



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Ms. Dixie L. Kiehl
Personal Care Home 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's Bureau of Human Services Licensing annual inspection on January 7 and 8, 2019 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

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

PCH Name: BRETHREN VILLAGE TERRACE CROSSING		License Number: 32827
Address: P O BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17606		County: Lancaster
Adminlstrator: DIXIE KIEHL		Region: CENTRAL
Legal Entity Name: BRETHREN VILLAGE		
Legal Entity Address: PO BOX 5093 3001 LITITZ PIKE, LANCASTER, PA 17606		
Certificate(s) of Occupancy		
I-1 08/27/2010 MANHEIM TOWNSHIPE	I-2 08/27/2010 MANHEIM TOWNSHIP	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 87	Waking Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/07/2019: OPake, Hope; Rosenblat, Dale 01/08/2019: OPake, Hope; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable		
Rec'd 2/7/19 GE		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 98 Number of Residents Served: 64 Secured Dementia Care Unit in Home: Yes Area: MEMORY SUPPORT Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 32827 - 01/07/2019 - OPake, Hope
 PCH Name: BRETHREN VILLAGE TERRACE CROSSING

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 A fire drill was not conducted during November 2018.

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.

Immediately: All Security Staff received training regarding regulation 2600.132 by Administrator beginning 1/14/2019 and ending 2/2/2019.

Ongoing: Director of Security has provided Administrator the schedules of all fire drills for 2019. The day after each monthly fire drill has been conducted the Director of Security will send email to Administrator verifying fire drill has been completed.

Documentation of the fire drills will be kept by the home. - GE

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) <i>Dixie L. Kiehl</i>	Date <i>2/7/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/19
 (Date)

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

Plan of correction implementation status as of 2/26/19
 (Date)

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