care supervisor.
- PCP was updated that we need Orders for Resident 2 on 6-5-24 and 6-11-24 for self-administration orders.

181c - Self-administration Assessment (continued)

Orders received that Resident 2 may self-administer medications on 6-11-24.

-Personal Care supervisor will complete an initial audit that all residents will have orders for self-administration and audit that they have no discrepancies.

-Personal Care Supervisor will continue to monitor for any further discrepancies and audit Residents medication reviews quarterly.

██████████ PCHA LPN will discuss at next Resident forum scheduled on July 16th regulations regarding self-medication of residents with residents.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- PCHA or designee will educate med techs and Personal Care Supervisor about the regulation by 7/12/24. Documentation of education will be kept and available for review by the Department.
- Personal Care supervisor will complete an initial audit that all residents will have orders for self-administration by 7/12/24. Documentation of audit will be kept and available for review by the Department.
- Starting 7/12/24, Personal Care Supervisor complete quarterly audits of residents' medications. Documentation of audits will be kept and available for review by the Department.

Directed Completion Date: 07/12/2024

Implemented (██████████) - 07/01/2024)

183b - Meds and Syringes Locked**7. 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

On 6/5/24, 4 Albuterol inhalers were unlocked, unattended, and accessible in Resident 2's bedroom.

Resident 4 is assessed as capable to self-administers ██████████ medications by a medical provider. However, on 6/5/24, Resident 4's medications were unlocked, unattended, and accessible in ██████████ bedroom.

Plan of Correction

Directed (██████████) - 06/13/2024)

- Personal care supervisor audited that all resident's self-administering medications and educated them they must keep their door locked on 6-11-24.

-Both above Residents were immediately notified they must lock their rooms and/or keep their medications in a locked container on 6-6-24 by Personal care supervisor.

-Both Residents will be audited quarterly to ensure they are keeping their medications locked up by ██████████, Personal care supervisor.

Proposed Overall Completion Date: 06/18/2024

[Directed]

183b - Meds and Syringes Locked (continued)

- PCHA or designee will educate staff and Personal Care Supervisor about the regulation by 7/12/24. Documentation of education will be kept and available for review by the Department.
- Starting 7/12/24, Personal Care Supervisor will complete quarterly audits of residents' medications and ensuring the medications are securely locked. Documentation of audits will be kept and available for review by the Department.

Directed Completion Date: 07/12/2024

Implemented (█) - 07/01/2024)

185a - Implement Storage Procedures**8. 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

Resident 3 is prescribed a blood sugar reading every day at 4pm. On 5/15/24, there is a blood sugar reading of 134 in the resident's glucometer. However, this reading was not recorded in the resident's medication administration record (MAR).

Resident 6 is prescribed 4 blood sugar readings every day at 7am, 11am, 4pm and 8pm. However, on 6/5/24, the following discrepancies were observed between the readings on the resident's glucometer and on the resident's MAR: On 5/16/24 at 7am, there is a blood sugar reading of 200 in the resident's glucometer. However, this reading was not recorded in the resident's MAR.

On 5/22/24 at 7am, there is a blood sugar reading of 207 in the resident's glucometer. However, this reading was not recorded in the resident's MAR.

On 5/26/24 at 4pm, there is a blood sugar reading of 200 in the resident's glucometer. However, this reading was not recorded in the resident's MAR.

Resident 7 is prescribed 3 blood sugar readings every day at 7am, 4pm and 8pm. However, on 6/5/24, the following discrepancies were observed between the readings on the resident's glucometer and on the resident's MAR:

On 5/16/24 at 8pm, there is a blood sugar reading of 249 documented in the resident's MAR. However, this reading was not found in the resident's glucometer.

On 5/19/24 at 8pm, there is a blood sugar reading of 248 documented in the resident's MAR. However, this reading was not found in the resident's glucometer.

Resident 5 is prescribed Carbamide Peroxide solution 6.5% as needed. On 6/5/24, this medication was not available in the home.

Plan of Correction

Directed (█) - 06/13/2024)

- Personal care supervisor created an audit that all LPN's and Med Techs will use the PCC weights and vitals summary q shift to check for missed documentation of Glucascans in MAR every shift. This will be implemented and started to use daily on 6-11-24. These audits will be kept in a glucometer check binder in the nurse's station to ensure compliance complete with LPN or Med techs signature that they were checked Q shift.

-In addition, the Night shift LPN staff created and will audit that these glucascans are charted correctly every night starting on 6-10-24. This audit was approved to be used by Night shift LPN's and med techs.

185a - Implement Storage Procedures (continued)

- Personal care supervisor educated all LPN's and Med Techs on the importance of documenting all Glucascans on MARS on 6-11-24.
- It was also discovered during this time that in Point Click care, staff was charting Glucascans in vitals section of Point click care but then that does not transfer to the MAR.
- All staff was educated on 6-11-24 to chart glucascans in the MAR by Personal care supervisor.
- Any Staff that failed to record on MAR the glucascan results will be monitored for any further missing documentation by Personal care supervisor monthly x 3 and then quarterly after that time if no further discrepancies are noted.
- Resident # 5 Carbamide was discontinued due to non-use on 6-7-24

Proposed Overall Completion Date: 06/18/2024

[Directed]

- Starting 6/18/24, any staff that failed to record on MAR the glucascan results will be monitored for any further missing documentation by Personal care supervisor monthly x 3 and then quarterly after that time if no further discrepancies are noted.

Directed Completion Date: 06/18/2024

Implemented (████) - 06/28/2024)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident 6 is prescribed Metoprolol Tartrate (25mg) twice daily and to hold if the systolic blood pressure (SBP) number is 100 or less. However, Resident 6 was administered this medication on 5/31/24 at 4pm with an SBP of 90.

Plan of Correction

Directed (████) - 06/13/2024)

████, Med tech states █████ failed to sign that █████ held Metoprolol dosage. Upon Review with Employee by █████ Personal care supervisor on 6-8-24, █████ stated held metoprolol but failed to document medication withheld as prescribed.

-Personal care supervisor provided education to █████ that █████ must document medication holds on MAR and the importance of following proper medication protocol on 6-8-24.

-Personal Care Supervisor/med tech trainer will follow up with a medication administration review with █████ Monthly for the next 3 months for compliance and then resume quarterly reviews.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- PCHA or designee will educate med techs and Personal Care Supervisor about the regulation by 7/12/24. Documentation of education will be kept and available for review by the Department.
- Starting 7/12/24, Personal Care Supervisor/med tech trainer will audit MARS for documentation errors monthly for the next 3 months for compliance and then resume quarterly reviews.

187d - Follow Prescriber's Orders (continued)

Directed Completion Date: 07/12/2024

Implemented ([REDACTED]) - 06/28/2024

254a - Records Discharge/Active

10. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 6/5/24, the narcotic medication count records were unlocked, unattended, and accessible on the "ground" medication cart.

Plan of Correction

Directed ([REDACTED]) - 06/13/2024

-The narcotic book was immediately secured and placed under lock and key by [REDACTED] LPN who was the person responsible for it being left unattended and unlocked.

-All staff was reminded of narcotic count book needing stored in a confidential manner by Jody Plasterer, PCHA on 6-7-24.

[REDACTED], PCHA will audit bi-weekly that all resident information is secure during grand rounds.

Proposed Overall Completion Date: 06/18/2024

[Directed]

- Starting 6/18/24, PCHA will audit bi-weekly that all resident information is secure during grand rounds. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 06/18/2024

Implemented ([REDACTED]) - 06/28/2024