



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 – Village Manor
License #: 321750

Dear Ms. Kiehl:

As a result of the Department of Human Services' annual licensing inspections on January 26, 2017 and January 27, 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.

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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 8

PCH Name: BRETHREN VILLAGE VILLAGE MANOR		License Number: 32175
Address: P O BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17608		County: Lancaster
Administrator: Dixie Kiehl		Region: CENTRAL
Legal Entity Name: BRETHREN VILLAGE		
Legal Entity Address: P.O.BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17608		
Certificate(s) of Occupancy C-2 LP 04/17/1988 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 78 Working Staff: 57		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2017: McCloskey, Jason; Heemer, Laura 01/27/2017: McCloskey, Jason; Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
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: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 1 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: 2	

RECEIVED TIME FEB. 20. 7:01PM

Violation Report: 32175 - 01/28/2017 - McCloskey, Jason
PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 85 Pa.Code §2600

2600.42(s) - 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 ground floor containing bedrooms 3 through 13.

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.
Signage has been posted at each entry way in Village Manor (See attached photo).
Village Manor 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.

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 BAS (Initials)

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

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

Violation Report: 32176 - 01/26/2017 - McCloskey, Jason
 PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa. Code §2800
 2800.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include fire safety training provided by a fire safety expert for ancillary staff person A.

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 will receive fire safety training on 2/17/2017 and 2/20/2017.
 Ongoing All ancillary staff will receive fire safety training annually by fire safety expert
 Ancillary staff have been assigned fire safety module through Relias Learning for November 2017. Fire Safety training will also be offered in September 2017 by the Director of Security. He is trained as a fire safety expert.

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

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

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

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The above plan of correction is approved as of 2/22/17 (Date)
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 Plan of correction implementation status as of 2/22/17 (Date)
 Fully Implemented
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 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 32175 - 01/26/2017 - McCloskey, Jason
PCH Name: BRETHERN VILLAGE VILLAGE MANOR

1. REGULATION 88 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2. DESCRIPTION OF VIOLATION
The 2nd floor lounge freezer did not contain a thermometer.

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	Thermometer was placed in freezer
Ongoing	Evening shift PCAs will check refrigerator daily and complete audit log (See Attached). Administrator/Designee will check audit chart 1x/week for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane L. Kiehl</i>	Date <i>2/20/2017</i>
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The above plan of correction was approved by <u>BKS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32175 - 01/28/2017 - McCloskey, Jason
 PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.185(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 use of glucometers as evidenced by Resident 1's glucometer containing the incorrect date and time as well as multiple stored readings which do not appear on the resident's diabetic record. Those readings include:

9-29	6:50am	188
9-28	4:08pm	171
9-28	7:47am	218
9-23	8:11am	182
9-23	8:26am	208

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. Resident 1 was felt to have a faulty glucometer. She was given a new glucometer. New glucometers were also given to 3 other Residents.

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 Administrators office and signed out by LPN and returned to Administrator 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" Education will be provided to LPNs by 2/22/2017. See Attached.

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 was approved by BBS
 (Initials)

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- Not Implemented

Violation Report: 32176 - 01/26/2017 - McCloskey, Jason
 PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 85 Pa.Code §2608

2608.187(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 B, who checked Resident 1's blood sugar on 1-17-16 at 4pm 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.

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

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

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Violation Report: 32178 - 01/26/2017 - McCloskey, Jason
 PCH Name: BRETHREN VILLAGE VILLAGE MANOR

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
 Resident 1's blood sugar was checked on 12-2-16 at 4pm, however, there is no documentation of who performed the check.

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 LPNs and Med Techs have been instructed check the MARS and TARS after last med pass/treatment of their shift, ensuring they have administered medications/treatments as prescribed.

Ongoing MARS will be audited by the 11:00 PM-7:30 PM LPN daily. Any missing initials will be documented on a log. If medication has been given and there is not a med error evident, LPN/Med Tech will be notified by RN Clinical Coordinator/LPN Charge Nurse of the need to complete their documentation. Re-education/Coaching will be given to LPN/Med Tech who has failed to complete documentation 3 time/month by RN Clinical Coordinator. If it appears a med error may have occurred, investigation of cause will be completed. If med error is founded, Physician will be notified for instruction, Family notified, and Reportable Incident completed. Procedure will reviewed with all LPN/Med Tech staff by 2/22/2017. Implementation of Electronic MARS is planned for May of 2017.

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

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

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Violation Report: 32175 - 01/28/2017 - McCloskey, Jason
PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed sliding scale insulin. On 1-8-17, the resident's blood sugar was 161 requiring 8 units of Humalog insulin, however, none was administered.

Resident 1 did not receive the prescribed 20 units of Levemir insulin on 12-31-16 at 9am.

Resident 1 did not receive the prescribed treatments including cleaning of a wound with saline solution and application of Santyl Ointment and dry gauze on 12-8-16 and 12-18-16 during the 11p - 7a shift.

Resident 3 did not receive the prescribed Norvasc 10 mg tablet on 1-4-17.

Resident 4 did not receive the prescribed Aspirin 81 mg tablet and Ferrous Sulfate 325 mg tablet, on 12-8-16 at 7:30am

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 LPNs to review TAR and the end of each shift to ensure all treatments and insulin injections have been given.

Ongoing LPNs will receive re-education wound care and insulin injection documentation. Education includes the need to investigate any failure to document the completion of treatment or injection given as a med error. All wound dressings are dated and initialed by the LPN at time of dressing change. If missing that is a med error and LPN will follow the med error procedure. See Attached
All LPNs will receive training by 2/22/2017.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Dixie L. Kehm</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Dixie L. Kehm	2/20/2017

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(Date)

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(Initials)

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

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