

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BRETHREN VILLAGE LEGAL ENTITY

To operate BRETHREN VILLAGE NAME OF FACILITY OR AGENCY

Located at P.O.BOX 5093, 3001 LITITZ PIKE, LANCASTER, PA 17606
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 114 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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 February 1, 2012 until February 1, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321750

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

FEB 03 2012

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

Ms. Dixie L. Kiehl, Administrator
Brethren Village
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 December 1, 2011 and December 2, 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.


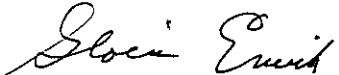
Sincerely,

A handwritten signature in black ink, appearing to read '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 BRETHREN VILLAGE, P O BOX 5093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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 12/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-13-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The most recent violation report, dated 10/28/10, was posted in a locked office.	Immediately Ongoing	Violation Report was moved by Administrator and is now posted on bulletin board in common area of facility. Administrator will place any future violation Reports on the bulletin board.	 1-23-12/GE

RECEIVED TIME DEC. 28. 3:08PM

No. 1744 P. 2

Dec. 28. 2011 3:01PM

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

No. 1744 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Dick H. Gensil</i>	DATE 12/08/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Ernst</i>	DATE 1-23-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.	The contract, dated 8/16/11, for resident #1 was not signed by the payer/designated person.	Immediately Ongoing	The payer contacted by Administrator to sign contract. Admission Staff educated on the requirement for signature of payer on contract. As part of the support plan process, the support plan coordinator will audit contract for all signatures when assessment is placed on chart for staff to complete.	1-23-12

Dec. 28. 2011 3:01PM

RECEIVED TIME DEC. 28. 3:08PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX S093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER S21750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Doris J. Gensil</i>	DATE 12/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glen Emsch</i>	DATE 1-13-12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures, (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	<p>The following direct care staff did not receive the required orientation: Staff A, hired 11/21/11 Staff B, hired 11/22/11 Staff C, hired 11/22/11</p> <p>The following direct care staff did not receive the required orientation prior to or on their first work day: Staff D, hired 7/18/11 did not receive orientation until 8/5/11 Staff E, hired 1/17/11 did not receive orientation until 1/26/11 Staff F, hired 7/5/11 did not receive orientation until 8/5/11 Staff G, hired 7/18/11 did not receive orientation until 8/10/11</p>	<p>12/31/2011</p> <p>Ongoing</p>	<p>Staff members A-C will receive the required training by Safety and Security designee.</p> <p>Newly hired staff will receive the required training as part of Brethren Village New Team Member Orientation on their first day of hire by Staff Development designee.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 12-28-12-28 Date Initials (DPW)</p>

RECEIVED TIME DEC. 28. 3:08PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5093 3001 LITTIZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Daniel Gensil</i>		DATE 12/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SE</i>
			DATE 1-23-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<i>Contd.</i>	

RECEIVED TIME JAN. 17. 1:47PM

Jan. 17. 2012. 1:39PM

No. 2407 P. 2

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

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Debra H. Gensil</i>	DATE 12/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LG</i>	DATE 1-23-12

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED.	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) <i>Contol</i>	DATE COMPLIANCE VERIFIED BY
			online training course. Day 3 will include training by Administrator/designee on 1) Residents Rights 2) Emergency Medical Plan 3) Mandatory reporting of Abuse and Neglect under the Older Adult Protective Services Act. 4) Reporting of Reportable Incidents.	

RECEIVED TIME DEC. 28. 3:08PM

No. 1744 P. 7

Dec. 28. 2011 3:02PM

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

No. 1744 P. 8

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensl	
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>Dore J. G. [Signature]</i>	DATE 12/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria [Signature]</i>	DATE 1-13-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
103c Food shall be protected from contamination while being stored, prepared, transported and served.	On 12/2/11, there were 10 cups of assorted juices sitting uncovered on a shelf in the satellite kitchen cooler. The shelf above the uncovered juices had lettuce, meats and cheeses and the juice cups were not protected from potential contamination.	Immediately Ongoing	Dining Staff received education regarding the requirement to cover all food items to protect from potential contamination from the Dining Supervisor. A reminder sign has been posted in the kitchen area where food is stored to cover all food items by Administrator.	1-23-12/2012

Dec. 28. 2011 3:02PM

RECEIVED TIME DEC. 28. 3:08PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Doric A. Dill</i>	DATE 12/08/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lori Gensil</i>	DATE 1-23-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 August of 2011. <table border="1"> <thead> <tr> <th>Mont</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>05/18/2011</td><td>09:39 AM</td><td>7m, 10s</td><td>No</td></tr> <tr><td>Jun</td><td>06/26/2011</td><td>05:30 AM</td><td>7m, 5s</td><td>No</td></tr> <tr><td>Jul</td><td>07/28/2011</td><td>07:10 PM</td><td>5m</td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>12:15 AM</td><td>8m, 15s</td><td>No</td></tr> <tr><td>Oct</td><td>10/18/2011</td><td>03:39 PM</td><td>4m, 30s</td><td>No</td></tr> <tr><td>Nov</td><td>11/20/2011</td><td>12:20 AM</td><td>8m</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May	05/18/2011	09:39 AM	7m, 10s	No	Jun	06/26/2011	05:30 AM	7m, 5s	No	Jul	07/28/2011	07:10 PM	5m	No	Aug				No	Sep	09/29/2011	12:15 AM	8m, 15s	No	Oct	10/18/2011	03:39 PM	4m, 30s	No	Nov	11/20/2011	12:20 AM	8m	No	Dec				No	Immediately Ongoing	When missed fire drill was discovered in September 2011 fire drill was conducted immediately by Safety and Security Officer, on 9/14/2011. A 2nd drill was conducted on 9/29/2011. Fire drills have been scheduled for the next year by the Safety and Security Officer. Those dates have been placed on the calendars of the Administrator, Facilities Manager and The Safety and Security Officer to ensure follow up. If a drill does not occur on said date Safety and Security Officer will be contacted by Administrator.	Steps have been taken to correct violation; full compliance is not verifiable 1-23-12 Date Initials (DPW)
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5993 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Doris A. Giesl</i>	DATE 12/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 1-23-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the double doors for the "Oakwood" corridor which leads to the pool and outside egress.	Immediately	Exit sign has been placed over the double doors for the "Oakwood" corridor by the Facilities Supervisor.	1-23-12 <i>SS</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BRETHREN VILLAGE, P O BOX 5093 3001 LITITZ PIKE LANCASTER, PA 17606		CURRENT LICENSE NUMBER 321750	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011, 12/02/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
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>Daniel Klein</i>	DATE 12/08/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ewert</i>	DATE 1-13-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
227e The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.	Resident #2 has a medical evaluation, dated 1/20/11, which states that the resident cannot self-administer medications. The assessment, dated 1/5/11 and the support plan, dated 1/27/11, states that the resident can self-administer medications.	Immediately Ongoing	Assessment and Support Plan were corrected to reflect that Resident#2 cannot self administer medications as stated on the medical evaluation by Administrator and Support Plan Coordinator. Support plan coordinator received education by Administrator to verify that the medical evaluation, assessment, and support plan contain matching information. As part of the support plan meeting information will be double checked by administrator/decinee for consistency.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>1-23-12</u> Initials (DPW) <u>SE</u>