

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BRETHREN VILLAGE LEGAL ENTITY

To operate BRETHREN VILLAGE - VILLAGE MANOR 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, 2013 until February 1, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 321750

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.



JAN 23 2013

Ms. Dixie L. Kiehl, PCH Administrator
Brethren Village
Brethren Village – Village Manor
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 December 3, 2012 and December 4, 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 "Ronald Melusky". The signature is fluid and cursive.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32175 - 12/03/2012 - Chou, Serena
PCH Name: BRETHERN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include staff initials for the administration of Ditropan, 5 mg., on 11/9/12 and 11/15/12 at 8:00 pm.

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.

Immediately- All med techs instructed to review the MAR for all residents after completing the entire med pass to ensure that they have given all medications and have signed for them appropriately.

The Medication Administration Trainer will check all MARS weekly for compliance by each med tech. If non-compliance is noted, tech will receive counselling x1, if non-compliance continues disciplinary action will follow that could include release from Med Tech duties up to termination of employ.

Ongoing- After 3 months of 1x/week checks, if compliance is met, the Medication Administration Trainer will reduce checks to 1x/month for remainder of the year, and then reduce checks to 1x quarterly. If there continues to be a non-compliance issue, trainer will meet with Administrator to review effectiveness of plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dixie L. Kich

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Dixie L. Kich

Date

12/20/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 12-20-12
(Date)

Verification of Legal Entity Representative Signature 12-20-12
(Date)

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

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