

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

July 31, 2023

[REDACTED], ADMINISTRATOR
THE BRETHERN HOME COMMUNITY
[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 06/30/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROOKSIDE AT CROSS KEYS VILLAGE* License #: *33318* License Expiration: *02/15/2024*
 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: [REDACTED]
 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: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *06/30/2023*

Inspection Dates and Department Representative

06/30/2023 - 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 and Rosemary* Capacity: *36* Residents Served: *34*

Hospice
 Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>34</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>34</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

06/30/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/15/2023*

07/13/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/28/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/20/2023*

Inspections / Reviews *(continued)*

07/24/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2023

07/31/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2023

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 6/30/23 at 10:27am, a 100-Count Package of [redacted] were observed in Resident 1's bathroom. Per the safety data sheet for this product, "Ingestion: Not a likely route. Call physician or poison control immediately." The resident assessment and support plan for Resident 1 dated 11/11/22 indicates that the resident is "unable to safely use and avoid poisonous materials."

On 6/30/23 at 10:39am, a 100-Count Package [redacted] were observed in Resident 2's bathroom. Per the safety data sheet for this product, "Ingestion: Not a likely route. Call physician or poison control immediately." The resident assessment and support plan for Resident 2 dated 2/10/23 indicates resident is "independent with personal hygiene products all other poisonous materials kept locked."

Plan of Correction

Accept ([redacted] - 07/24/2023)

On 6/30/23, the pack of [redacted] were locked by the Memory Care Administrator in Resident 1's and Resident 2's cabinet.

An audit was conducted on 6/30/23 by the Memory Care Administrator to ensure all Resident Assessment Support Plans accurately reflect if the resident can independently and safely use personal cleansing cloth wipes.

The Memory Care Administrator created a policy and procedure on 7/11/2023 to define and list personal hygiene items/products as a reference, when the term is used in the Resident Support Plan and to outline the process used to evaluate a resident's ability to utilize personal hygiene products safely. The policy was implemented by the Memory Care Administrator on 7/11/2023.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ([redacted] - 07/31/2023)

190a - Completion Medication Course

2. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member 1 whose date of hire is [redacted] completed the first observation for Medication Administration Observation annual practicum on [redacted], however, the 2nd observation due by [redacted] was not completed.

Plan of Correction

Accept ([redacted] - 07/24/2023)

Memory Care Administrator scheduled Staff Member 1 to complete three medication observations on [redacted]

On [redacted] 3, the Clinical Services Director will re-educate the Trainer on the annual requirements for Med Techs to maintain their certification and the trainer will begin to complete all annual requirements for Med Techs to maintain their certifications.

190a Completion Medication Course (continued)

Beginning on 7/28/2023, the Clinical Services Director will complete a monthly audit for 6 months starting on to ensure The Trainer is completing all annual requirements for Med Techs to maintain their certifications.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([REDACTED] 07/31/2023)