



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 12 2017

Ms. Dixie 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 Human Services' annual licensing inspections on January 24, 2017 and January 25, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
 PCH Name: BRETHERN VILLAGE TERRACE CROSSING

1. REGULATION 65 Pa. Code §2600  
 2600.42(a) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
 The home has a network of video cameras that record common areas of the home for up to 30 days. Recorded areas include sitting areas as well as hallways, including the 2nd floor containing bedrooms #201 through #207 and bedrooms #213 through #225.  
 In addition, the home does not inform residents at admission of video recording nor are there signs indicating that images are being recorded.

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 | All recording ceased in Resident areas. Cameras continue to monitor and record entry ways.<br>Signage has been posted at each entry way in Terrace Crossing (See attached photo).<br>Terrace Crossing Residents will receive a letter of notification regarding cameras. (See attached letter). |
| Ongoing   | As part of the Admissions packet new Residents to Personal Care will receive notification of the use of security cameras in Personal Care and on campus.  |

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|----------------------|-----------------------------------|--|--|
| 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<br>(Required on EVERY Page) <i>Dixie L. Kiehl</i> | Date <i>2/20/2017</i> |
|---|-----------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>2/22/17</u><br>(Date) | Plan of correction implementation status as of <u>2/22/17</u><br>(Date)   |
| The above plan of correction was approved by <u>BAS</u><br>(Initials)   | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
 PCH Name: BRETHREN VILLAGE TERRACE CROSSING

**1. REGULATION 55 Pa.Code §2800**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Ancillary staff person B, hired [redacted]-16, did not have training regarding the home's emergency medical plan.

**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** All ancillary staff persons who are assigned to work in Personal Care received Initial staff training as outlined in this regulation as well as 2600.65(a) on 2/17/2017 and 2/20/2017. See Attached

**Ongoing** As part of New Team Member Orientation all new staff will receive the training outlined in 2600.65(a) and 2600.65(b). Start date was 2/6/2017. Director of Security and Administrator/Designee will conduct training. Record of training will be kept in each staff persons HR chart.

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 *2/20/2017*

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 (Date)

Plan of correction implementation status as of 2/22/17  
 (Date)

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

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

Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
 PCH Name: BRETHREN VILLAGE TERRACE CROSSING

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff C and D did not receive fire safety training conducted by a fire safety expert during training year January 2016 through December 2016.

**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** Staff person C received Fire Safety training 2/20/2017 and Staff Person D will receive training 2/24/2017.

**Ongoing** Fire Safety Training is included as part of the Training Plan for 2017. Fire Safety will be scheduled for each staff person as part of Relias Training November 2017. There will also be Fire Safety training in September 2017. Director of Security conducts the Fire Safety Training. He is approved to conduct training.

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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 *2/20/2017*

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 (Date)

Plan of correction implementation status as of 3/27/17  
 (Date)

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

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

Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
PCH Name: BRETHREN VILLAGE TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 1-24-17, there was an accumulation of lint in the lint trap of one of the dryers in the Westbury Terrace laundry room.

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 | Lint trap was cleaned immediately   |
| Ongoing   | Signs will be posted on the dryers to remind all users to clean the lint trap immediately after the dryer cycle has finished. The Housekeeping staff will check lint traps daily to ensure they are clean. Housekeepers will document on a log that lint traps have been checked and cleaned if needed. Logs will be audited 1x/month by Assistant Administrator/Designee |

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(Required on EVERY Page) *Dixie L. Kiehl*

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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Dixie L. Kiehl</i> | Date <i>2/20/2017</i> |
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The above plan of correction was approved by PKS  
(Initials)

Plan of correction implementation status as of 3/27/17  
(Date)

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Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
 PCH Name: BRETHERN VILLAGE TERRACE CROSSING

**1. REGULATION 56 Pa.Code §2600**

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home has not implemented adequate procedures for the safe storage, access, security and use of glucometers as evidenced by:

- A glucometer stored in an unlocked utility cart on the 4th floor of the home labeled as "4th"
- Blood sugar readings recorded on Resident 1's "diabetic record" that do not match readings stored in the resident's glucometer. These readings include: 159 on 1-6-17; 169 on 12-18-16; 172 on 12-9-16 and 171 on 12-2-16.
- Resident 1 is prescribed weekly blood sugar checks, and the diabetic record documents weekly readings, the glucometer assigned to the resident does not contain weekly readings.

**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** All med and treatment carts were checked for spare glucometers to prevent use of a glucometer other than the Resident's own. All glucometers were audited for readings stored in the glucometer to match those recorded. As result of audit Resident 1 had blood sugars checked by glucometer found in med cart.

