

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BRETHREN VILLAGE LEGAL ENTITY

To operate BRETHREN VILLAGE - TERRACE CROSSING 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

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

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

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, 2012 until November 18, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328270

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 10 2012

Ms. Dixie L. Kiehl, PCH Administrator  
Brethren Village  
Brethren 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 (Department) licensing inspection on October 10, 2012 and October 11, 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: 32827 - 10/10/2012 - Chou, Serena  
 PCH Name: BRETHREN VILLAGE - TERRACE CROSSING

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - 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.

**2. DESCRIPTION OF VIOLATION**

The contract for resident #1 was not signed by the resident.  
 The contract for resident #2 was not signed by the resident.

**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.*

Immediate: Contracts for Resident #1 and #2 were signed by those Resident.

All Resident contracts were checked for signatures and signed by Resident if signature was missing

Ongoing: Admissions staff, Support Plan Coordinator, and Memory Support Coordinator received education regarding the requirement for Resident signatures.

At admission, Admission staff are responsible for having contract signed by Resident.

As a double check, the Support Plan Coordinator and the Memory Support Coordinator will check the contract, which is kept in the resident chart, for signatures when they place the RASP on the chart for completion.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dixie L. Kiehl*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dixie L. Kiehl, PCHA

Date *11/16/2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-16-12  
 (Date)

The above plan of correction was approved by DK  
 (Initials)

Verification of Legal Entity Representative Signature 11-16-12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32827 - 10/10/2012 - Chou, Serena  
 PCH Name: BRETHREN VILLAGE - TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION

The trash can in the Secure Dementia Care Unit's kitchen area was uncovered.

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.*

Immediate: Trash receptacle lid was replaced on the trash receptacle and homemaker educated on regulation.  
 Sign placed near trash receptacle stating that the receptacle is to remain covered at all times.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dixie L. Kiehl*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dixie L. Kiehl, PCHA

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Violation Report: 32827 - 10/10/2012 - Chou, Serena  
 PCH Name: BRETHERN VILLAGE - TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2. DESCRIPTION OF VIOLATION

The telephones in Rooms #222, #224 and #225 do not have emergency service numbers posted nearby.

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.*

Immediate: Emergency service numbers were posted in rooms #222, #224, and #225.

All rooms were checked for emergency numbers posted nearby the phones.

Ongoing: Upon admission each new resident will have emergency service numbers posted nearby the phone by the Social Worker or designee

As part of a quarterly room audit conducted by the Social Worker or designee all rooms will be checked for emergency numbers posted near by the phones.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Dixie L. Kiehl*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Dixie L. Kiehl, PCHA

Date

*11/16/2012*

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Violation Report: 32827 - 10/10/2012 - Chou, Serena  
 PCH Name: BRETHERN VILLAGE - TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 4/16/2012.. The resident's medical evaluation was completed on 1/11/2012.

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.*

Immediate: All charts were reviewed by the Memory Support Coordinator and the Support Plan Coordinator to ensure DME was completed in approved time frames.  
 Education given to Admissions team and LPN charge nurses to check this date at time of resident admission.

Ongoing: Upon admission a checklist is attached to the resident chart. The DME date has been added to the checklist for the admitting nurse to check.  
 The annual DME will be checked by the Memory Support Coordinator and the Support Plan Coordinator as part of the completion of the new RASP.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Dixie L. Kiehl

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dixie L. Kiehl, PCHA

Date 11/16/2012

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Violation Report: 32827 - 10/10/2012 - Chou, Serena  
 PCH Name: BRETHERN VILLAGE - TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2. DESCRIPTION OF VIOLATION

Resident #4's assessment, completed on 5/11/2011, does not include an assessment of the resident's mobility needs.

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.

Immediate: Notation added to Resident #4's chart for an accurate mobility needs assessment.

All charts reviewed for accurate mobility needs assessment.

Ongoing: Inaccurate mobility needs assessment was part of the old Support Plan format. In using the current RASP format the Memory Support Coordinator is responsible for completing and has reviewed how to accurately complete this section of the RASP with the Administrator.

Resident charts are reviewed annually by Peace Church Compliance Committee for compliance with DPW regulations.

Note: The incorrect assessment was dated 5/11/11, which represents a previous survey year. The current assessment dated 5/9/12 was completed correctly. (See attached)

The Resident resides in a SDCU and is correctly assessed as an immobile Resident. The assessment dated 5/11/11 assessed her as a mobile Resident.

*Violation withdrawn - EE*

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Printed Name and Title of Legal Entity Representative  
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**1. REGULATION 55 Pa.Code §2600**

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2. DESCRIPTION OF VIOLATION**

The home's locking mechanism in the Secured Demential Care Unit can only be opened with a staff person's ID card. There were no directions for visitors to operate the card readers, which prevents immediate egress.

**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.*

Immediate: Upon entry into the SDCU, Staff will issue all visitors a swipe badge  
 Visitor will sign for the badge and receive instruction for use and return.  
 The swipe badge will allow the visitor to exit the unit whenever they wish.  
 Outside the front door of the SDCU, there will be a locked box for the visitor to return the exit badge when leaving.  
 Badges will be kept in the care base, which is locked.  
 Staff will account for the badges at the end of each shift.  
 If all badges not accounted for, the staff will contact the visitor and search the unit for the badge.  
 Staff will call Technology Department immediately to expire any missing badge.  
 Training of all affected staff will be completed by 11/20/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dixie L. Kiehl*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dixie L. Kiehl, PCHA

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