



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 28 2018

Ms. Dixie L. Kiehl,
Administrator
Brethren Village
P.O. Box 5093
3001 Lititz Pike
Lancaster, Pennsylvania 17606

RE: Brethren Village – Terrace Crossing
Certificate #: 328270

Dear Ms. Kiehl:

As a result of the Department of Human Services' annual licensing inspection on January 9 and 10, 2018 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32827 - 01/09/2018 - Hoover, Douglas
 PCH Name: BRETHERN VILLAGE TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's updated emergency procedures were not submitted to the local emergency management agency in 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.

Immediate: An updated version of the Emergency Manual was submitted to Manheim Township EMA by BV Security Officer Approval notification letter is attached, dated 1-11-2018 - *BE*

Ongoing: Training provided to BV Security and emergency management chairperson regarding regulation and requirement to submit plan annually and receive written approval of plan.

Any recommendations made by the emergency management agency will be adopted immediately. Documentation of submission of plan shall be kept.

Training will be addressed at the home's periodic quality management reviews. - *BE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 2/2/2018

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

The above plan of correction is approved as of 2-5-18
 (Date)

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

- Plan of correction implementation status as of 2-5-18
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 32827 - 01/09/2018 - Hoover, Douglas
 PCH Name: BRETHREN 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

Resident #1's *Lisinopril, 5 mg. and Metformin HCL 750*, scheduled for administration on 1/10/18 at 8:00 am, were in the top drawer of the SDCU medication cart at 10:25 am. The medication was initialed as having been given at 9:47 am on the Medication Administration Record (MAR).

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: LPN who was found in violation of this regulation reviewed this regulation. Her immediate supervisor audited her in her med pass 1/16/2018 & 1/17/2018. Since there were no issues LPN will be audited 1x/month for 3 months. If there are issues she will receive coaching, if no issues found she will be audited annually.

Ongoing: Currently all Med Techs complete a Relias module on Medication Administration annually. Med Techs are audited every 6 months for compliance in Medication Administration. If the audit indicates an issue Med Techs receive coaching by Med Tech Trainer.

1. LPNs will now receive Medication Administration audits by Med Tech
 - a. Upon hire the Med Tech Trainer will audit the new LPN passing medications.
 - b. February 5-28, 2018 Med Tech Trainer will audit all current LPNs during a med pass and give LPN coaching for any issue.
 - c. Follow up audits will be given as determined by Med Tech Trainer.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/24/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Dixie L. Kiehl PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dixie L. Kiehl, PCHA

Date 2/2/2018

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The above plan of correction is approved as of 2-5-18
 (Date)

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

Plan of correction implementation status as of 2-5-18
 (Date)

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

Violation Report: 32827 - 01/09/2018 - Hoover, Douglas
 PCH Name: BRETHREN VILLAGE TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's Lisinopril, 5 mg. and Metformin HCL 750, scheduled for administration on 1/10/18 at 8:00 am, were still in the top drawer of the SDCU medication cart at 10:25 am. Resident #1 did not receive the medications at the prescribed time.

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: LPN who was found in violation of this regulation reviewed this regulation. Her immediate supervisor audited her in her med pass 1/16/2018 & 1/17/2018. Since there were no issues LPN will be audited 1x/month for 3 months. If there are issues she will receive coaching, if no issues found be audited annually

Ongoing: Currently all Med Techs complete a Relias module on Medication Administration annually. Med Techs are audited every 6 months for compliance in Medication Administration. If the audit indicates an issue Med Techs receive coaching by Med Tech Trainer.

1. LPNs will now receive Medication Administration audits by Med Tech Trainer.
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 - c. Follow up audits will be given as determined by Med Tech Trainer.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dixie L. Kiehl, PCHA

Date 2/2/2018

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The above plan of correction is approved as of <u>2-5-18</u> (Date)	Plan of correction implementation status as of <u>2-5-18</u> (Date)
The above plan of correction was approved by <u>DK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented