



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: November 27, 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' licensing inspection on November 3, 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.

Sincerely,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



**Violation Report:**

PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

**1. REGULATION 55 Pa.Code §2800**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

A medication error occurred on 10/26/2017. Direct Care Staff Person A at the home notified the Personal Care Home Administrator Staff Person B on 10/30/2017. The reportable incident was not reported to the Department until 11/2/2017.

**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.*

All incidents or conditions will be reported to the Department within 24 hours by the Administrator or Designee via phone or written notification . Target date: Immediate and ongoing

In the event the incident or condition requires further investigation, a final written report will be submitted by the Administrator or Designee upon completion of the investigation. Target date: Immediate and ongoing

Administrator educated on regulation 2600.16 (c). Target date: 11/24/2017 **\*\*See attachment A\*\***

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Pam Hershal*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Pam Hershal Administrator*

Date *11/24/17*

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

The above plan of correction is approved as of 11/27/17  
(Date)

Plan of correction implementation status as of 11/27/17  
(Date)

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

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

**Violation Report:**

**PCH Name:** CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

**1. REGULATION 55 Pa.Code §2800**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

On 10/26/2017, a discontinued artificial tears medication, prescribed for Resident 1, was located in the medication cart..

**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 Artificial Tears medication was removed from the medication cart by the LPN on 10/26/2017.

All LPNs and Med Techs will be educated on regulation 2600.183(d). Target date: 12/15/2017.

All LPNs and Med Techs will be educated on immediate removal and disposal of discontinued medications. Target date: 12/15/2017

A medication cart audit will be completed weekly. Medications identified as being discontinued will be immediately removed and disposed of as per policy. Implementation date: Week of 11/26/27 Completion target date: ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Pam Hensel*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pam Hensel, Administrator* Date *11/24/17*

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

The above plan of correction is approved as of 11/27/17  
(Date)

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

Plan of correction implementation status as of 11/27/17  
(Date)

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

**Violation Report:**

**PCH Name:** CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

**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 10/27/2017 and 10/28/2017, Resident 3 was administered the prescribed Ciprodex ear drops. The staff who performed the administration failed to document this administration on the Electronic 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.*

All LPNs and Med Techs will be educated on regulation 2600.187(b). Target date: 12/15/2017

All LPNs and Med Techs will be educated on completing daily eMAR documentation audits. Target date:12/15/2017

All LPNs and Med Techs will complete a daily eMAR documentation audit prior to the end of their scheduled shift. Target date: 12/15/2017 and ongoing

Administrator, Resident Services Manager or designee will complete a weekly eMAR documentation audit report to monitor and address compliance. Target date: 12/15/2017 and ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Pam Hersal*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pam Hersal, Administrator* Date *11/24/17*

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The above plan of correction is approved as of 11/27/17  
(Date)

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

Plan of correction implementation status as of 11/27/17  
(Date)

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Violation Report:

PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed Olopatadine to treat the resident's itching eyes. On 10/26/2017, Resident 2 was administered a discontinued artificial tears medication prescribed to Resident 1, instead of Resident 2's Olopatadine.

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 LPN who administered the discontinued Artificial Tears medication is no longer employed at Cross Keys Village.

All LPNs and Med Techs will be educated on regulation 2600.187(d). Target date: 12/15/2017

A medication cart audit will be completed weekly. Medications identified as being discontinued will be immediately removed and disposed of as per policy. Implementation date: Week of 11/26/27 Completion target date: ongoing

Administrator, Resident Services Manager or designee will complete a weekly eMAR documentation audit report to monitor and address compliance. Target date: 12/15/2017 and ongoing

BAS 11/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ram Hensa*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Ram Hensa, Administrator

Date

11/24/17

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