



Sent via e-mail [eurithlongemerson@crosskeysvillage.org]

MAILING DATE: January 29, 2020

Mr. Jeffrey Evans
President & CEO
The Brethren Home Community
2990 Carlisle Pike
New Oxford, Pennsylvania 17350

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

Dear Mr. Evans:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on November 13, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKSIDE AT CROSS KEYS VILLAGE*

License Number: 33318

Address: *225 VILLAGE DRIVE,, NEW OXFORD, PA 17350*

County: *ADAMS*

Region: *CENTRAL*

Administrator

Name: *Eurith Chucki Long-Emerson*

Phone: *7176245422*

Email:

C.LONG-EMERSON@CROSSKEYSVILLAGE.ORG

Legal Entity

Name: *THE BRETHERN HOME COMMUNITY*

Address: *2990 CARLISLE PIKE, NEW OXFORD, PA, 17350*

Certificate(s) of Occupancy

Type: *1-2*

Date: *11/29/2016*

Issued By: *Oxford Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *66*

Waking Staff: *50*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/13/2019 - On-Site: Douglas Hoover, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36*

Residents Served: *33*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Lavender & Rosemary*

Capacity: *36*

Residents Served: *33*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *33*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33*

Have Physical Disability: *1*

Rec'd
12/6/19
GE

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 3/21/2019 at 5:48 am.

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.)

This PCHA met with the Cross Keys Village Safety representative- On Friday November 29, 2019 and reviewed the regulation on fire drills and times. The 2020 Fire drill schedule was already completed. Once I reviewed the drill dates and times I noticed that the 2nd night time drill was 1 day beyond the 6 month period. Spencer corrected the drill time to comply with 2600.132.e. See attached.

Continuing Quality of Care Plan:

Each year the PCHA and Director of Life Safety at Cross Keys Village will meet in November to develop and review the next years Fire Drill Schedule so that it complies with 2600.132(e)(g)

Legal Entity Representative

Eurith Long Emerson PCHA
Signature

Eurith Long-Emerson PCHA
Printed Name and Title

12/6/2019
Date

DEPARTMENT USE ONLY HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/28/20
(Date)

Plan of correction implementation status as of 1/28/20
(Date)

Implemented

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

Not Implemented

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident #1, dated 5/24/2017, was not signed by the physician.

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 were audited for MD signatures and accuracy. An audit of 33 charts was completed 12/4/2019 by PCHA. DME dated 6/28/2017 for Resident # 1, was faxed to Dr. for signature. See attached audit.

Continuing Quality Management Plan:

The policy at Brookside SDU is now implemented that when a DME is completed it must be audited by the PCHA/Designee and Director of Clinical Services/Designee for completion. See attached auditand policy.

The LPN's, Director of Clinical Services and the PCHA will recieve training on this new policy and procedure for auditing the DME by December 13, 2019.

Legal Entity Representative

Eurith Long Emerson PCHA
Signature

Eurith Long-Emerson PCHA
Printed Name and Title

12-6-2019
Date

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