

Department of Human Services  
Bureau of Human Service Licensing

August 29, 2022

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

RE: BRETHREN VILLAGE - TERRACE  
CROSSING  
3001 LITITZ PIKE  
LANCASTER, PA, 17543  
LICENSE/COCC#: 32827

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2022, 07/13/2022 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 - TERRACE CROSSING* License #: *32827* License Expiration: *11/18/2022*  
Address: *3001 LITITZ PIKE, LANCASTER, PA 17543*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

██████████ Phone: ██████████ Email: ██████████

**Legal Entity**

Name: *BRETHREN VILLAGE*  
Address: *3001 LITITZ PIKE, ATTN DIXIE KIEHL, LITITZ, PA, 17543*  
Phone: ██████████ Email: ██████████

**Certificate(s) of Occupancy**

Type: *I-1* Date: *08/27/2010* Issued By: *Manheim Township*  
Type: *I-2* Date: *08/27/2010* Issued By: *Manheim Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/13/2022*

**Inspection Dates and Department Representative**

07/12/2022 - On-Site: ██████████  
07/13/2022 - On-Site: ██████████

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *98* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Westbury Terrace* Capacity: *25* Residents Served: *23*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *25* Have Physical Disability: *0*

**Inspections / Reviews**

**07/12/2022 - Full**

Lead Inspector: ██████████ Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2022*

Inspections / Reviews (*continued*)

08/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/22/2022*

08/29/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Resident 2 was prescribed [redacted] that was discontinued on 7/8/22; however, it was still in the medication cart on 7/13/22.

Plan of Correction

Accept

Resident receives [redacted] medication from the VA. They are packaged individually by medication. Medication was increased to [redacted]. Staff administered [redacted] until they received the [redacted].

Administrator will provide education to the LPNs administering the medication that they needed to get a new order to administer 2 25mg tab until they were all gone and then begin the administration of the 50 mg tab or dispose of the medication that is not the correct dosage.

Education to be completed 8/2/2022 and 8/3/2022

Completion Date: 08/01/2022

Document Submission

Implemented

Resident receives [redacted] medication from the VA. They are packaged individually by medication. Medication was increased to [redacted]. Staff administered [redacted] tabs until they received the [redacted] tabs.

Administrator will provide education to the LPNs administering the medication that they needed to get a new order to administer [redacted] tab until they were all gone and then begin the administration of the [redacted] or dispose of the medication that is not the correct dosage.

Education to be completed 8/2/2022 and 8/3/2022

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 2's insulin aspart 100 Unit/ML pen, labeled, "discard 14 days after first use," was not dated upon opening.

Plan of Correction

Accept

Memory Support Coordinator placed a label on the med cart drawer in [redacted] Memory Support where the error was found

Completed 7/20/2022

Administrator/ RN/MSP will provide education to staff regarding labeling.

**183e - Storing Medications (continued)**

Education to be completed 8/2/2022 and 8/3/2022

Medication carts are to be audited weekly. Checking insulin pens for labeling will be part of the checklist for the cart.

Medication cart audits with documentation to begin 8/2/2022

**Completion Date:** 08/01/2022

**Document Submission**

**Implemented**

Memory Support Coordinator placed a label on the med cart drawer in [REDACTED] Memory Support where the error was found

Completed 7/20/2022

Administrator/ RN/MSP will provide education to staff regarding labeling.

Education to be completed 8/2/2022 and 8/3/2022

Medication carts are to be audited weekly. Checking insulin pens for labeling will be part of the checklist for the cart.

Medication cart audits with documentation to begin 8/2/2022

**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**

On 07/13/2022, Resident 1 had prescriptions on the medication administration record (MAR) for 2 pro re nata medications (PRNs), [REDACTED]. Neither medication was in stock or on hand in the home.

Resident 2's glucometer reading for 7/13/22 at 7:00 AM was [REDACTED] however it was documented as [REDACTED] on the MAR.

**Plan of Correction**

**Accept**

Both medications had expired and were disposed of appropriately due to non use. Resident who is alert and oriented and a retired RN, did not want the order for the medications discontinued and did not want them reordered because of the cost.

Charge LPN spoke with Resident 7/20/2022 following the discussion with DHS Surveyor. Medications were reordered and are on hand.

Completed 7/20/2022

RN/Designee will provide education to LPN/MedTech regarding discontinuing/reordering PRN medications.

Education to be completed 8/2/2022 and 8/3/2022

Audits of the Medication carts will be completed weekly to check for expired or discontinued medications.

Medication Cart Audits with documentation to begin 8/2/2022

RN/ Memory Support Coordinator audited glucometers for accurate documentation of blood glucose on the chart

Audit completed: 7/21/2022

**185a - Implement Storage Procedures (continued)**

RN/Memory Support Coordinator/Designee will monitor glucometers daily to ensure correct documentation for 2 weeks.

- If after 2 weeks no errors are found, RN/Memory Support Coordinator/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/Memory Support Coordinator/Designee will provide coaching and monitoring will be specific to that person following the 2 week cycle.
- Audits began 7/26/2022

**Completion Date:** 08/01/2022

**Document Submission****Implemented**

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Charge LPN spoke with Resident 7/20/2022 following the discussion with DHS Surveyor. Medications were reordered and are on hand.

Completed 7/20/2022

RN/Designee will provide education to LPN/MedTech regarding discontinuing/reordering PRN medications. Education to be completed 8/2/2022 and 8/3/2022

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RN/ Memory Support Coordinator audited glucometers for accurate documentation of blood glucose on the chart. Audit completed: 7/21/2022

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- 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/Memory Support Coordinator/Designee will provide

**185a - Implement Storage Procedures (continued)**

*coaching and monitoring will be specific to that person following the 2 week cycle.*

- *Audits began 7/26/2022*

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident 2 is prescribed [REDACTED] apply to infected areas three times a day, however it wasn't administered on 7/8/22.*

*Resident 2 is prescribed [REDACTED] take 1 tablet by mouth daily, however it was not administered on 7/6/22.*

**Plan of Correction****Accept**

*Reminders have been placed on all med cart laptops for LPN/MedTech to check the dashboard at the end of their shift to ensure they have administered and documented all medications administered.*

*Reminders placed 7/26/2022*

*RN/MSC/Designee will check the main dashboard in PCC daily which shows missed documentation of medication administration. Staff will be notified of missing documentation*

*Documentation to begin 8/2/2022*

*Administrator/RN will provide education to staff.*

*Education to be provided 8/2/2022 and 8/3/2022*

**Completion Date:** 08/01/2022

**Document Submission****Implemented**

*Reminders have been placed on all med cart laptops for LPN/MedTech to check the dashboard at the end of their shift to ensure they have administered and documented all medications administered.*

*Reminders placed 7/26/2022*

*RN/MSC/Designee will check the main dashboard in PCC daily which shows missed documentation of medication administration. Staff will be notified of missing documentation*

*Documentation to begin 8/2/2022*

*187d - Follow Prescriber's Orders (continued)*

*Administrator/RN will provide education to staff.  
Education to be provided 8/2/2022 and 8/3/2022*