

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

July 21, 2025

[REDACTED]  
BROOKSIDE ASSISTED LIVING, INC.  
[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 licensing inspections on 07/14/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** *BROOKSIDE SENIOR LIVING*      **License #:** *41113*      **License Expiration:** *10/15/2025*  
**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:** *41*      **Waking Staff:** *31*

**Inspection Information**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Complaint*      **Exit Conference Date:** *07/14/2025*

**Inspection Dates and Department Representative**

*07/14/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *50*      **Residents Served:** *38*

**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:** *37*  
**Diagnosed with Mental Illness:** *0*      **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *3*      **Have Physical Disability:** *0*

**Inspections / Reviews**

*07/14/2025 Partial*

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *Not Required*

**NO DEFICIENCIES FOUND**