pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 13 2017

Ms. Joy Bodnar,
Chief Operating Officer
The Brethren Home Community, Inc.
Attn: Pamela Hensal, PC Administrator
2990 Carlisle Pike
New Oxford, Pennsylvania 17350

RE: Cross Keys Village- The Brethren Home Community
Certificate #: 342870

Dear Ms. Bodnar:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on September 26, 2017 and September 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: Cross Keys Village The Brethren Home Community	**License Number:** 34287
Address: 2990 Carlise Pike, New Oxford, PA 17350	**County:** Adams
Administrator: Pamela Hensal	**Region:** CENTRAL
Legal Entity Name: The Bretren Home Community Inc	
Legal Entity Address: 2990 Carlise Pike, New Oxford, PA 17350	

Certificate(s) of Occupancy

A2 II-B
06/10/2015
Oxford Township Adams Co

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 119	**Waking Staff:** 89
Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

09/26/2017: Springs, Israel; Cargile, Kellie
09/27/2017: Springs, Israel; Cargile, Kellie

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: 104

Number of Residents Served: 89

Secured Dementia Care Unit in Home: Yes

Area: Maple View

Secured Dementia Unit Capacity, if Applicable: 18

Number of Residents Served in Secured Dementia Care Unit, if applicable: 15

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 3

Number of Residents who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 89

Have Mental Illness: 4

Have an Intellectual Disability: 1

Have a Mobility Need: 30

Have a Physical Disability: 1

Violation Report: 34287 - 09/26/2017 - Springs, Israel
PCH Name: Cross Keys Village The Brethren Home Community

1. REGULATION 55 Pa.Code §2600
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The facility did not have documentation that the local fire department was notified in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

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.

The local Fire Chief was notified on 10/12/17. (See attachment A)

Moving forward, annual notification will be completed by the Administrator or safety designee during the month of October when our scheduled annual fire drill is conducted by the fire safety expert.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Pam Hensel Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pam Hensel	Date 10/12/17		

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

The above plan of correction is approved as of 10/16/17 (Date)

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

Plan of correction implementation status as of 10/16/17 (Date)

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

Violation Report: 34287 - 09/26/2017 - Springs, Israel
PCH Name: Cross Keys Village The Brethren Home Community

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The written fire drill record, for the drill held on 11/26/16 at 10:35 am did not contain the evacuation time, the number of residents evacuated, or the number of staff that participated.

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.

The fire drill record for the current year is being recorded on the Adult Residential Licensing Fire Drill Record Form. (See attachment B) Target Date: 10/12/17 and ongoing

Administrator or safety designee will document the the required information on the record within 24 hours of the conducted drill.Target Date: 10/12/17 and ongoing.

The fire drill log will be audited monthly x 3 months by the Administrator during the monthly Quality Management meetings. Target Date: 12/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Pam Horsal Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pam Horsal	Date 10/12/17		

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Violation Report: 34287 - 09/26/2017 - Springs, Israel
PCH Name: Cross Keys Village The Brethren Home Community

1. REGULATION 55 Pa.Code §2600
2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
Resident #1 is assessed as being capable of self-administration of medications. This resident stores the medications in his/her bedroom and, on 9/27/17, these medications were located on top of the resident's dresser. The resident does not keep the medications locked in a safe and secure location to protect against contamination, spillage and theft.

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.

Resident #1's bedroom door was immediately locked.

A magnetic lock that automatically locks upon closure, was installed on the drawer of the resident's dresser. (See Attachment C) Target Date: 10/12/17

All resident's who self-medicate will be required to lock their door or have a magnetic lock installed for safety.

Staff will receive education on the proper storage of medications for residents who self-administer and keep medications in the bedrooms. In the event that improper storage is found, Staff will provide redirection and education to residents who store medications in their bedrooms.

BAS 10/16/17

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Pam Hensal Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pam Hensal	Date 10/12/17		

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Violation Report: 34287 - 09/26/2017 - Springs, Israel
PCH Name: Cross Keys Village The Brethren Home Community

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

Upon review of the measurements stored in the glucometers for Residents #2 and #3, as compared with the documented readings on the Medication Administration Record (MAR), the following documentation errors were found:

		MAR	Glucometer
Resident #2:			
	9/21/17 6:25 am –	No Entry	97
	9/21/17 11:30 am	124	154
	9/21/17 6:14 pm	No Entry	239
	9/23/17 4:33 pm	No Entry	251
Resident #3:	9/26/17 4:09 pm	No Entry	129
	9/26/17 8:33 pm	No Entry	238

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.

Resident #2 and Resident #3 perform self glucometer tests.

Resident #2 and Resident #3 will be maintaining a log of glucometer testing results. Education on implementation of and maintaining the testing log will be completed by 10/19/17.

To ensure compliance, nightshift LPNs will conduct monthly audits of the testing logs as compared to the reading stored in the glucometers.

BAS 10/16/17

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Assistant Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pam Hensel	Date 10/12/17		

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Violation Report: 34287 - 09/26/2017 - Springs, Israel
PCH Name: Cross Keys Village The Brethren Home Community

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #2, admitted for personal care on [redacted]17, was developed on [redacted]17.

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.

Resident #2 was admitted for respite prior to the permanent admission.

To ensure ongoing compliance, the Resident Services Manager will document both the respite admission and permanent admission dates on the RASP. Target Date: 10/12/17 and ongoing

The administrator, or designee, shall review the RASP for each new admission to assure proper dates have been documented. BAS 10/16/17

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Ken Hensel Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Ken Hensel	Date 10/12/17		

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