



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2017

Ms. Joy Bodnar, Chief Operating Officer
The Brethren Home Community, Inc.
Attn: Julie Hull, PC Administrator
2900 Carlisle Pike
New Oxford, Pennsylvania 17350

RE: Cross Keys Village – The Brethren Home Community
License #: 342870

Dear Ms. Bodnar:

As a result of the Department of Human Services' annual licensing inspections on October 18, 2016, October 19, 2016 and November 8, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 34287 - 10/16/2016 - Showers, Michael
PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/18/16, an allegation of physical and verbal abuse perpetrated upon Resident #3 was reported to the home. The home did not report the incident to the local Area Agency on Aging as required by the Older Adult Protective Services Act.

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.

1-The incident was reported to The Area Agency on Aging 11/15/2016. This writer reported it to [redacted] Older Adult Protective Services Worker. She is at the Adams County Office. In turn [redacted] graciously dropped off additional tools that we can use. (See attachment #1)

2-Mandatory staff training was conducted on Residents Rights and Adult Protective Services Act on the following dates. Monday October 3, 2016, Tuesday October 4, 2016, Wednesday October 5, 2016, Thursday October 6, 2016 and Friday October 7, 2016. All trainings were 1 hour in length. (Please see attached copies of the flyer and attendance sheets.) (See Attachment #2)

3- A Quality Management tool consisting of a reporting checklist and packet has been created for the Administrator and or designee that is responsible for Mandatory Reporting. (See Attachment #3)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Eurith Long-Emerson PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eurith Long-Emerson PCHA Date 11/25/2016

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

The above plan of correction is approved as of 11/29/16 (Date)

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

Plan of correction implementation status as of 11/29/16 (Date)

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

Violation Report: 34287 - 10/18/2016 - Showers, Michael
PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home did not complete a thorough investigation into a report of alleged verbal and physical abuse perpetrated upon Resident #3 on 9/18/16. Specifically, the home's investigation into this incident of alleged staff to resident abuse was closed without speaking to the victim and documenting any resultant injuries, interviewing other staff members and residents having interactions with Staff Member A, and re-interviewing the complainant.

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.

Note:

On 9/27/2016 This writer Eurith Long-Emerson PCHA was attending a conference in Lancaster, PA. I opened an email from work informing me of an alleged allegation of resident mistreatment/abuse. I immediately contacted the Chief Operating Office at Cross Keys Village and she initiated the investigation. I left the conference to come back and assist. [redacted] actually visited Resident #3's room and spoke to [redacted] about the incident. The resident could not recall the incident but did state that [redacted] hand was hurt from a fall. (Documentation was not completed in the electronic documentation.) There was no documentation other than a time line of the events that [redacted] visited the resident. Family was also contacted after the event was reported and after the investigation.

Plan of Correction:

1-A Reportable Packet has been created to assist the PCHA or designee with thorough investigation guidelines. This was instituted November 22, 2016.
(See attachment #3)

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eurith Long-Emerson PCHA Date 11/25/2016

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Violation Report: 34287 - 10/16/2016 - Showers, Michael
PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.82(o) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Two one-gallon containers of Pure Bright Ultra Bleach, with a label that states "call poison control", and a box of Sun Triple Clean laundry detergent with a label that indicates "harmful if swallowed-call a physician." were found located in an unlocked cabinet above a washing machine in the secure dementia care unit. Residents in this area of the home, including Resident #1, have not been assessed as capable of recognizing and using poisons safely.

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.

Plan of Correction:

- 1-The laundry detergent and bleach products are now stored in the Utility Room in locked cabinets. The team members must unlock the soiled utility door as well as the cabinet doors in order to use any laundry chemicals. *Attachments 4A-4B-4C-4D relocation of chemicals.*
- 2-Education has also been provided from the 2600.82(c) Regulatory Compliance Guide pertaining to poisonous materials. Sign off sheets and the training tool are: (Attachments #4)
- 3- Training-When a new team member comes on board they will receive training on the 2600 regulations in addition to the specific regulations pertaining to Dementia under 2600.231b which will specifically include 2600.82(c). It will be part of *(the)* First Day/First 40 Training.
- 4- (See attachment #5)

Repeat Violation: No Date(s) of Previous Violation(s):

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Eurith Long Emerson PCHA
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
Eurith Long-Emerson PCHA 11/25/2016
(Required on EVERY Page)

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Violation Report: 34287 - 10/18/2016 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

There are three heat producing electronic fireplaces that are not hard wired with permanent connections and permanently installed. They are located in the 2nd floor sitting room near the main entrance, the 3rd floor multi-purpose room, and the 4th floor resident kitchenette.

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.

Plan of Correction:

1-The 3 heat producing fireplaces have had the heating elements disconnected by the Cross Keys Village maintenance, electrician. They were disconnected on October 21, 2016.

(See Attachment #8)

Resident Education:

2-During the Resident Gathering Meetings in November, this writer/PCHA shared the potential violations with the residents and read the 2600.127(a) regulation about portable space heaters and why the fireplaces were disconnected. The emphasis was on their safety.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Eurith Long Emerson PCHA*

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Violation Report: 34287 - 10/18/2016 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BRETHREN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

On 8/23/16 at 5:20 am, the home conducted a sleeping hours fire drill. The previous sleeping hours fire drill was held on 2/17/2016 at 5:44 am.

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.

Plan of Correction:

- 1-The Cross Keys Village Life Safety Director is now included in the coordination and development of the monthly Fire Drills at CKV/PCH. The 2017 Fire Drill Schedule is attached.
- 2- The PCHA has assigned a Personal Care Assistant to be a member of the CKV-Safety Committee and she will be taking a lead with the Life Safety Director with the scheduled fire drills.
- 3-(See attachment #7 of the 2017 Fire Drill schedule)

* All future sleeping hours fire drills will be scheduled to occur within 6 months from the previous sleeping hours fire drill.

BAS 11/29/16

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Violation Report: 34287 - 10/18/2016 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening forms completed for Resident 1 and Resident 2 were on a format different from the Department approved Pre-admission Screening Form . The home has not been granted a waiver by the Department to allow the use of this alternate format.

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.

Plan of Correction:

- 1-The home has decided not to complete a waiver for the existing pre-admission format that the home created and chooses to use the Department's form.
- 2-Since the survey the Departments form has been used.
- 3- (See attached form #8-Use of the ARL Pre-Admission Form Instituted)

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Violation Report: 34287 - 10/18/2016 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

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.

2a. DESCRIPTION OF VIOLATION
 The directions for operation of the electronic card locking device are not posted at the door labeled number 2966 in the 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.

Plan of Correction:

- 1- After investigation into the key pad CKV Information Technology Services (ITS) had no information on the key pad or a number to activate the keypad. [Redacted] Director of ITS stated that the keypad could be removed. [Redacted] CKV electrician removed the keypad on Friday November 25, 2016. He placed a cover over the area where the key pad was.
 See email attachment from [Redacted] Director of Buildings and Grounds.
 (Attachment 9-A)
- 2- On November 25, 2016 there are clear directions posted above the card reader on how to operate the card reader in case of an emergency or evacuation.
 (Attachment 9-B)
- 3- During new employee orientation the team members will be educated on 2600.223(c) and how the electronic systems work on the Memory Care neighborhood at CKV Personal Care Home.
 (See attachment #9) It is the same as #5.

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