

Department of Human Services
Bureau of Human Service Licensing

August 4, 2022

[REDACTED], ADMINISTRATOR
BRETHREN VILLAGE
3001 LITITZ PIKE
[REDACTED]
LITITZ, PA, 17543

RE: BRETHREN VILLAGE - VILLAGE
MANOR
3001 LITITZ PIKE
LITITZ, PA, 17543
LICENSE/CO# : 32175

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2022, 06/23/2022 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: *BRETHREN VILLAGE - VILLAGE MANOR* License #: *32175* License Expiration: *02/01/2023*
Address: *3001 LITITZ PIKE, LITITZ, PA 17543*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *BRETHREN VILLAGE*
[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/17/1998* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/23/2022*

Inspection Dates and Department Representative

06/22/2022 - On-Site: [REDACTED]
06/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* Residents Served: *72*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

06/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2022*

Inspections / Reviews *(continued)*

07/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/28/2022*

07/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/03/2022*

08/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28a - Refunds

1. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident 1 was discharged from the home on [REDACTED] The home did not issue Resident 1's refund until [REDACTED].

Plan of Correction

Accept

Resident had an out standing balance at time of discharge. POA overpaid bill and was given a refund when all outstanding insurance copays were paid in full

Administrator will provide education of regulation regarding refunds to the Accounting department
Completed [REDACTED]

Beginning on 7/5/22, the Administrator/Designee will review discharges on a monthly basis with the Accounting department to ensure Residents entitled to a refund receive them in 30 days.

Completion Date: 07/05/2022

Document Submission

Implemented

Resident had an out standing balance at time of discharge. POA overpaid bill and was given a refund when all outstanding insurance copays were paid in full

Administrator will provide education of regulation regarding refunds to the Accounting department
Completed 7/5/2022

Beginning on 7/5/22, the Administrator/Designee will review discharges on a monthly basis with the Accounting department to ensure Residents entitled to a refund receive them in 30 days.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The FDA Guidelines concerning bed rails and enablers states the acceptable opening for a bed rail or enabler should be less than 120 mm (4 ¾ inches) and if the opening exceeds these dimensions, the bed rail or enabler must be covered.

On 6/23/22 at approximately 10:04 AM there was an enabler bar installed on Resident #2's bed, with an opening measuring approximately 8 ½ Inches wide, this enabler bar was not covered and poses a potential hazard.

81b - Resident Personal Equipment (continued)

On 6/23/22 at approximately 10:06 AM there was an enabler bar installed on Resident #3's bed, with an opening measuring approximately 8 1/2 Inches wide, this enabler was not covered and poses a potential hazard.

Plan of Correction

Accept

RN/Designee completed an audit of all Residents using enabler bars.
Completed 6/27/2022

Administrator will order covers for enable bars that are larger than FDA 4 3/4 inches opening requirement.
Completed 7/22/2022

Administrator will provide education to all Personal Care and Therapy Staff of the use of enabler bars that meet the FDA requirements

Therapy Staff/Medical Supply will order required enabler bars moving forward..
Education to PC and Therapy completed 7/22/2022

Completion Date: 07/22/2022

Document Submission

Implemented

RN/Designee completed an audit of all Residents using enabler bars.
Completed 6/27/2022

Administrator will order covers for enable bars that are larger than FDA 4 3/4 inches opening requirement.
Completed 7/22/2022

Administrator will provide education to all Personal Care and Therapy Staff of the use of enabler bars that meet the FDA requirements

Therapy Staff/Medical Supply will order required enabler bars moving forward..
Education to PC and Therapy completed 7/22/2022

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/22/22 at 10:55 AM the exit located on the first floor common area leading to the patio on to the grounds was blocked by a chair and a small road barricade.

On 6/22/22 at 11:11AM the exit located on the first floor near resident rooms 129 and 131 leading to the townhouse stairwell is blocked by caution tape.

121a - Unobstructed Egress (continued)

On 6/22/22 at 11:19AM the exit located on the 2nd Floor near room 235 leading to the townhouse stairwell is blocked by a taped stop sign across the doorway.

Plan of Correction**Accept**

Caution Tape and Barricades were placed at the stairwell and the patio during the COVID-19 pandemic to keep Independent Living Residents from entering Village Manor

Administrator removed the caution tape from the stairwell and the barricade from the patio
Completed 6/23/2022

"Do Not Enter Village Manor Residents Only" signs will be placed on the door to Village Manor.

