



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: February 10, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 29, 2020 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 at bswanger@pa.gov.

Sincerely,

A handwritten signature in blue ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *CROSS KEYS VILLAGE - THE BRETHERN HOME COMMUNITY*
Address: *2990 CARLISLE PIKE,, NEW OXFORD, PA 17350*
County: *ADAMS* Region: *CENTRAL*

License Number: *34287*

Administrator

Name: *Justin Lee* Phone: *7176245286* Email:

Legal Entity

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

Certificate(s) of Occupancy

Type: *Other* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *122* Waking Staff: *92*

Inspection

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

Inspection Dates and Department Representative

01/29/2020 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes* Area: *Maple View Court* Capacity: *18* Residents Served: *14*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600. 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

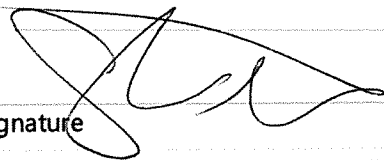
Resident 1's assessment and support plan states that he exhibits behaviors "where he becomes physically aggressive with his peers and team" and that direct care staff are to intervene and redirect him and "provide 1:1 until his agitation diminishes." Resident 1 has been involved in seven incidents of aggressive behavior toward other residents between the dates of 1/24/2020 and 1/28/2020. The home did not provide sufficient supervision to Resident #1 to address the behaviors so that ongoing incidents with other residents would be prevented.

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.)

Refer to Pages 2A, 2B

Legal Entity Representative

Signature 

Justin M. Lee PLTA
Printed Name and Title

2/10/20
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/10/2020 Plan of correction implementation status as of _____
(Date) (Date)

The above plan of correction was approved by BAS Implemented
(Initials) Not Implemented



MPPC Plan of Correction

65f – Training Topics

Regulations

2600.

23.a . A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident 1's assessment and support plan states that he exhibits behaviors "where he becomes physically aggressive with his peers and team" and that direct care staff are to intervene and redirect him and "provide 1:1 until his agitation diminishes." Resident 1 has been involved in seven incidents of aggressive behavior toward other residents between the dates of 1/24/2020 and 1/28/2020. The home did not provide sufficient supervision to Resident #1 to address the behaviors so that ongoing incidents with other residents would be prevented.

Plan of Correction (POC)

(Attach pages as necessary. Remember you must sign and date any attached pages. Including 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.)

Abbreviations for Mission Point Personal Care (MPPC)

PCHA – Personal Care Home Administrator

DCS – Director of Clinical Services

RSM – Resident Services Manager

1. Why did it happen?

- a. Resident 1 was assessed prior to admission and based upon the Pre-Admission Screen and in person evaluation appeared to be appropriate for admission to MPPC. At the time of admission it was revealed by family that Resident 1 had some behavioral challenges during his stay at the previous community. This information was not known at the time of assessment.

2. What did we do right now to fix the problem?

- a. Timeline of interventions
 - i. 1/24 – Med Options referral was sent upon admission to assist with medication adjustment, according to family, Resident 1 was extremely lethargic and felt his medications may need adjusted. Med Options is an agency specializing in behavioral health support for seniors
 - ii. 1/24 – First incident with Resident 1 and another resident
 - iii. 1/25 – Second incident with Resident 1 and another resident occurred
 - iv. 1/25 – 30 Minute checks were implemented, One to One (line of sight) while in common areas, 2 Hours toileting schedule implemented to reduce trigger of incontinence
 - v. 1/25 – Two more incidents with Resident 1 and other residents were observed, Charge LPN transitioned to MVC in order to provide additional supervision
 - vi. 1/26 – 1:1 Supervision was provide by CKV staff and additional staffing placed in MVC
 - vii. 1/26 – 5th incident with Resident 1 and another resident took place



MPPC Plan of Correction

- viii. 1/27 – 6th incident with Resident 1 and another resident took place
- ix. 1/27 – CKV Memory Care Team referral made to assist with interventions
- x. 1/27 – Nurse/Leadership provided 1:1 during the day shift hours and a CKV Team Member was assigned during evening hours.
- xi. 1/28 – Resident 1 seen by his new physician at CKV, no new orders were given at this time
- xii. 1/28 – Nurse/Leadership provided 1:1 during the day shift hours and a CKV Team Member was assigned during evening hours
- xiii. 1/28 – 7th Incident with Resident 1 and another resident took place
- xiv. 1/29 – DHS inspection took place in relation to incidents reported
- xv. 1/29 – Resident 1 was seen by Med Options and Medication adjustments were made
- xvi. 1/29 – CKV DCS continue 1:1 support; 1:1 with Private Duty Caregivers initiated.
- xvii. 1/30 – Continued 1:1 support provided by CKV DCS and Private Duty Caregivers
- xviii. 1/30 – Family Meeting to discuss inpatient stay at a behavioral health hospital to assess Resident 1
- xix. 1/31 – Resident 1 was sent via 302 throughout Adams County Crisis via Gettysburg Hospital
- xx. 2/1 – Was transported via ambulance from Gettysburg Hospital to Penn Highlands Behavioral Health for evaluation and treatment
- xxi. Plan moving forward is to communicate with the hospital and family to determine appropriate placement. Once Resident 1 is ready for discharge, the resident will be assessed to determine proper placement in either CKV's MPPC or Skilled Memory Care Neighborhood

3. How do we prevent this from happening again?

- a. Adding additional personnel to our pre-admission process we believe will benefit our evaluations moving forward.
- b. Moving forward the MPPC team will enlist the assistance of the CKV Memory Care Team when assessing a resident for our secured residence, Maple View Court (MVC). Their expertise in Memory Care and dementia will assist in evaluating a new resident for our secured neighborhood.
- c. Education will be provided to Personal Care Team Members of definitions of 1:1 Line of Sight Supervision and 1:1 Direct Supervision to support a resident's needs when added to a resident's RASP. Education will take place at the next Team Member Meeting on Wednesday February 12th, 2020. The Education will be provided by the PCHA, DCS, and RSM.
- d. An audit on all RASPs will be conducted for residents currently residing in our SDCU (Maple View Court). The goal of the audit is to ensure that the supervision needs for each resident are identified and adequate to address the safety needs of the residents. Audit will be completed by 2/17/2020 and documentation will be provided to DHS once audit is complete.

Legal Entity Representative

Signature

Printed Name and Title

Justin M. Lee

Date

2/10/20