



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 21 2012

Mr. Karl Brummer, Vice President of Programs & Human Resources
The Brethren Home Community, Inc.
Cross Keys Village – The Brethren Home Community
2990 Carlisle Pike, P.O. Box 128
New Oxford, Pennsylvania 17350

Dear Mr. Brummer:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 30, 2012 and August 31, 2012 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 Human Services 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: 34287 - 08/30/2012 - Hoover, Douglas
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff Person A, hired 8/6/12, did not receive training in resident rights, emergency medical plan and reportable incidents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PC is part of a continuing care retirement community (CCRC) with a central HR department which handles the hiring process and initial orientation material, including topics that are required for all new team members. "Staff Person A" received the general orientation for our CCRC and PC processes, but missed the specific areas listed in the violation.

The PC Administrator reviewed the required training materials with "Staff Person A". 10/24/12

The PC Administrator met with the campus dining director to modify their orientation plan for team members assigned to PC. Going forward, new dining team members assigned to work in PC will be scheduled to meet with a member of PC leadership to review the required PC specific training materials for ancillary staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Julie Hull*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie Hull PC Administrator</i>	Date <i>10/24/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10-31-12</u> (Date)	Plan of correction implementation status as of <u>10-31-12</u> (Date)
The above plan of correction was approved by <u>JE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34287 - 08/30/2012 - Hoover, Douglas
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The facility uses shared glucometers for residents diagnosed with diabetes, who require blood sugar checks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PC has been using the same procedure as the skilled nursing Healthcare Center for checking resident blood sugars. The glucometer is calibrated daily to assure proper operation, and it is cleaned with special sanitizing wipes after each use. The strips and lancet devices are single use so there is no risk of cross contamination. This process has been approved by our medical directors.

Corrective Action:
 Per DPW recommendation, a glucometer has been ordered for each insulin dependent diabetic. The glucometers will be labeled with the resident's name and put into service when they arrive.

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Violation Report: 34287 - 08/30/2012 - Hoover, Douglas
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The wing to the right of the main entrance has several egress routes that are magnetically locked, including the door to the courtyard and the exterior gate from the courtyard to the rest of the grounds. These egress routes all appear to be available means of egress from the building and the facility is not licensed as a secure dementia care unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident area in question is located on the ground floor of our building. For building security reasons we have designated the hallway entrance as the approved entry/exit from the neighborhood. The door to the stairwell is equipped with a 15 second delayed egress device as a cue to residents that the door is not to be used as a routine exit. In addition, all ground level exit doors from stairwells to the outdoors are clearly marked as alarmed emergency exits only because we do not want residents or visitors to use them as regular means of exiting the building. Instead we ask that everyone enter and exit through our lobby.

This neighborhood also contains a door which enters an outdoor garden surrounded by a fence with a locked service gate. Both of these doors have mag lock release when the fire alarm is activated. This area is not intended to be a building exit, only a means to access the garden area.

Corrective action:

Per DPW's technical assistance, we have added a sign to the garden door stating "Not an Exit". We will also submit the paperwork to designate this neighborhood as a secure dementia neighborhood by 12/31/12.

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 PC Administrator* Date *10/24/12*

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Violation Report: 34287 - 08/30/2012 - Hoover, Douglas
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility does not have emergency procedures posted within the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Cross Keys Village has an indepth preparedness plan for safety and disaster response. As a CCRC, the local municipality expects that we have a "defend in place" plan.
 We also have a copy of the emergency plan for our county.

Corrective Action:

Information about the plan has been placed in the reference binder for public viewing at the lobby information center.

An article highlighting the reference binder content will be added to our next family newsletter in November.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie Hull PC Administrator</i>	Date <i>10/24/12</i>
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Violation Report: 34287 - 08/30/2012 - Hoover, Douglas
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 8/31/12, there were 2 small, unidentified, white pills and 1 large, unidentified, white pill on the bottom of the second drawer of the medication cart, located in the 3rd floor "Enhanced" medication room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In the event pills are found out of their package, they are immediately discarded. Due to the large volume of medications given, it is not uncommon for a blister pack to occasional snag on another pack and a pill be pulled out. Unless all resident packs are pulled from a section, a stray pill will not be detected.

This is not indicative of a medication being missed because the medication administration system is computerized and each blister pack due is removed from the drawer, the barcode is scanned to verify accuracy, and the pill is removed from the blister pack.

Corrective Action:

The team was reminded to handle the blister packs carefully as they pull and return them in the cart.

The night team has created a med cart drawer cleaning schedule.

The PC Med Trainer will inspect a cart each quarter to monitor compliance.

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Signature of Legal Entity Representative (Required on EVERY Page) Julie Hull

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Hull Date 10/24/12
PC Administrator

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Violation Report: 34287 - 08/30/2012 - Hoover, Douglas
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2, who is on hospice, has a medical evaluation, dated 5/15/12, that specifies a fluid intake restriction of 1500 cc daily because of dialysis. The resident's assessment and support plan, dated 5/16/12, refers only to a "low salt" diet and does not document the fluid intake restriction or how the facility assists the resident in meeting this need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 is capable of independently managing [redacted] fluid restriction, despite being on Hospice, as [redacted] has been receiving dialysis and managing [redacted] condition for many years. The care staff is aware of [redacted] medical issues and provides assistance when needed.

Corrective Action:

[redacted] support plan was updated to indicate the fluid restriction and that he manages it independently.

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 PC Administrator* Date *10/24/12*

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