**Ongoing** Carts will be checked 1x/week for spare glucometers by RN Clinical Coordinator. A glucometer will be available for emergency uses, as a nursing measure, for a Resident who is not diabetic, but showing signs and symptoms of low blood sugar. Glucometer will be disposed of after use. Glucometer will be kept in RN Clinical Coordinator's office and signed out by LPN and returned to RN CC for disposal. RN Clinical Coordinator/Designee will audit glucometers 1x/week to ensure readings recorded match readings documented, MARS books have been labeled "Glucometers and Supplies in Resident Room" Agency Orientation Checklist will include information about Glucometers and Supplies. Education will be provided to LPNs by 2/22/2017. See Attached.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

|  |                       |
|--|-----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Dixie L. Kehl</i> | Date <i>2/20/2017</i> |
|--|-----------------------|

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The above plan of correction is approved as of 2/22/16  
 (Date)

Plan of correction implementation status as of 3/27/17  
 (Date)

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

The above plan of correction was approved by [Handwritten Initials]  
 (Initials)

Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
 PCH Name: BRETHERN VILLAGE TERRACE CROSSING

**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.

**2a. DESCRIPTION OF VIOLATION**

Staff person E, who checked Resident 1's blood sugar on 1-6-17 and documented this on the resident's Medication Administration Record, was not listed on the master signature key.

**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** Master signature was checked for signatures of all LPNs and Med Techs. All signatures were listed. The missing signature belonged to an agency nurse.

**Ongoing** The orientation provided to an agency LPN has been revised to a checklist which will include instructions to sign the master signature key for both the Medication Administration Record Sheet and the Treatment Administrator Record Sheet. See Attached. Scheduler/Off Going LPN will review the Orientation Sheet with agency nurse and assist with completion. Implementation of Electronic MARS is planned for the end of May 2017.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dixie L. Kehl*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dixie L. Kehl* Date *2/20/2017*

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- Not Implemented

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

Violation Report: 32827 - 01/24/2017 - McCloskey, Jason  
PCH Name: BRETHERN VILLAGE TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On January 9th at 12pm, Resident 2's Lactinod Packet was not marked as having been administered.

Blood sugar readings recorded on Resident 3's "diabetic record" vary from readings stored in the resident's glucometer. This includes the 12pm blood sugar on 1-24-17, where the diabetic record is 214 while the meter states 217; the 4pm blood sugar on 1-22-17, where the diabetic record is 341 while the meter states 351; the 12pm blood sugar on 1-22-17, where the diabetic record is 382 while the meter states 387; and the 12pm blood sugar on 1-20-17, where the diabetic record is 251 while the glucometer states 261.

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 All Glucometers were audited and reading recorded in device were compared to the readings documented.

Ongoing This violation is a transcription error. The LPNs will be instructed to make certain they are recording correct numbers from the glucometer to the MAR. Glucometers will be audited 1x/week by the RN Clinical Coordinator/Designee comparing readings to documentation. Coaching will be given to any LPN who are not documenting correctly to assist LPN with compliance.

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 *2/20/2017*

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

The above plan of correction is approved as of 2/22/17 (Date)

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

Plan of correction implementation status as of 3/27/17 (Date)

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

Violation Report: 92827 - 01/24/2017 - McCloskey, Jason  
PCH Name: BRETHERN VILLAGE TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

A "Terrace Crossings Report Sheet" listing resident names, medication times, special medication instructions (spoon meds) and blood pressure, pulse and weight for Resident 4 was stored in an unlocked 4th floor utility cart accessible to residents and visitors.

A "Terrace Crossings Report Sheet" listing resident names and blood pressures for Resident 5, orders to notify Resident 4's doctor if pulse oxygen goes below 94%, and medication orders (Coumadin 5 mg all days except Saturday, 2.5 mg) for Resident 6, was attached to a clip board lying on a chair in the Village Center common area next to an ATM machine. Per interview with Staff Person A, the administrator, the clipboard was left on the chair by an overnight agency staff person. This information was unlocked and accessible from approximately 7am on 1-24-17 until licensing representatives found it at approximately 1pm.

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 4th floor cart was replaced at the time of inspection with a new cart. Information found in cart was placed in shred bin, as it was no longer needed. Terrace Crossing Report Sheet found in Village Center was placed in a secure area. This incident was reported to the Compliance Officer. An investigation to determine if a breach occurred was conducted

Ongoing All staff persons were reminded of the importance of locked carts and keeping all Resident information private and confidential at Team Meeting 2/15/2017. The person who left the information in Village Center was an agency nurse. A new orientation checklist (see attached) will be used to train agency LPNs. The disposal of Resident Information is included. Scheduler/Off going LPN will be responsible to review/complete the checklist with Agency Nurse. Procedure will be reviewed with LPNs by 2/22/2017.

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 *2/20/2017*

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The above plan of correction is approved as of 2/22/17 (Date)

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

Plan of correction implementation status as of 2/22/17 (Date)

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