



NOV 13 2014

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

RE: Brethren Village – Terrace Crossing
License #: 328270

Dear Ms. Kiehl:

As a result of the Department of Public Welfare's licensing inspection on October 14, 2014, 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.

Your regular license for the period November 18, 2014 to November 18, 2015 was issued on August 6, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director /JM

Enclosure
License Inspection Summary

BV 308070

Violation Report: 32827 - 10/14/2014 - Rouse, McKinley
PCH Name: BRETHREN VILLAGE TERRACE CROSSING

1. REGULATION 65 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.

2a. DESCRIPTION OF VIOLATION
Resident #1's Aspirin 325 mg, take 1 tablet by mouth daily, did not have a diagnosis or purpose listed on the medication administration record.

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 Resident medication administration records were checked by charge LPN for diagnosis and diagnoses were added if missing.

Ongoing: When medication administration records are received from the pharmacy night shift LPN or designee will check each medication administration record for a diagnosis for each prescribed medication. The LPN will use a highlighter marker and highlight each diagnosis to check that it is present. This procedure will begin the November 2014 Medication Administration Records.

The Medication Administration Records will be audited by the Administrator/Designee monthly for the first 3 months. If in compliance auditing will occur quarterly.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dixie L. Krehl Date 11/7/2014

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

The above plan of correction is approved as of <u>11-7-14</u> (Date)	Plan of correction implementation status as of <u>11-7-14</u> (Date)
The above plan of correction was approved by <u>Bz</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented