



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 30 2019

Ms. Joy Bodnar
Chief Operating Officer
The Brethren Home Community
2990 Carlisle Pike
New Oxford, Pennsylvania 17350

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

Dear Ms. Bodnar:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on January 14, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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: 33318 - 01/14/2019 - McCloskey, Jason
 PCH Name: BROOKSIDE AT CROSS KEYS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephones in bedrooms 102, 108, 204, 215, 208, 212 and in "Florence's Main Street Cafe" did not have the correct personal care home complaint hotline number posted.

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) An audit was completed on 1/22/2019 of all resident rooms and areas where telephones are located at Brookside. The audit included (See attached audits)
- (2) A copy of the updated phone listing is included.
Rooms 102, 108, 204, 208, and 212 were corrected.
- (3) An audit has been included in the monthly physical building walk through beginning February 2019.

Note: Being an SDU, residents can take the numbers that are framed and hanging in their rooms down.

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*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Eurith LONG-Emerson PCHA* Date *1-23-2019*

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

The above plan of correction is approved as of 1/28/19
 (Date)

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

Plan of correction implementation status as of 1/28/19
 (Date)

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

Violation Report: 33318 - 01/14/2019 - McCloskey, Jason

PCH Name: BROOKSIDE AT CROSS KEYS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Ivory Snow detergent, with a manufacturer's label indicating "harmful if swallowed. If swallowed give a glass of water and call a physician," was unlocked and accessible in Resident 1's bedroom. Residents of the home, including Resident 1, have not been assessed capable of recognizing and using poisons safely.

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.

Laundry detergent was removed and placed in the locked laundry room cabinets. Resident was educated on why we had to lock it up and at that moment understood. DCS assist her with her laundry at least twice a week. Resident #1 does ask the DCS for help when she is ready to do her laundry.

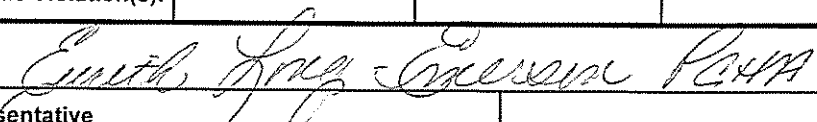
Family contacted by PCHA that if they bring anything to check in with the Nursing Team for proper storage. 1/22/2019.

As a result of the survey a new assessment tool was created for Evaluation for Personal Hygiene Products.
See attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Eurith Long-Emerson PCHA

Date
1/23/2019

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