



NOV 21 2013

Ms. Dixie L. Kiehl, Administrator
Brethren Village
P.O. Box 5093, 3001 Lititz Pike
Lancaster, Pennsylvania 17606

RE: Brethren Village – Village Manor
License #: 321750

Dear Ms. Kiehl:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 26, 2013 and November 4, 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.

Your regular license for the period February 1, 2014 to February 1, 2015 was issued on October 16, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Acting Director *MJ*

Enclosure
License Inspection Summary

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

PCH Name: BRETHREN VILLAGE VILLAGE MANOR		License Number: 321750
Address: P O BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17606		County: Lancaster
Administrator: Dixie Kiehl		Region: CENTRAL
Legal Entity Name: BRETHREN VILLAGE		
Legal Entity Address: P.O.BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17606		
Certificate(s) of Occupancy C-2 LP 04/17/1998 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 78 Waking Staff: 59		
Type of Inspection: Partial BHA Docket Number: NA Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/26/2013: Riel, Becky; Minnich, Ron		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: NA Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 114 Number of Residents Served: 78 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 32175 - 09/26/2013 - Riel, Becky
PCH Name: BROTHERN VILLAGE VILLAGE MANOR

1. REGULATION 65 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

- On 9/22/2013, Resident #1 began to receive 1:1 supervision from the home staff. The home has not updated the current assessment of the resident's needs to reflect these changes.
- On 9/22/2013, the home's staff began to complete half hour visual checks on Resident #2. The home has not updated the current assessment of the resident's needs to reflect these changes.

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: The assessment for Residents was updated in the presence of Inspectors by the Support Plan Coordinator. Support Plan Coordinator reviewed all charts to ensure the assessments contained all current information. 11/18/2013; LPNs will receive a review of when to update assessments.

Ongoing: During weekly update meetings, which review all Residents for any changes, Support Plan Coordinator will make note and check the assessment plan to ensure changes have been noted on assessment.

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

Date

11/15/2013

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

The above plan of correction is approved as of

11/18/13
(Date)

Plan of correction implementation status as of 11/18/13
(Date)

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

The above plan of correction was approved by

AK
(Initials)

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

PCH Name: BRETHREN VILLAGE VILLAGE MANOR		License Number: 321750
Address: P O BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17606		County: Lancaster
Administrator: Dixie Kiehl		Region: CENTRAL
Legal Entity Name: BRETHREN VILLAGE		
Legal Entity Address: P.O.BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17606		
Certificate(s) of Occupancy C-2 LP 04/17/1998 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 78 Waking Staff: 59		
Type of Inspection: Ind - Partial/Center head BHA Docket Number: NA Notice: Unannounced		
Reason(s) for inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 11/04/2013: Riel, Becky; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 171b4 Random Indicators: 42h; 101o; 103d; 103h; 171b4		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 114 Number of Residents Served: 78 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 32175 - 11/04/2013 - Riel, Becky
PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

The home provides transportation to residents. None of the drivers have completed the initial new hire direct care staff person training, and there is not always a trained staff person to accompany them on the trip.

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 and Ongoing: All Personal Care Residents who use Brethren Village transportation will be accompanied by a Personal Care Aid who has received the initial direct care training as specified in 2600.65. *New policy started 11/5/2013. ac*

All Care Aids in Personal Care have received the direct care training as part of their employment. A Care Aid will be assigned as an escort as needed for a Resident who will be using Brethren Village Transportation.

The unit clerk who is responsible for arranging transportation, will be responsible to assign the care aid to accompany.

ac

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dixie L. Riel

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

Dixie L. Riel

Date *11/15/2013*

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

The above plan of correction is approved as of 11-10-13
(Date)

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

Plan of correction implementation status as of 11-10-13
(Date)

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