

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

October 18, 2023

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2023, 09/14/2023 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: *BRETHREN VILLAGE - TERRACE CROSSING* License #: *32827* License Expiration: *11/18/2023*  
 Address: *3001 LITITZ PIKE, LANCASTER, PA 17543*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *BRETHREN VILLAGE*  
 Address: *3001 LITITZ PIKE, [REDACTED] LITITZ, PA, 17543*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *08/27/2010* Issued By: *Manheim township*  
 Type: *I-2* Date: *08/27/2020* Issued By: *Manheim township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
 Reason: *Renewal* Exit Conference Date: *09/14/2023*

**Inspection Dates and Department Representative**

09/13/2023 - On-Site: [REDACTED]  
 09/14/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *98* Residents Served: *62*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *SDU* Capacity: *25* Residents Served: *22*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *22* Have Physical Disability: *0*

**Inspections / Reviews**

09/13/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/30/2023*

Inspections / Reviews (*continued*)

## 10/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/17/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2023

## 10/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/17/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/17/2023

## 10/18/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/17/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

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

On 09/14/23, rooms 214 and 202 were observed to have enabler bars that were not secured to the bed, posing an entrapment risk. The enabler bars were attached to a wooden plank that slipped in between the mattress and box spring.

Plan of Correction

Accept [redacted] - 10/12/2023)

Immediately-Bed Mobility Devices in room 214 and 202 were replaced with a device that attaches to the bed frame. In accordance with the DHS Bed Mobility Device guidelines all devices in use that were not attached to the bed have been replaced with devices that are attached to the bed, by Therapy, Facilities, Administrator, and Assistant Administrator

Replacement completed 9/25/2023

Ongoing

Residents assessed by Therapy as safe to use a Bed Mobility Device will be given a device following the procedures outlined in the Brethren Village Personal Care Bed Mobility Device policy.

All devices will meet the requirements to be attached to the bed.

As stated in the policy Therapy will check the device annually, upon significant change in the condition of the Resident, and any time there is an order for Therapy to evaluate and treat the Resident.

In addition to Therapy check all devices will be checked monthly by the Administrator/Assistant Administrator/ RN Clinical Coordinator/Memory Support Coordinator as part of a room audit. (See Attached for policy and audit tool)

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented [redacted] - 10/18/2023)

82b - Poisonous Material Storage

2. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 09/13/23 at 10:35 AM, a red container of sink and surface cleaner/sanitizer was observed on the 4th floor pantry food prep table next to two packs of hamburger buns.

Plan of Correction

Accept [redacted] - 10/12/2023)

Immediately-Dining Staff member removed the bucket of sanitizer from the counter and placed in an area not containing food. Dining Staff member was provided education at that time.

Dining Manager/Designee will provide education to all Dining Staff working in Terrace Crossing regarding where to place the bucket of sanitizer.

82b - Poisonous Material Storage (continued)

Education completion date: 10/3/2023

Ongoing

Dining Manager/Designee will audit the dining areas in Terrace Crossing to ensure all substances considered poisonous are stored in appropriate areas away from food items

- Audits will be daily, 1 for the breakfast/lunch shift and 1 for the evening meal for a 2 week period.
- If substances are all stored properly, audits will be 3 times per week. moving to 2 times per week for 2 weeks, 1 time per week for 2 weeks.
- 1 time per week will continue for 3 months
- If at anytime the cart is found to be unlocked audit will revert to daily and follow the process again for compliance.
- Audits begin 10/1/2023

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented (█) - 10/18/2023)

82c - Locking Poisonous Materials

3. 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 09/13/23 at 10:05 AM, an unattended, unlocked housekeeping cart was observed in the Secure Dementia Care Unit (SDCU) hallway. The cart contained a bottle of ECOLAB Rapid Multi Surface Disinfectant Cleaner with a warning label "to call poison control center for treatment advice". These residents have been assessed as incapable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 10/12/2023)

Immediately-Environmental Services repaired the broken lock on the cart. Education given to the Housekeeper to keep her cart locked was completed

Ongoing

Director of Environmental Services/Designee will provide education to Housekeeping Staff regarding the requirement to lock the Housekeeping carts when left unattended. Education provided also of the requirement to keep all poisonous materials secured in the Memory Support Unit. Any product with a warning label that says to call poison control if ingested or for treatment advice is a poisonous substance and must be kept locked.

Education completed: 9/27/2023

Director of Environmental Services/Designee will complete audits of the Housekeeping carts to ensure they are locked when unattended.

Audit will be done daily for a 2 week period. If carts are found to be locked consistently, audits can be reduced to 3 times a week for a 2 week period, then 2 times per week for a 2 week period, 1 time per week for a 2 week period.

