

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2024
NAME OF PROVIDER OR SUPPLIER  Brookview Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Northfield Drive Chambersburg, PA 17201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43856</p> <p>Based on observations and staff interviews, it was determined that the facility failed to provide a separately-locked, permanently-affixed compartment in the refrigerator for the storage of controlled drugs in the medication room at [NAME] House.</p> <p>Findings include:</p> <p>Observations in the facility's medication room refrigerator at [NAME] House on March 13, 2024, at 8:40 a.m. revealed two multi-dose bottles of Ativan (a medication used to treat anxiety that is tightly controlled because it may be abused or cause addiction) on the top shelf in the refrigerator. The refrigerator did not contain a locked compartment that was affixed to the inside of the refrigerator to secure the Ativan.</p> <p>Interview with Registered Nurse 1 on March 13, 2024, at 8:43 a.m. revealed that she was not aware that there was supposed to be a locked compartment affixed to the inside of refrigerator.</p> <p>Interview with the Director of Nursing on March 13, 2024, at 12:05 p.m. confirmed that the refrigerator should have contained a locked compartment affixed to the inside of the refrigerator to secure controlled substances and it did not.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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