Administrator will provide education the the Security Officers regarding keeping fire exits free from obstruction
Completed 6/27/2022

Security Officers will check fire exits daily on rounds to ensure they are free from obstruction

The STOP sign was placed across the stairwell door to prevent a Resident who was experiencing some confusion during the night from going down the stairs and possibly exiting the building. The door at the bottom of the stairwell is alarmed form 11pm-6am.

Administrator removed STOP sign .
Completed 6/23/2022

Administrator will provide education to Staff not to obstruct fire exit with STOP sign and about alternative interventions for the Resident such as;

- hourly checks
- 1:1 staffing if Resident is awake and wandering about their room or in the hallway
- Offering the Resident a snack or a drink
- turning on music or TV
- encouraging the Resident to go back to sleep
- If insomnia continues contact PCP for recommendations
- If wandering increases infrequency, assess Resident need for transfer to the Secured Memory Support Unit
- Completed 6/27/2022

Completion Date: 07/11/2022

Document Submission**Implemented**

Caution Tape and Barricades were placed at the stairwell and the patio during the COVID-19 pandemic to keep Independent Living Residents from entering Village Manor

Administrator removed the caution tape from the stairwell and the barricade from the patio
Completed 6/23/2022

"Do Not Enter Village Manor Residents Only" signs will be placed on the door to Village Manor.

121a - Unobstructed Egress (continued)

Administrator will provide education the the Security Officers regarding keeping fire exits free from obstruction
Completed 6/27/2022

Security Officers will check fire exits daily on rounds to ensure they are free from obstruction

The STOP sign was placed across the stairwell door to prevent a Resident who was experiencing some confusion during the night from going down the stairs and possibly exiting the building. The door at the bottom of the stairwell is alarmed form 11pm-6am.

Administrator removed STOP sign .
Completed 6/23/2022

Administrator will provide education to Staff not to obstruct fire exit with STOP sign and about alternative interventions for the Resident such as;

- hourly checks
- 1:1 staffing if Resident is awake and wandering about their room or in the hallway
- Offering the Resident a snack or a drink
- turning on music or TV
- encouraging the Resident to go back to sleep
- If insomnia continues contact PCP for recommendations
- If wandering increases infrequency, assess Resident need for transfer to the Secured Memory Support Unit
- Completed 6/27/2022

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On 6/23/22 at 9:55 AM a medication pass was observed for Resident 4

During this medication pass, Staff Member A administered medication to Resident 4. Resident 4 did not immediately take one large circular pink pill. Staff Member A left the pill in a cup on his bedside table then left the room to document the medications that were given.

Plan of Correction

Accept

Administrator spoke with LPN who was administering medications and provided education on not leaving medications with a Resident or leaving the room until all medication has been taken.

Completed 6/23/2022

Administrator will provide education to all Med Techs and LPNs regarding staying with Resident until all meds are taken.

182c - Medication Administration (continued)

MedTech Trainer/Designee will do an observation of med pass weekly

- Med Tech Trainer/Designee will observe MedTech/LPN while they pass meds
- Coaching and education will be provided for any mistake that occur
- If any MedTech makes continuous errors, assessment of whether or not they should continue passing medication will be reviewed by Administrator and MedTech Trainer.
- If after 4 weeks no mistakes are found observations will move to every other week, then monthly.
- After 3 months of no problems Med Tech Trainer will revert to regular MedTech audits.

Violation removed 7/18/22 (AS).

Completion Date: 07/15/2022

Document Submission**Implemented**

Administrator spoke with LPN who was administering medications and provided education on not leaving medications with a Resident or leaving the room until all medication has been taken.

Completed 6/23/2022

Administrator will provide education to all Med Techs and LPNs regarding staying with Resident until all meds are taken.

MedTech Trainer/Designee will do an observation of med pass weekly

- Med Tech Trainer/Designee will observe MedTech/LPN while they pass meds
- Coaching and education will be provided for any mistake that occur
- If any MedTech makes continuous errors, assessment of whether or not they should continue passing medication will be reviewed by Administrator and MedTech Trainer.
- If after 4 weeks no mistakes are found observations will move to every other week, then monthly.
- After 3 months of no problems Med Tech Trainer will revert to regular MedTech audits.

Violation removed 7/18/22 (AS).

183e - Storing Medications**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 4 is prescribed [REDACTED] tablet taken every 12 hours for pain. However, the number 2 pill in the blister pack, appears to have been taken out and repackaged, then sealed in the original packaging by applying tape.

Resident 5 is prescribed [REDACTED] as needed for moderate pain. However, the number 17 pill in the blister pack, appears to have been taken out and repackaged, then sealed in the original packaging by applying tape.

