

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

September 5, 2023

[REDACTED], ADMINISTRATOR
THE BRETHREN HOME COMMUNITY INC
2990 CARLISLE PIKE
ATTN [REDACTED]
NEW OXFORD, PA, 17350

RE: CROSS KEYS VILLAGE THE
BRETHREN HOME COMMUNITY
2990 CARLISLE PIKE
NEW OXFORD, PA, 17350
LICENSE/COC#: 34287

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2023, 08/24/2023 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.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY **License #:** 34287 **License Expiration:** 11/10/2023

Address: 2990 CARLISLE PIKE, NEW OXFORD, PA 17350

County: ADAMS **Region:** CENTRAL

Administrator

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

Legal Entity

Name: THE BRETHERN HOME COMMUNITY INC

Address: 2990 CARLISLE PIKE, ATTN [REDACTED], NEW OXFORD, PA, 17350

Phone: 7176245286 **Email:** j.holcomb@crosskeysvillage.org; as.myers@crosskeysvillage.org

Certificate(s) of Occupancy

Type: Other **Date:** 06/10/2015 **Issued By:** Oxford Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 92 **Working Staff:** 69

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 08/24/2023

Inspection Dates and Department Representative

08/23/2023 On Site [REDACTED]

08/24/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 90

Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 2 **Have Physical Disability:** 1

Inspections / Reviews

08/23/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/07/2023

Inspections / Reviews *(continued)*

09/01/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/01/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/08/2023

09/05/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/01/2023

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

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged from the home on [REDACTED] 3, A refund check was not issued until [REDACTED]

Resident 2 was discharged from the home on [REDACTED]. A refund check was not issued until [REDACTED].

Plan of Correction

Accept ([REDACTED] 09/01/2023)

- On 8/24/2023, the Director of Billing and Reimbursement immediately notified the accounting team on the deficient practice. It was then identified that the Resident Census History Report is run after the 5th business day of the month. This practice caused refunds to not be issued within the 30-day requirement.
- Beginning 9/1/2023, the Billing Specialist will process the Resident Census History Report on the 1st business day of the month, for the month prior, to identify discharges or deaths. Upon identifying residents eligible for refund, Billing Specialist will process the refund.
- Director of Billing and Reimbursement will audit all monthly refunds x's 6 months. Audit results will be reported PCHA and will be reported in QI.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented ([REDACTED] - 09/05/2023)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time of 15 minutes as determined by a fire safety expert. The home exceeded this time during the fire drills conducted on 3/10/23 which required 16 minutes and 10 seconds for evacuation and on 9/19/22 which required 27 minutes and 54 seconds for evacuation.

Plan of Correction

Accept ([REDACTED] - 09/01/2023)

- On 8/23/2023, Administrator immediately reviewed regulation 2600.132.d. and part 2 of the RCG: Regulatory Issues and Frequently Occurring Situations. Administrator sought clarification of regulation with the on-site inspector on 8/23/23.
- On 8/24/23 Administrator implemented use of Adult Residential Licensing-Personal Care Home Fire Drill Record -55 Pa. Code 2600.132 (c) and discontinued use of facility created form.
- Administrator was educated on regulation 2600.132.d by the Inspector on 8/23/23 and Administrator educated Resident Services Manager on 2600.132.d 8/29/2023.
- Administrator created a Fire Drill Acknowledgement form which outlines expectations of participating in fire drills for new admissions. Administrator educated the PC Admissions Counselor on purpose of form and how to complete

132d - Evacuation (continued)

on 8/30/2023. Form will be completed by Admissions Counselor with each new admission and is to be kept with the resident contract.

- Administrator re-educated current residents on fire drills and their responsibility to participate by placing a memo in each residents' mailbox on 8/28/2023.
- Administrator will review monthly fire drill results, monthly x's 6 months to determine compliance with safe evacuation time. Audit results will be reported to QI.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 09/05/2023)