

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

October 5, 2026

[REDACTED], CHIEF OPERATING OFFICE
MENNO HAVEN INC
[REDACTED]
[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 09/22/2026, 09/23/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BROOKVIEW PERSONAL CARE CENTER **License #:** 33671 **License Expiration:** 09/02/2027
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:** 03/09/2010 **Issued By:** Greene Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 92 **Waking Staff:** 69

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 09/23/2026

Inspection Dates and Department Representative

09/22/2026 - On-Site: [REDACTED]
09/23/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 **Residents Served:** 91

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 91
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

09/22/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/08/2026

10/02/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/05/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/09/2026

Inspections / Reviews (*continued*)

10/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2026

10/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 9/23/16, requires the battery of battery-operated carbon monoxide alarms be labeled with the date of installation and replaced at least once annually. On 9/22/26, the home's carbon monoxide alarms in the kitchen and other areas were not labeled when the batteries were installed; the home was unable to identify the date the batteries were last installed.

Plan of Correction

Accept () - 10/02/2026)

See attached

New carbon monoxide detectors throughout village square was installed on 9-23-26

Each detector will be clearly labeled with it's installation date, visibly marked on the side of each unit to ensure accurate tracking of device age and battery maintenance cycles.

A standing work order will be established with our preventative maintenance system. This order will require staff to test every newly installed CO detector for proper functionality upon installation and to conduct annual function ability tests thereafter.

Regular annual audits will be conducted to verify each detector's performance and to change the battery. Any issues identified will be addressed immediately to remedy any non-compliance or safety concerns.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/05/2026)

125b - Combustible Restrictions

2. Requirements

2600.

- 125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 9/22/26 at 9:15 AM, a bottle of Klean Strip Brush Cleaner was unattended and accessible in the unlocked maintenance office on the ground floor. The bottle was labeled, "Extremely flammable. Keep away from heat, sparks, flame, and all other sources of ignition. Vapors may cause flash fire or ignite explosively."

Plan of Correction

Accept () - 10/02/2026)

See attached.

Magnet removal: All magnets will be promptly removed from doors not intended for resident access,

The maintenance team will receive reeducation on DHS regulations, Specifically concerning the importance of keeping hazardous and non resident areas locked at all times.

The life safety Manager will conduct weekly audits of these doors for 4 consecutive weeks to verify that corrective measures are maintained and effective.

A recurring work order will be placed in the maintenance system to verify on a monthly basis that all corrective actions remain in effect and all doors continue to comply with safety standards.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/05/2026)

181f Record of Medication

3. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self administering his medication.

Description of Violation

Resident #2 self-administered Aspercream Pain Relief Spray and Equate Allergy Relief tablets. Resident #2 is assessed to be able to self-administer medications, however, these medications were not included in the resident's record.

Resident #3 self-administered Equate Dry Eye Relief, CVS Sinus Relief, and anti-fungal powder. Resident #3 is assessed to be able to self-administer medications, however, these medications were not included in the resident's record.

Plan of Correction**Accept () - 10/02/2026)**

See attached.

Resident #2 found with expired medications without a MD order in room. Family and resident updated that medications are expired and if they choose to use them that the MD must approve them and we must order a new supply. Resident and Family agreed to Discontinue medications found in room. See nurses notes on 9-22-26.

Nursing supervisor will check Resident's room quarterly for any further discrepancies.

Resident no 3 Resident and Family was updated for policy of need for medications orders for any medications that self administers in room. MD was updated and new orders obtained for medications not listed on Resident Mar on 9-23-26. Allergy medication bottle in room found to be empty and family and resident asked for it to be disposed of and no order sustained.

Nursing supervisor will continue to check Resident's room quarterly for any further medication discrepancies.

The nursing supervisor will check all Residents that self administer medications quarterly and will confirm that all medications that they are administering is prescribed by the PCP

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/05/2026)