

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

October 25, 2024

[REDACTED], MANAGER  
BROOKLINE ASSISTED LIVING LLC  
92 VILLAGE DRIVE  
MIFFLINTOWN, PA, 17059

RE: BROOKLINE VILLAGE AND COTTAGE  
SENIOR LIVING  
92 VILLAGE DRIVE  
MIFFLINTOWN, PA, 17059  
LICENSE/COC#: 33970

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2024 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: BROOKLINE VILLAGE AND COTTAGE SENIOR LIVING License #: 33970 License Expiration: 07/12/2025  
Address: 92 VILLAGE DRIVE, MIFFLINTOWN, PA 17059  
County: JUNIATA Region: CENTRAL

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: BROOKLINE ASSISTED LIVING LLC  
Address: 92 VILLAGE DRIVE, MIFFLINTOWN, PA, 17059  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 08/17/1995 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Complaint Exit Conference Date: 09/12/2024

**Inspection Dates and Department Representative**

09/12/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: 28	Residents Served: 25		
<b>Secured Dementia Care Unit</b>			
In Home: No	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: 0			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 25		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

**Inspections / Reviews**

09/12/2024 Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/10/2024

10/08/2024 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 10/23/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/14/2024

Inspections / Reviews *(continued)*

10/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2024

10/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/12/24, a copy of this chapter of the regulations was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed ( ) - 10/10/2024)

On 9/13/2024, the PCHA added a statement to the display case in the main hallway with directions where to locate the current license and inspection summary. On 9/13/2024 the current license and the current license inspection summary were placed in the public sitting room and are now easily accessible to everyone. Beginning on 9/13/2024, this will be audited by the PCHA weekly x 2 and monthly x 2. Education on 2600.3(C) was provided by PCHA on 9/13/2024.

(Directed)

- A copy of the 2600 regulations will be posted in a conspicuous and public place in the home by the administrator or designee by 10/14/24.
- Beginning 10/15/24, audits to ensure the regulations remain posted will be conducted by the administrator or designee weekly for 2 weeks then monthly for 2 months.
- The administrator will receive education on 2600.3(c) by 10/15/24.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 10/15/2024

Implemented ( ) - 10/25/2024)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not conducted a quality management meeting since March 2022.

Plan of Correction

Accept ( ) - 10/10/2024)

Effective in 2024, the facility will conduct quality management meetings on a quarterly basis. The next scheduled quality management meeting will be held on 10/21/2024. Education on 2600.26(a) was provided by PCHA on 9/13/2024. Beginning on 10/21/2024, this will be audited by the PCHA quarterly for one year.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented ( ) - 10/25/2024)

54a - Direct Care Staff

3. Requirements

54a - Direct Care Staff (continued)

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 Member A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry in their employment file.*

**Plan of Correction**

Accept (█ - 10/10/2024)

*PCHA obtained staff member A's highschool diploma/transcripts on █ and placed them in employee's personnel file. Education on 2600.54(a) was provided by PCHA on █. An audit of all current staff records to ensure all staff have a high school diploma, GED, or active registry status of the PA nurse aide registry will be completed by █ Beginning █ all employee files will be audited weekly x 2 and monthly x 2 by PCHA to ensure all direct care staff have proper qualifications.*

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented (█ - 10/25/2024)

65d - Initial Direct Care Training

**4. Requirements**

2600.

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**

*Direct Care Staff Member A, re-hired on █, and has been providing unsupervised ADL services. However, Staff Member A did not complete and pass the Department-approved direct care training course and pass the competency test.*

**Plan of Correction**

Accept (█ - 10/10/2024)

*PCHA verified on 9/13/24 that staff member A completed and passed the Department approved direct care training course. Employee A also passed the competency test. Education on 2600.65(d) was provided by PCHA on 9/13/24. An audit of all current staff records to ensure they have completed the required training requirement, will be completed by 10/16/24. Beginning 10/16/24, all employee files will be audited weekly x 2 and monthly x 2 by PCHA to ensure all direct care workers have completed the department-approved direct care training course and passing of the competency test.*

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented (█ - 10/25/2024)

66a - Staff Training Plan

**5. Requirements**

2600.

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

66a Staff Training Plan (continued)

Description of Violation

The home does not have a staff training plan for training year 2024.

Plan of Correction

Accept ( [redacted] - 10/10/2024)

PCHA will complete annual staff training plan for 2024 for all employees on 10/21/2024. The annual staff education will include the training topics required in 2600.66(a). Beginning on 10/21/24, PCHA will audit this education requirement annually.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented ( [redacted] 10/25/2024)

123b - Emergency Procedures Posted

6. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 9/12/24, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( [redacted] - 10/10/2024)

PCHA posted emergency procedures in public sitting room on 9/13/2024. The PCHA did education on 2600.123(b) on 9/13/2024. Beginning on 9/13/2024 this will be audited weekly x 2 and monthly x 2 by PCHA.

