

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

June 24, 2025

[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 05/20/2025, 05/22/2025 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: *09/02/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/21/2025*

Inspection Dates and Department Representative

05/20/2025 - On-Site: [REDACTED]
 05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *95*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

05/20/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/09/2025*

06/09/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/13/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/16/2025*

Inspections / Reviews *(continued)*

06/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132d - Evacuation

1. 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 has a maximum safe evacuation time of 13 minutes and 0 seconds. During the fire drill conducted on 6/24/24 at 11:20 PM the home had a documented evacuation time of 19 minutes and 36 seconds.

Plan of Correction

Accept () - 06/06/2025

-the 6-24-24 fire drill that was too long was repeated after staff education was completed in the allotted time after staff reeducation was completed.

-all staff was in-serviced on 6-2024 how to perform a fire drill

-this over the time of the fire drill was followed up on 6-24-24

-All staff continue to receive fire safety education annually and on day 1 of hire

- PC administrator continues to audit all fire drills since that event on 6-24-24

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented () - 06/24/2025

181c - Self-administration Assessment

2. 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 is prescribed 7.5 millimeters of Chlorhexidine Gluconate 0.12% Mouth/Throat Solution daily at 8:00 PM. Resident #2 was found to be self-administering this medication but has not been assessed regarding the ability to self-administer medications.

Plan of Correction

Accept () - 06/06/2025

-All residents will be audited by staff supervisor for ability to self-administer medications and if so, will be added to their resident support plan after receiving approval from their PCP.

-All resident shall be assessed by Staff supervisor and if they are determined to be safe to do so will obtain orders from Physician regarding the ability to self administer medications annually going forward.

-Resident #2 was not using Chlorhexidine and it was discontinued By PCP and discarded per policy of Discontinued medications.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented () - 06/24/2025