

Department of Human Services
Bureau of Human Service Licensing

June 28, 2022

[REDACTED], CHIEF OPERATING OFFICER
[REDACTED]
[REDACTED]

RE: BROOKSIDE AT CROSS KEYS
VILLAGE
225 VILLAGE DRIVE
NEW OXFORD, PA, 17350
LICENSE/COC#: 33318

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *BROOKSIDE AT CROSS KEYS VILLAGE* License #: *33318* License Expiration: *02/15/2023*
Address: *225 VILLAGE DRIVE, NEW OXFORD, PA 17350*
County: *ADAMS* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE BRETHERN HOME COMMUNITY*
Address: *2990 CARLISLE PIKE, NEW OXFORD, PA, 17350*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/29/2016* Issued By: *Oxford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *06/01/2022*

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lavender & Rosemary* Capacity: *36* Residents Served: *32*

Hospice

Current Residents: *3*

Number of Residents Who:

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

Inspections / Reviews

06/01/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2022*

06/16/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2022*

06/28/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

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.

Description of Violation

On 06/01/22, a bottle of Morning Mist Neutral Disinfectant Cleaner with a label indicating to, "seek medical attention if it gets into eyes," and a bottle of Clorox Healthcare Cleaner and Disinfectant with a manufacturer's label indicating, "hazardous to humans," was unlocked, unattended, and accessible to residents in Rosemary neighborhood. All the residents of the home have been assessed incapable of recognizing and using poisons safely.

Plan of Correction

Accept

- *On 6/1/22, PCHA immediately locked the cabinet found to be unlocked containing poisonous materials on Rosemary neighborhood.*
- *An audit was conducted on 6/1/22 by Memory Care Administrator for all other cabinets on Rosemary and Lavender neighborhoods containing poisonous materials and they were found to be secured.*
- *Memory Care Administrator will re-educate the Homemaker on Regulation 2600.82.C.*
- *Memory Care Administrator will complete a 6-week audit on all cabinets containing poisonous materials on Rosemary and Lavender neighborhoods to ensure they are secured. Audits will be reviewed at monthly QI meetings.*

Completion Date: 07/31/2022

Document Submission

Implemented

- *On 6/1/22, PCHA immediately locked the cabinet found to be unlocked containing poisonous materials on Rosemary neighborhood.*
- *An audit was conducted on 6/1/22 by Memory Care Administrator for all other cabinets on Rosemary and Lavender neighborhoods containing poisonous materials and they were found to be secured.*
- *Memory Care Administrator will re-educate the Homemaker on Regulation 2600.82.C.*
- *Memory Care Administrator will complete a 6-week audit on all cabinets containing poisonous materials on Rosemary and Lavender neighborhoods to ensure they are secured. Audits will be reviewed at monthly QI meetings.*

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the current week of 05/30/22 was posted. However, the following week's menu was not posted.

Plan of Correction

Accept

- *On 6/2/2022, Community Life Coordinator posted the second week of menus on Rosemary and Lavender neighborhoods.*
- *Memory Care Administrator will re-educate the Homemaker on Regulation 2600.162.C.*
- *Community Life Coordinator will complete a 4-week audit on Rosemary and Lavender neighborhood to ensure the current and following week's menus are posted. Audits will be reviewed at monthly QI meetings.*

Completion Date: 06/30/2022

162c - Menus Posted (continued)

Document Submission

Implemented

- On 6/2/2022, Community Life Coordinator posted the second week of menus on Rosemary and Lavender neighborhoods.
- Memory Care Administrator will re-educate the Homemaker on Regulation 2600.162.C.
- Community Life Coordinator will complete a 4-week audit on Rosemary and Lavender neighborhood to ensure the current and following week's menus are posted. Audits will be reviewed at monthly QI meetings.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/01/22, the home had opened a [REDACTED] pen for Resident # 1. No opening date had been recorded on the pen or packaging to ensure that the insulin was used within 28 days.

Plan of Correction

Accept

- On 6/2/2022, the Lantus insulin pen for Resident #1 was disposed of and new [REDACTED] pen was provided to resident with opening date recorded.
- Memory Care Administrator will re-educate Medication Technicians and LPNs on Regulation 2600.183.D.
- Clinical Services Director will complete 6-biweekly audits to ensure opening dates are recorded for all open insulin pens. Audits will be reviewed at monthly QI meetings.

Completion Date: 07/31/2022

Document Submission

Implemented

- On 6/2/2022, the [REDACTED] was disposed of and new [REDACTED] was provided to resident with opening date recorded.
- Memory Care Administrator will re-educate Medication Technicians and LPNs on Regulation 2600.183.D.
- Clinical Services Director will complete 6-biweekly audits to ensure opening dates are recorded for all open insulin pens. Audits will be reviewed at monthly QI meetings.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 06/01/22, a glucose reading of 162 on Resident 2's glucometer for [REDACTED] at 4pm, was incorrectly recorded in the medication administration record (MAR) as 291.

Plan of Correction

Accept

- On 6/1/22, verbal education was provided to the LPN who incorrectly recorded the glucose reading in the eMAR.

185a - Implement Storage Procedures (continued)

- Memory Care Administrator will re-educate Medication Technicians and LPNs on Regulation 2600.185.A and the importance of accurately documenting glucose readings.
- Clinical Services Director will complete a 6-week audits to ensure glucometer readings are currently recorded in the electronic medication administration record (eMAR). Audits will be reviewed at monthly QI meetings.

Completion Date: 07/31/2022

Document Submission

Implemented

- On 6/1/22, verbal education was provided to the LPN who incorrectly recorded the glucose reading in the eMAR.
- Memory Care Administrator will re-educate Medication Technicians and LPNs on Regulation 2600.185.A and the importance of accurately documenting glucose readings.
- Clinical Services Director will complete a 6-week audits to ensure glucometer readings are currently recorded in the electronic medication administration record (eMAR). Audits will be reviewed at monthly QI meetings.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 06/01/22, enabler bars were found on the beds of Residents' 1, 2, 3 and 4. However, the 2021 and 2022 Resident Assessment- Support Plans (RASPs), for these residents, do not indicate the need for these devices.

Plan of Correction

Accept

- On 6/1/22, Memory Care Administrator added the number of bed enablers to each resident's RASP. On 6/10/22, Memory Care Administrator modified electronic support plan template to include bed enablers.
- PCHA will re-educate Memory Care Administrator on Regulation 2600.227.D and the importance of the RASP reflecting the resident's need accurately.
- PCHA will audit three initial RASPs completed by Memory Care Administrator to confirm accuracy of the support plan. Audits will be reviewed at monthly QI meetings.

Completion Date: 06/30/2022

Document Submission

Implemented

- On 6/1/22, Memory Care Administrator added the number of bed enablers to each resident's RASP. On 6/10/22, Memory Care Administrator modified electronic support plan template to include bed enablers.
- PCHA will re-educate Memory Care Administrator on Regulation 2600.227.D and the importance of the RASP reflecting the resident's need accurately.
- PCHA will audit three initial RASPs completed by Memory Care Administrator to confirm accuracy of the support plan. Audits will be reviewed at monthly QI meetings.

6/21/2022

All steps have been implemented and are in process.

Marisa D'Abbraccio, PCHA