

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 03/27/2026
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on a review of facility policies and employee personnel files, it was determined that the facility failed to ensure that a licensure check was completed before hire for one of five employee files reviewed (Registered Nurse 1). Findings include: The facility's policy for abuse, dated February 27, 2026, indicated that potential employees would be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. Background, reference, and credential checks would be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Review of the employee file for Registered Nurse 1 indicated that she was hired on December 29, 2025. There was no documented evidence that her professional license was checked to ensure it was current and that she had no disciplinary action filed. Interview with the Nursing Home Administrator on March 27, 2026, at 10:43 a.m. confirmed that they could not find any documented evidence that the licensure check was obtained prior to hire. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(1) Management.</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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