Licensee's Proposed Overall Completion Date: 10/09/2024

Implemented ( [redacted] - 10/25/2024)

141a - Medical Evaluation

7. Requirements

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.

Description of Violation

The initial medical evaluation for Resident # 1, signed on [redacted], does not indicate the date the resident was evaluated.

Plan of Correction

Accept ( [redacted] - 10/10/2024)

PCHA followed up with Resident #1's physician and the completed medical evaluation was verified and added to Resident #1's file on [redacted]. Starting on [redacted] PCHA will audit all resident medical evaluations weekly x 2 and monthly x 2 to ensure the evaluations are dated correctly.

Licensee's Proposed Overall Completion Date: 10/09/2024

Implemented ( [redacted] - 10/25/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

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

Description of Violation

The annual medical evaluation for Resident # 2, signed on [REDACTED], does not indicate the date the resident was evaluated.

Plan of Correction

Accept [REDACTED] - 10/10/2024)

PCHA followed up with Resident #2's physician and had the annual medical evaluation corrected with the appropriate date and added to Resident #2's file on [REDACTED] Starting on [REDACTED] PCHA will audit all annual resident medical evaluations weekly x 2 and monthly x 2 to ensure the evaluations are dated correctly.

Licensee's Proposed Overall Completion Date: 10/09/2024

Implemented ([REDACTED] - 10/25/2024)

185a - Implement Storage Procedures

9. 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 following glucometers were found to not be calibrated to the correct date and time:

Resident # 3 – The Glucometer read [REDACTED] The correct date and time wa [REDACTED]

Resident # 4 - The Glucometer read [REDACTED] - The correct date and time w [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/10/2024)

PCHA verified that the glucometers for resident #3 and resident #4 were callibrated correctly on [REDACTED]. Education for 2600.185(a) will be compeled for all required staff by [REDACTED]. Beginning [REDACTED] PCHA will audit weekly x 2 and monthly x 2 that all glucometers in the facility are callibrated correctly.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented ([REDACTED] - 10/25/2024)

187a - Medication Record

10. Requirements

2600.

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

187a - Medication Record (continued)

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted] and [redacted] every morning. However, the resident's medication administration record (MAR) does not indicate the diagnosis or purpose for the medication.

Plan of Correction

Directed [redacted] - 10/10/2024)

PCHA verified that the appropriate diagnosis' were added to Resident #1's medical administration record for [redacted]. Education for 2600.187(a) will be completed for all required staff by [redacted]. PCHA will audit all MAR's weekly x 2 and monthly x 2 to ensure proper diagnosos codes are present.

(Directed)

In addition to the above plan of correction, beginning no later than [redacted], the PCHA will audit all MAR's weekly x 2 and monthly x 2 to ensure the diagnosis or purpose for each medication is listed on the resident MAR's.

Directed Completion Date: 10/21/2024

Implemented [redacted] - 10/25/2024)

190a - Completion Medication Course

11. 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

Staff Member B, completed the modified medication course on [redacted] As of [redacted] Staff Member B has not successfully completed the standard Department-approved medications administration course and has not completed the annual practicum requirements since February 2022. Staff Member B has administered medications to residents, including Resident #1, in [redacted]

Plan of Correction

Directed [redacted] - 10/10/2024)

Staff member B will successfully complete the standard Department-approved medications administration course and the annual practicum requirements by 10/11/24. An audit for of all current staff member's medication administration records will be completed by 10/16/24. PCHA will be audit Med Tech certifications weekly x 2 and monthly x 2 for all staff.

(Directed)

In addition to the above plan of correction, beginning no later than 10/16/24, the PCHA will Med Tech certifications weekly x 2 and monthly x 2.

Directed Completion Date: 10/16/2024

Implemented [redacted] - 10/25/2024)

224a - Preadmission Screen Form

12. Requirements

224a Preadmission Screen Form (continued)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident # 2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

**Plan of Correction**

Accept [REDACTED] - 10/10/2024)

PCCHA verified that Resident #2's needs can be met by the services provided by the home. The preadmission screening form was ammended on [REDACTED]. An audit for of all current preadmission screening forms will be completed by [REDACTED]. Education for 2600.224(a) will be completed for all required staff on [REDACTED]. Beginning on [REDACTED], PCCHA will audit preadmission screening forms weekly x 2 and monthly x 2 for completion.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented [REDACTED] - 10/25/2024)