



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: October 21, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on October 7, 2019 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

If you need assistance, please contact me at 717-418-9656 or email:
bswanger@pa.gov.

Sincerely,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKSIDE AT CROSS KEYS VILLAGE*
Address: *225 VILLAGE DRIVE,, NEW OXFORD, PA 17350*
County: *ADAMS* **Region:** *CENTRAL*

License Number: *33318*

Administrator

Name: *Eurith Long-Emerson* **Phone:** *7176245422* **Email:**

Legal Entity

Name: *THE BRETHERN HOME COMMUNITY*
Address: *2990 CARLISLE PIKE, NEW OXFORD, PA, 17350*

Certificate(s) of Occupancy

Type: *C-1* **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *62* **Waking Staff:** *47*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

10/07/2019 - On-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36*

Residents Served: *31*

Secured Dementia Care Unit

In Home: *Yes*

Area:
Rosemary and Lavendar neighborhoods

Capacity: *36*

Residents Served: *31*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *31*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *31*

Have Physical Disability: *1*

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident 1's support plan was completed on 11/20/2018. On 8/22/2019 the home observed a cognitive decline in Resident 1. Resident 1's level of supervision was increased and Resident 1's physician was consulted. Physician orders for medications were changed due to the cognitive decline, however the support plan was not updated to include this information.

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.)

A new DME and RASP have been completed since the inspection. See attached

A new tool has been created to give the Charge Nurses a guide in identifying significant changes. See attached.

The PCHA will review the 24 hour shift reports and determine if there is a need for a significant change. This will be communicated to the Charge Nurses to start the DME and contact the residents MD to set up an appt. ASAP for them to address the significant change.

Once this is completed the Charge Nurses or PCHA will initiate the RASP and update the RASP Addendum sheet with any recommendations from the MD.

Family/Designee will also be updated on the changes.

*The administrator will complete an audit of all current support plans to ensure that the plan is up to date, accurately documents the current needs and abilities of each resident, and provides a description of how the needs of each resident will addressed by the home. The audit will be completed by 11/01/19 and documentation of the audit's completion will be provided to the Department. BAS 10/21/19

Legal Entity Representative

Eurith Long-Emerson PCHA
Signature

Eurith Long-Emerson PCHA 10/18/2019
Printed Name and Title Date

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The above plan of correction is approved as of 10/21/19
(Date)

Plan of correction implementation status as of _____
(Date)

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

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