



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

Mr. Jeffrey Evans,
President & CEO
The Brethren Home Community
2990 Carlisle Pike
New Oxford, Pennsylvania 17350

RE: Brookside at Cross Keys Village
225 Village Drive
New Oxford, Pennsylvania 17350
License #: 333180

Dear Mr. Evans:

As a result of the Department of Human Services' annual licensing inspection on January 25, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

received 01/11/18 6:10 PM K.M.H.

RECEIVED TIME FEB. 21. 6:10PM

Violation Report: 33318 - 01/25/2018 - Cargile, Kellie
PCH Name: BROOKSIDE AT CROSS KEYS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

As of 6/12/17, Resident #1 has been receiving psychiatric services. The resident's assessment and support plan does not address the need for this service or how the home will assist the resident in meeting his/her psychiatric needs.

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 RASP was updated on 2/21/18 to include detailed information that identifies how the home plans to meet this resident's needs. -~~SE~~

- 1- When there is a referral for any consultant services at Brookside, the referral is directed to the Charge nurse.
- 2- The charge nurse will give a copy of the referral to the PCHA or designee.
- 3- The new referral information will be added to the Resident Assessment Support Plan and explaining the new services that is being provided or have been provided.
- 4- A guide has been developed to assist the PCHA or designee to use for updating the Support Plan and will be used as a guide to details and completion of information on the RASP. The information on the guide has been taken from the Pa. Code 2600.225-227 RASP.
- 5- A Resident Assessment Support Plan progress note form has been developed for adding information to the RASP in between Annual, Significant changes or Dept. updates.

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
(Required on EVERY Page) *Erin. Kelly Emerson PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Personal Care Home Admin.* Date *2-17-18*

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

The above plan of correction is approved as of 2-23-18
(Date)

Plan of correction implementation status as of 2-23-18
(Date)

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

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

Violation Report: 33318 - 01/25/2018 - Cargile, Kellie
 PCH Name: BROOKSIDE AT CROSS KEYS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #1 does not address his/her irritability, judgement, agitation or hallucinations or identify how direct care staff can meet the resident's needs.

The following sections are not completed on Resident #2's support plan; medical diagnoses, psychological diagnoses, and social and recreational needs.

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 Support Plans for Residents #1 and #2 were updated on 2/21/18, to include the required information. - BE

- 1- Upon admission when a resident comes in the RASP guide will be initiated as a tool for completion and accuracy for completing the Resident Assessment Support Plan.

- 2- Additional tools for completion of the Resident Assessment Support Plan Pertaining to irritability, judgement, agitation or hallucinations will be Gathered from the family, resident (if applicable) the My Story Assessment and the CKV Assessment. An outlook calendar will be the tool used to follow up on the assessment for time sensitivity and compliance of the RASP completion. See attached updated RASP and tools.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) [Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Personal Care Home Adm.</u>	Date <u>2-17-18</u>
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