



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: March 13, 2018

Ms. Dixie Kiehl, Administrator
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' licensing inspections on February 23, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32175 - 02/23/2018 - Showers, Michael
 PCH Name: BRETHERN VILLAGE VILLAGE MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1, completed on 01/07/2018, does not document the resident as having any needs related to ambulation or identify the resident as a fall risk. As documented in the home's "Resident Notes", Resident #1 has demonstrated an increased likelihood of falls and had a fall on 02/03/2018 resulting in several injuries. A reassessment has not been completed by the home to evaluate this increased fall risk and document how to address this significant change.

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: A new assessment was completed for the Resident to capture her current care needs by the Support Plan Coordinator.

Ongoing: All LPNs have received education by the Administrator on the need for an assessment when a change in the care of a Resident occurs.

LPNs will notify Support Plan Coordinator /Designee of changes in daily morning meetings and immediately after an incident, such a fall, illness, increase in pain, a dramatic decline in Resident ability to complete ADLs, ER visit for assessment, admission to Hospice Services, and referral to PT, OT, or ST service occurs.

Support Plan Coordinator will then have assessment completed by Care Staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

3/6/2018

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

The above plan of correction is approved as of

3/13/18
 (Date)

Plan of correction implementation status as of

3/13/18
 (Date)

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

The above plan of correction was approved by

BKS
 (Initials)

Violation Report: 32175 - 02/23/2018 - Showers, Michael
 PCH Name: BRETHERN VILLAGE VILLAGE MANOR

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

The most recent resident support plan, developed 01/07/2018, has not been updated to include the services of a physical and occupational therapist which were added to the residents care after an incident on 02/03/2018 involving a fall with several injuries.

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: Resident RASP was updated by Support Plan Coordinator to reflect the recent fall and care she requires until her injuries heal. Support Plan Coordinator reviewed all Resident records to ensure they were up to date.

Ongoing: Support Plan Coordinator was on vacation during the incident for this Resident. The RN Clinical Coordinators have been assigned to cover these duties whenever Support Plan Coordinator is not available to do so. Support Plan Coordinator updates the RASP during morning meeting and as needed to stay current with changes in Resident care. All have been educated regarding this plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

3/6/2018

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The above plan of correction is approved as of

3/13/18
 (Date)

Plan of correction implementation status as of

3/13/18
 (Date)

The above plan of correction was approved by

DLS
 (Initials)

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