Plan of Correction**Accept**

The quality of the blister packs did not withstand the amount of handling required during administration and the count at shift change. This causes small holes and tears in the foil and the pills can fall out.

183e - Storing Medications (continued)

All MedTechs/LPNs have been informed to not tape the blister packs.

Administrator will order a better quality blister pack through Pharmacy.

Pharmacy will provide a blister pack with a cardboard tab that is removed before pushing the medication through the foil seal.

Ordered 6/28/2022

New packaging scheduled to begin: 7/26/2022

Administrator/RN will provide education to MedTechs/LPNs of the following procedure

- Controlled substance medication will be administered from the blister pack as prescribed*
- If a Resident refuses medication, MedTech/LPN will reapproach Resident a total of 3 times to take medication*
- If Resident continues to refuse medication will be disposed of in a drug buster*
- Disposal of medication requires 2 Staff Members, preferably RN or Charge LPN and the Med Tech/LPN administering the medication to document and sign the Medication Disposal Check List with the Drug Buster as well as document on the MAR Narc Count Sheet.*
- If a medication is removed from the blister pack by mistake, the medication will need to be disposed of using the same procedure as if a Resident refuses. MedTech/LPN will receive remediation of correct medication administration procedure to avoid unnecessary wasting of medications.*
- Education completed 7/16/2022 and 7/17/2022*

Completed: 7/19/2022

Completion Date: 07/19/2022

Document Submission**Implemented**

The quality of the blister packs did not withstand the amount of handling required during administration and the count at shift change. This causes small holes and tears in the foil and the pills can fall out.

All MedTechs/LPNs have been informed to not tape the blister packs.

Administrator will order a better quality blister pack through Pharmacy.

Pharmacy will provide a blister pack with a cardboard tab that is removed before pushing the medication through the foil seal.

Ordered 6/28/2022

All blister packs repackaged in new package 8/1/2022

Administrator/RN will provide education to MedTechs/LPNs of the following procedure

- Controlled substance medication will be administered from the blister pack as prescribed*
- If a Resident refuses medication, MedTech/LPN will reapproach Resident a total of 3 times to take medication*
- If Resident continues to refuse medication will be disposed of in a drug buster*
- Disposal of medication requires 2 Staff Members, preferably RN or Charge LPN and the Med Tech/LPN administering the medication to document and sign the Medication Disposal Check List with the Drug Buster as well as document on the MAR Narc Count Sheet.*
- If a medication is removed from the blister pack by mistake, the medication will need to be disposed of using the same procedure as if a Resident refuses. MedTech/LPN will receive remediation of correct medication administration procedure to avoid unnecessary wasting of medications.*
- Education completed 7/12/2022 and 7/13/2022*

183e - Storing Medications (continued)

Completed: 7/19/2022

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

Resident 2 is prescribed [redacted] before meals and at bedtime.

On 6/18/22 at 8:07 PM the glucometer reading was [redacted] however the reading was documented as [redacted] on the Medication Administration Record (MAR). The reading appears to have been edited on 6/22/22 at 11:33 AM to the correct reading. The change did not have an impact on the insulin administered.

Plan of Correction

Accept

- Administrator/RN will provide education to all LPNs of the importance of correctly documenting the glucometer reading on the MAR.
- RN/Designee will monitor glucometers daily to ensure correct documentation for 2 weeks.
- If after 2 weeks no errors are found, RN/Designee will monitor glucometers every other day for 2 weeks. If errors are found, monitoring will go back to daily for 2 weeks.
- If no errors found with every other day monitoring, glucometers will be monitored 2x/week for 2 weeks
- If errors found monitoring goes back to daily for 2 weeks, every other day for 2 weeks, and then 2x/week
- If no errors found glucometers will be monitored 1x/week ongoing.
- When errors are found RN/Designee will revert back to daily checks for 2 weeks and move through the cycle
- If 1 staff person is found to making the errors, RN/Designee will provide coaching and monitoring will be specific to that person following the 2 week cycle.

Education completed 7/12/2022 and 7/13/2022

Completion Date: 07/22/2022

Document Submission

Implemented

- Administrator/RN will provide education to all LPNs of the importance of correctly documenting the glucometer reading on the MAR.
- RN/Designee will monitor glucometers daily to ensure correct documentation for 2 weeks.
- If after 2 weeks no errors are found, RN/Designee will monitor glucometers every other day for 2 weeks. If errors are found, monitoring will go back to daily for 2 weeks.
- If no errors found with every other day monitoring, glucometers will be monitored 2x/week for 2 weeks
- If errors found monitoring goes back to daily for 2 weeks, every other day for 2 weeks, and then 2x/week
- If no errors found glucometers will be monitored 1x/week ongoing.
- When errors are found RN/Designee will revert back to daily checks for 2 weeks and move through the cycle
- If 1 staff person is found to making the errors, RN/Designee will provide coaching and monitoring will be

185a - Implement Storage Procedures (continued)

specific to that person following the 2 week cycle.

