

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **BRETHERN VILLAGE**

To operate **BRETHERN VILLAGE - TERRACE CROSSING**

Located at **P.O.BOX 5093, 3001 LITITZ PIKE, LANCASTER, PA 17606**

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **98**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20**

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 18, 2011** until **November 18, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328270

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

NOV 04 2011

Ms. Dixie L. Kiehl, Administrator
Brethern Village
Bretheren Village – Terrace Crossing
P.O. Box 5093, 3001 Lititz Pike
Lancaster, Pennsylvania 17606

Dear Ms. Kiehl:

As a result of the Department of Public Welfare's licensing inspection on September 19, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Bretheren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Diana J. Riel</i>	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michelle Goff</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	On 9/19/2011, the Medication Administration Records were found unlocked and accessible on top of the medication carts as follows: <ul style="list-style-type: none"> • 3:40pm outside the nursing station on the 2nd floor • 4:10pm outside room 412 on the 4th floor 	Immediately Ongoing	All staff responsible for medication administration were educated regarding confidentiality of MAR and instructed by Administrator to take the MAR into the residents room while administering medications As part of initial staff training confidentiality of resident information is reviewed by Orientation Trainer. Annual e-learning also reviews confidentiality. Taking MAR into resident room has been added to training	Steps have been taken to correct violation; full compliance is not verifiable 10/26/11 Date NSC Initials (DPW)

check list which is completed by LPN training new staff..

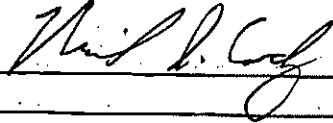
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9601 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME Brethren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.				

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9601 P. 4

NAME AND ADDRESS OF PERSONAL CARE HOME Brethren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Diane A. D'Amico</i>	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> The contract for Resident #1 was not signed by the payer. The contract for Resident #2 was not signed by the payer. 	Immediately Ongoing	<p>The payer for both residents contacted to sign contract by Administrator.</p> <p>Admission staff was provided with education regarding the requirement for signature of payer on contract</p> <p>As part of the support plan process, support plan coordinator will check contract for signatures of required parties when assessment is placed on chart for completion by staff.</p>	<p>comps have been taken to correct violation; full compliance is not verified</p> <p align="center">10/26/11 Date</p> <p align="center">N/C Initials (DPW)</p>

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9601 P. 5

NAME AND ADDRESS OF PERSONAL CARE HOME Brethren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>David Reid</i>	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coyle</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	The home did not have documentation on file that the following direct care staff members completed the Department-approved direct care training course: <ul style="list-style-type: none"> • Staff Person A, hired 8/24/2011 • Staff Person B, hired 8/24/2011 • Staff Person C, hired 8/24/2011 • Staff Person D, hired 8/19/2011 	Immediately Ongoing	Staff person A-D completed the Online test again and this time successfully printed the certificate. As part of new team member orientation, all new staff will be scheduled by scheduler to report for day shift on job day 2. The Scheduler and/or Administrator will then be available to ensure training is completed and the team member is able to print certificate.	NSC 10/26/11

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9601 P. 6

NAME AND ADDRESS OF PERSONAL CARE HOME Brethren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Goff</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual				

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Bretheren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael L. Cady</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9601 P. 8

NAME AND ADDRESS OF PERSONAL CARE HOME Brethren Village-Terrace Crossing, P.O. Box 5093, 3001 Lititz Pike Lancaster, PA 17606		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Goff</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Diane S. Riel</i>	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Min P. Coff</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 9/19/2011, there was an accumulation of lint in the lint trap of the dryer in the Memory Support Unit of the home.	Immediately Ongoing	All laundry areas were checked for lint in the dryer and cleaned if needed. Signs were posted in each laundry area as a reminder to staff and residents to clean lint trap after each load of laundry. A log has been posted in each laundry area for the Administrator or designee to conduct a check of lint traps bi-weekly.	 Steno have been taken to correct violation; full compliance is not verifiable 10/26/11 N.S.C. Date Initials (DPW)

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Duffel D. Riel</i>	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil P. Coffey</i>	DATE 10/26/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132a An unannounced fire drill shall be held at least once a month.	No fire drill was conducted during the month of August 2011. <table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	Immediately Ongoing	Safety and Security Officer and Facilities Manager aware of missed fire drill. A fire was conducted immediately. Fire Drills will be scheduled for the year by the Safety and Security Officer. Those dates have been placed in the calendars of the Administrator and Facilities Manager to ensure follow up. If a drill does not occur on said date Safety and Security manager will be contacted by Administrator.	Steps have been taken to correct violation; full compliance is not verifiable 10/26/11 NSC Date Initials (DPW)
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SIGNATURE OF LEGAL ENTITY <i>John A. Riel</i>	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John A. Riel</i>	DATE 10/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	<ul style="list-style-type: none"> Resident #3 was admitted to the SDCU of the home on 12/15/2010. The home did not develop a 30 day support plan for the resident until 3/31/2011. Resident #4 was admitted to the SDCU of the home on 7/14/2011. The home did not develop a 30 day support plan for the resident. Resident #5 was admitted to the SDCU of the home on 3/23/2011. The home did not develop a 30 day support plan for the resident until 7/26/2011. 	Immediately	<p>Memory Support Coordinator who is responsible for the development of support plan and the Administrator reviewed process of support plan development and review with resident and family/POA</p> <p>For the SDCU the support plan will be developed within 72 hours of admission.</p> <p>Resident will sign support plan at that time if he/she chooses</p> <p>Any quarterly reviews of support plan that include resident and family/POA will be documented as a progress note attached to the support plan, unless changes</p> <p>warrant signatures.</p>	<p>Ongoing</p> <p>Steps have been taken to correct violations, full compliance is not verifiable</p> <p>10/26/11 NJS Date Initials (DPW)</p>

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