



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 04 2018

Ms. Joy Bodnar,
Chief Operating Officer
The Brethren Home Community, Inc.
Attn: Joy Bodnar
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's Bureau of Human Services Licensing's annual licensing inspection on September 18, 2018 and September 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY		License Number: 34287
Address: 2990 CARLISLE PIKE, NEW OXFORD, PA 17350		County: Adams
Administrator: Eurith "Chucki" Long-Emerson		Region: CENTRAL
Legal Entity Name: THE BRETHERN HOME COMMUNITY INC		
Legal Entity Address: 2990 CARLISLE PIKE, NEW OXFORD, PA 17350		
Certificate(s) of Occupancy A2-IIB 6/10/2015 Oxford Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 125	Waking Staff: 94
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/18/2018: Showers, Michael; McCloskey, Jason		
09/19/2018: Showers, Michael; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104 Number of Residents Served: 87 Secured Dementia Care Unit in Home: Yes Area: Maple View Court Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 0	

Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 Numerous cameras are recording video footage throughout the home, including the dining area, an angle capturing at least two resident bedroom doors, common areas of Maple View Court, and other common areas of the home. The recorded footage is retained by the home for a period of two weeks.

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 internal cameras in PC have been disabled effective 10/2/2018 by the IT department. The cameras will be taken down by October 30, 2018.
 Cameras still in use are located at the entrance of PC, in the parking lot outside of the building, the outdoor screened in porch and patio as well as the Maple View Court SDU outside courtyard.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Eurith Long-Emerson PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eurith Long-Emerson PCHA	Date 10/3/2018
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The above plan of correction is approved as of <u>10/4/18</u> (Date)	Plan of correction implementation status as of <u>10/4/18</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>BAS</u> (Initials)	

Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care Staff Person 1 and direct care Staff Person 2 during training year 2017, did not include training on the topics of "Instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan", "Personal care service needs of the resident", "Care for residents with mental illness or mental retardation..." and "Safe management techniques".

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 following training has been completed and is planned for completion for 2018.

- (1) Medication Self-administration - 8/16/17 (Medication review), 12/17/2018 (Pharmacy Overview) 10/3/2018
- (2) Instructions on meeting the needs of the residents as described in the Pre-admission screening tool, Assessment tool, medical evaluation and support plan: Training occurred on 8/16/2017 & 2/26/2018
- (3) Care for residents with Dementia - All Team Members attend the annual 8 hour training provided by Memory Care Team - Inner Light Memory Care Training. 11/6/2017&11/7/2018 (Identifying Behaviors),
- (4) Infection Control: 4/4/2018 - Biowaste & Infection Control 9/20/2018
- (5) Personal Care Service Needs of the Resident 10/26/2017 (Catheter Care), 2/26/18 (Colostomy Care), 3/7/2018 (Bathing/Resident Clothing/ ADL's IADL's), 3/23/2018 (Hospice Care), 4/4/2018 (Proper Lifting)
- (6) Safe Management Techniques: 7/11/2018
- (7) Care for Residents with Mental Illness: 11/7/2018

*The administrator will review each staff members training on a quarterly basis to identify trainings completed, any missed trainings, and ensure that the staff member has received the requisite number of annual training hours.

Documentation of the completed trainings shall be maintained for Dept. review.

BAS 10/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Eurith Long-Emerson PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eurith Long-Emerson PCHA Date 10/3/2018

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Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

There was no fire safety training provided by a fire safety expert to the staff of the home during training year 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.

(1) Fire Safety: Train the Trainer was completed on Friday September 28, 2018 by [REDACTED] FSE. 9 Team Members went through the training.

The following mandatory meeting dates have been schedule to have all team members trained. October 17, 2018/ October 31, 2018/ November 7, 2018/ November 14, 2018/ November 28, 2018 December 5. 2018.

- (2) Emergency Preparedness Procedures training completed 9/30/2018
- (3) Resident Rights taining is scheduled for October 4, 2018
- (4) Older Adult Protective Services Act was completed 2/28/2018
- (5) Falls and Accident Prevention was completed 5/31/2018
- (6) New Population Groups served in the home is scheduled for 11/14/2018
- (Overview of potential population groups we could serve)

*The administrator will review each staff members training on a quarterly basis to identify trainings completed, any missed trainings, and ensure that the staff member has received the requisite number of annual training hours.

