



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

Ms. Dixie L. Kiehl,
PCHA
Brethren Village
3001 Lititz Pike
Lititz, Pennsylvania 17543

RE: Brethren Village – Village Manor
P.O. Box 5093
3001 Lititz Pike
Lancaster, Pennsylvania 17606
Certificate #: 321750

Dear Ms. Kiehl:


As a result of the Department of Human Services' annual licensing inspection on January 18 and 19, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32175 - 01/18/2018 - Hoover, Douglas
 PCH Name: BRETHERN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa.Code §2600
 2800.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1, dated [redacted] 17, does not specify the party responsible for payment.

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 Resident charts were reviewed to ensure Resident contracts specified party responsible for payment has been assigned. Residents Contracts are kept in Resident chart.
 Regulation reviewed with Admissions Representative and Support Plan Coordinator.

Ongoing: Resident contract will be reviewed by Support Plan Coordinator when initial RASP is completed.
 Support Plan Coordinator will review the Resident contracts when the Annual RASP is completed.
 Support Plan Coordinator will notify Administrator/Designee of any missing assignment of party responsible for payment.
 Administrator/Designee will verify with Resident/POA who is party responsible and complete in contract.

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 2/14/2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-22-18
 (Date)

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

Plan of correction implementation status as of 2-22-18
 (Date)

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

Violation Report: 32175 - 01/18/2018 - Hoover, Douglas
 PCH Name: BRETHREN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, whose first day of work was on 4/30/17, did not complete the direct care training course and competency test until 1/18/18.

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: Administrator reviewed all current Direct Care Staff training for completion of DHS direct care training course.

Ongoing: Upon hire each new direct care staff will complete the direct care training course. On day 2 of orientation the Scheduler will assist the new hire in accessing the course and printing the certificate of completion. Certificate for each staff person will be kept in training binder by Administrator.

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 2/14/2018

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Violation Report: 32175 - 01/18/2018 - Hoover, Douglas
 PCH Name: BRETHERN 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 did not implement procedures for the safe use of glucometers and documentation of blood sugar readings, as indicated by the following:

Resident #2 had a blood sugar reading of 228 on 1/8/18 at 12:20 pm that was not recorded in the Medication Administration Record (MAR). Also, there was a blood sugar reading of 184 on 1/3/18 at 9:29 am that was not recorded in the MAR.

Resident #3 had a blood sugar reading of 356 on 1/8/18 at 12:19 pm that was not recorded in the MAR.

The MAR indicates a blood sugar reading of 182 on 1/5/18 at 7:01 am for Resident #4; however, there is no corresponding reading in the glucometer.

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: Currently glucometers are audited 1x/2weeks by RN Clinical Coordinator. Audits dated 2/9/2018 and 1/26/2018 resulted in no missed recordings of blood sugar level on the MAR. RN Clinical Coordinator received orders for each Resident using a glucometer for PRN blood sugar level checks. The MAR now has a place to document the results of additional blood sugar level checks which was not available previously. LPNs received training on the documentation of additional accuchecks for next 3 months. Missed documentation will result in Coaching/Remediation to the LPN by RN Clinical Coordinator. Frequency of audits and effectiveness of POC will be reviewed on 4/27/2018. Discrepancies will be investigated by RN Clinical Coordinator and include interviewing Resident and LPN responsible.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/26/2017		
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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 2/14/2018

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