



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 5, 2013**

Mr. Karl Brummer, SPHR  
Vice President of Programs & Human Resources  
The Brethren Home Community, Inc.  
2990 Carlisle Pike  
New Oxford, Pennsylvania 17350

RE: Cross Keys Village  
The Brethren Home Community

Dear Mr. Brummer:

As a result of the Department of Public Welfare's Human Services licensing inspection on July 1, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 34287 - 07/01/2013 - Bungo, John  
 PCH Name: Crosskeys Village The Brethren Home Community

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident No. 1 was officially admitted to the locked Secured Dementia Unit on 6/1/13. The medical evaluation for this resident was completed on 5/6/13 and did not indicate the need for the resident to be served in 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.*

On 6/1/13 we transitioned the existing dementia care neighborhood into a locked environment. The residents living there at the time had all been approved by their primary care physicians to be in need of a secure living environment. The resident in question had been approved by [redacted] physician, however, the box on the physical form wasn't checked.

**Action:** the physician was contacted to correct the medical form. (completed 7/2/13)

**Going forward:** the Medical Services Coordinator will ensure that the pre-admission paperwork is completed correctly per regulatory requirement

Repeat Violation: No

Date(s) of Previous Violation(s):

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, PC Administrator*

Date *7/30/13*

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

The above plan of correction is approved as of 9-5-13  
 (Date)

Plan of correction implementation status as of 9-5-13  
 (Date)

The above plan of correction was approved by 82  
 (Initials)

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

Violation Report: 34287 - 07/01/2013 - Bungo, John  
 PCH Name: Crosskeys Village The Brethren Home Community

**1. REGULATION 55 Pa.Code §2600**

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Upon receiving a revised license from the Department on 3/28/13 to operate a secured dementia care unit with a licensed capacity of 18, the home officially locked this unit on 6/1/13. The written cognitive screenings for the following residents were not completed within 72 hours of the official locking of this unit:

- Resident No. 1: Written cognitive screening completed on 5/6/13.
- Resident No. 2: Written cognitive screening completed on 5/9/13.
- Resident No. 3: Written cognitive screening completed on 5/6/13.

**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.*

As we were preparing to secure the neighborhood, we evaluated the current resident group to ensure they were appropriate to remain in the neighborhood. Since we were preparing to lock an existing occupied area, it took several weeks to relocate residents who didn't need a secure living area.

**Going forward:** The Medical Services Coordinator will ensure that the pre-admission paperwork is completed correctly per regulatory requirement

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>7/30/13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-5-13  
 (Date)

The above plan of correction was approved by *JH*  
 (Initials)

Plan of correction implementation status as of 7-5-13  
 (Date)

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