Documentation of the completed trainings shall be maintained for Dept. review.

BAS 10/4/18

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 09/18/2018 at 10 am, there was an accumulation of pink lint in the lint trap of the General Electric Washer Dryer combination unit in the resident laundry room on the 3rd Floor. The dryer was not in use at the 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.

Audits effective 10/1/2018:
 All dryers will be checked at the beginning and end of each shift by the PCA's. This process has an audit sheet that is kept in the laundry rooms on all neighborhoods. A reminder note will be placed the 24 hour shift report for the PCA's.
 This audit has also been added to the Housekeepers duties check list when coming on shift and when leaving. Signage has been placed on all dryers as a visual reminder for residents, families and staff to check the dryers after each use.

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Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The Secure Dementia Care Unit "Maple View Court" has a doorbell that must be activated to be admitted into the unit. Once inside the unit, a visitor must seek the assistance of a staff person with a swipe card to unlock the door in order to exit the unit. There are no visitor swipe cards available, and the ability to enter or exit the unit is dependent upon staff assistance.

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.

New signs will be posted on the badge readers saying: Swipe badge here to Enter or Exit (by October 19, 2018).

Family members or Designees will receive an access badge upon admission and those already visiting will receive a badge by October 19, 2018.

10 badges will be made for visitors and will be distributed to them upon signing in and visiting. When leaving the visitor will drop the badge in the badge box located at the desk on Maple View Court. Team Members will count the badges at the end of their shift for accuracy and inventory of the badges.

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Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home conducted three fire drills in September of 2017. All three drills exceeded the designated maximum safe evacuation time of 13 minutes. On 9/13/2017, the evacuation took 16 minutes and 30 seconds, on 9/19/2017, the evacuation took 23 minutes and 17 seconds, and on 9/26/2017, the evacuation took 26 minutes and 41 seconds.

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.

Effective December 15, 2017 the new PCHA has been in compliance with regulation 2600.132(d). There has been one month in 2018 that a 2nd drill needed to be conducted a second time due to not meeting the required time for evacuation and the 2nd drill was successful. It was a third shift drill 3/17/18
 Fire Drill training has been completed on the following dates:
 March 7, 2018 with PCA's
 March 28, 2018 with the Charge LPN's
 June 13, 2018 with the PCA's/ LPN's / Housekeepers/Community Life, Office & Dining staff
 September 27, 2018 - All team members
 Final training will be October 31, 2018 with all team members
 Fire Drill Training Times for 2018: January-6 mins. 30 secs./Feb. 9 mins. 32 secs/ March-11mins. 3 secs./ April 3-mins. 2 secs./ May 9-mins. 16 secs./ June 10 mins. 36 secs./ July 5 mins. 8 secs./ Aug. 10 mins. 17secs. September 8 mins.21 secs.
 Our allotted time for evacuation is: 13 minutes from the resident areas to the designated areas of refuge (fire safe areas).

*The administrator will review the Fire Drill Log on a monthly basis. In the event that a drill's evacuation takes longer than the designated time, the administrator will investigate the cause and initiate steps to address the problem. A subsequent drill will be held to evaluate the efficacy of the implemented actions. Documentation of the identified problem(s) and actions for remedy shall be kept by the home for Department review. BAS 10/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Eurith Long-Emerson PCHA	10/3/2018

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Violation Report: 34287 - 09/18/2018 - Showers, Michael
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident 1's preadmission screening form for the Secure Dementia Care Unit was not completed in collaboration with a physician or a geriatric assessment team.

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 resident charts have been audited for accuracy and completion of the Pre-Admission Forms on all neighborhoods including Maple View Court SDU. Audit occurred between the dates of 9/28-30/2018.

Pre-admission screenings are completed by the PCHA/ Resident Services Manager or RN Clinical Coordinator. Our Medial Services Specialist will begin auditing charts for all new admissions effective 10/1/2018. The audit consists of the admission date, completion of the entire form and signatures for the SDU mandated time of 72 hours prior to the admission from the geriatric assessment team.

1 chart did not have a signature. This was prior to the new administration. 1 did not have a pre-admission form due to the length of time the resident has been at CKV-PCH. (prior to the pre-admission form being used)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *Eurith Long-Emerson PCHA*
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Eurith Long-Emerson PCHA	Date	10/3/2018
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