Education completed 7/12/2022 and 7/13/2022

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 2 is prescribed [REDACTED] on a sliding scale however the home did not document on the MAR the amount of insulin administered to the resident on 6/1/22 through 6/22/22.

Plan of Correction**Accept**

Pharmacy did not enter the orders for blood sugar checks and sliding scale insulin in the TAR to prompt the LPN to document blood sugar and insulin given as indicated by the sliding scale. Blood Sugar and insulin were documented on the progress note for the time period checked but not consistently.

RN worked with Pharmacy to have the order entered in the TAR so there are prompts to have the blood sugar and amount of insulin given recorded.

New format for order completed 6/24/2022

RN conducted an audit all Residents who received insulin based on a sliding scale to assure the order on the TAR contained.

Audit completed 6/24/2022.

Administrator/RN will provide education to LPN staff regarding

- LPN will report any new orders for sliding scale insulin to RN/Designee so the order can be checked to ensure the prompts for blood sugar and insulin dose are documented are included*
- If the TAR order does not contain the prompts for documenting blood sugar and insulin, documentation is to be completed in the progress note and RN/Designee to be notified to make the correction.*
- RN/Designee will audit the TAR weekly to ensure document of blood sugar and insulin given is done correctly*
- If errors are found, RN/Designee will coach those LPNs responsible and increase audits to daily, if only 1 LPN found to have errors, daily audits will be specific the that LPN*
- Education completed: 7/12/2022 and 7/13/2022*

Completion Date: 07/15/2022

Document Submission**Implemented**

Pharmacy did not enter the orders for blood sugar checks and sliding scale insulin in the TAR to prompt the LPN to document blood sugar and insulin given as indicated by the sliding scale. Blood Sugar and insulin were documented on the progress note for the time period checked but not consistently.

RN worked with Pharmacy to have the order entered in the TAR so there are prompts to have the blood sugar and amount of insulin given recorded.

New format for order completed 6/24/2022

187a - Medication Record (continued)

RN conducted an audit all Residents who received insulin based on a sliding scale to assure the order on the TAR contained.

Audit completed 6/24/2022.

Administrator/RN will provide education to LPN staff regarding

- LPN will report any new orders for sliding scale insulin to RN/Designee so the order can be checked to ensure the prompts for blood sugar and insulin dose are documented are included
- If the TAR order does not contain the prompts for documenting blood sugar and insulin, documentation is to be completed in the progress note and RN/Designee to be notified to make the correction.
- RN/Designee will audit the TAR weekly to ensure document of blood sugar and insulin given is done correctly
- If errors are found, RN/Designee will coach those LPNs responsible and increase audits to daily, if only 1 LPN found to have errors, daily audits will be specific the that LPN
- Education completed: 7/12/2022 and 7/13/2022

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident 6's most recent assessment was completed on [REDACTED]. However, Resident 6's prior assessment was completed on [REDACTED].

Plan of Correction

Accept

Assessment was dated [REDACTED] as Resident was out of the facility to the hospital and skilled facility for a Rehab stay. [REDACTED] was out of the facility from 8/17/2021-9/7/2021; 21 days. [REDACTED] previous Annual Assessment was dated 8/25/2020.

Violation removed 7/18/22 AS

Support Plan Coordinator will complete Annual Assessment 380 days after previous Annual Assessment providing the Resident is currently in the facility.

Administrator will review all readmissions to the facility with the Support Plan Coordinator to ensure Annual Assessments are completed in 380 days from previous Annual Assessment.

Administrator reviewed plan with Support Plan Coordinator

Completion Date: 07/11/2022

Document Submission

Implemented

Assessment was dated [REDACTED] as Resident was out of the facility to the hospital and skilled facility for a Rehab stay. [REDACTED] was out of the facility from 8/17/2021-9/7/2021; 21 days. [REDACTED] previous Annual Assessment was dated 8/25/2020.

Violation removed 7/18/22 AS

Support Plan Coordinator will complete Annual Assessment 380 days after previous Annual Assessment providing the Resident is currently in the facility.

Administrator will review all readmissions to the facility with the Support Plan Coordinator to ensure Annual

225c - Additional Assessment (continued)

Assessments are completed in 380 days from previous Annual Assessment.

Administrator reviewed plan with Support Plan Coordinator