**82c - Locking Poisonous Materials (continued)**

*1 time per week will continue indefinitely*

*If at any time the carts are found to be unlocked the auditing will revert to daily and follow the same procedure for compliance.*

*Director of Environmental Services will provide education regarding locking housekeeping carts and storage of poisonous substances to new Staff as part of their orientation.*

*Audits began 10/2/2023*

**Licensee's Proposed Overall Completion Date: 10/12/2023**

**Implemented (█) - 10/18/2023)**

**86b - Bathroom****4. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*On 09/14/23, the exhaust fan in room 214's bathroom is inoperable. The bathroom does not have an operable window.*

**Plan of Correction**

**Accept (█) - 10/05/2023)**

*Immediately-Work order was entered to have exhaust fan repaired. Administrator checked all exhaust fans to ensure they were operating properly. No other issues noted.*

*Exhaust fan repaired: 9/27/2023*

*Ongoing*

*Administrator/Asst Administrator/Memory Support Coordinator/RN Clinical Coordinators will conduct monthly environmental audit. Checking the operation of the exhaust fan will be included in the audit. A work order requesting repair of fan will be submitted for any fan found inoperable.*

*Education completion date; 10/2/2023*

**Licensee's Proposed Overall Completion Date: 10/01/2023**

**Implemented (█) - 10/18/2023)**

**183b - Meds and Syringes Locked****5. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 09/14/23, there was a pill box which contained a total of 14 pills that was unlocked, unattended, and accessible in Resident 1's bedroom.*

183b - Meds and Syringes Locked (continued)

On 09/14/23, the following medications were observed unlocked, unattended and unattended in Resident 2's bedroom: zinc oxide ointment, triple antibiotic ointment, refresh tears, tums and fluocinonide .05% ointment.

Plan of Correction

Accept ( ) - 10/05/2023)

Immediately-Resident 1 administers ( ) own medication. At time of survey ( ) was out to an appointment and forgot to lock ( ) door.

Assistant Administrator spoke with Resident when ( ) returned from ( ) appointment, explaining the need to lock ( ) door. Resident understood.

Resident is currently LOA for ( )

Ongoing- There 2 other Residents who administer their own medications. Resident 2 is allowed to administer some OTC medications. A sign will be posted at their door reminding them to lock the door when they leave.

Assistant Administrator/Designee will check their rooms when they come out for the noon meal every day for 2 weeks to check if the door is locked or if their medication is locked in the cabinet.

If not locked Assistant Administrator will reeducate the Resident about locking their door.

If the doors are locked then the Assistant Administrator/Designee will check the locks 3 times per week for 2 weeks, then to 1 time per week for 2 weeks.

If the Resident is not able to remember to either lock their door or keep their medication in the locked cabinet, Resident's ability to self administer will be reassessed by the RN Clinical Coordinator.

Ongoing-When a new Resident is admitted who will be administering their own medications a sign will be placed at the door reminding them to lock the door. Assistant Administrator/Designee will check the Resident's room when they come to the noon meal to ensure the door is locked or medications are locked in the medication cabinet every day for a 2 week period. As a new Resident they may need reminders to develop the habit of locking their meds or the door as they probably did not do so at home.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented ( ) - 10/18/2023)

183d - Prescription Current

6. 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 09/14/23, Resident 2 had clotrimazole cream with an expiration date of May 2016 and econazolate nitrate 1 % cream with an expiration date of April 2017 in ( ) room. However, the home does not have a current order for either medication.

Repeated violation - 07/12/2022 et al

Plan of Correction

Accept ( ) 10/12/2023)

Immediately-Expired medication was removed from Residents room.

RN Clinical Coordinators checked all residents rooms for expired medications and for current physician orders for

183d - Prescription Current (continued)

the medication.

Date of completion: 9/27/2023

Administrator/Assist Administrator provided education to all Staff to report any expired medication found in Resident rooms to the Charge LPN to remove the medication.

Education completion date: 10/3/2023

Ongoing

Administrator/Assist Administrator/RN Clinical Coordinators will complete a monthly audit of each Resident's room checking for any expired medications.

Monthly Audits begin 10/11/2023

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented ( ) 10/18/2023)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for Resident 2's Humalog 100unit/ml Kwikpen does not include the date it was opened and the initials of the staff person who opened it.

Plan of Correction

Accept ( ) 10/12/2023)

Immediately-Humalog pen was disposed of in the sharps container and a new pen given and labeled with the date it was opened.

RN Clinical Coordinators checked all Resident medication cabinets to ensure all items labeled appropriately.

RN Clinical Coordinators to provide education to LPN about labelling pen when opening.

Education Completion Date: 10/2/2023

Ongoing- RN Clinical Coordinator/Designee will audit medication cabinets 1 time per week to ensure medications are labeled appropriately.

Audits began 10/3/2023

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented ( ) - 10/18/2023)

184b - Labeling OTC/CAM

8. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 09/14/23, the following medications belonging to Resident 2 were in the resident's bedroom and were not labeled with the resident's name: zinc oxide ointment, triple antibiotic ointment, refresh tears, tums and fluocinonide .05% ointment.

184b - Labeling OTC/CAM (continued)

**Plan of Correction**

Accept (█ - 10/12/2023)

*Immediately-Medications were removed from the Residents" room and assigned a label with Resident's name*

*RN Clinical Coordinators checked all Residents rooms and removed any medications not labeled correctly.*

*Completed 9/27/2023*

*Administrator/Asst Administrator will provide all Staff with education regarding reporting any unlabeled medications to the Charge nurse.*

*Education Completion Date: 10/3/2023*

*Ongoing*

*Administrator/Asst Administrator/RN Clinical Coordinators will conduct a monthly audit of the Residents rooms to check for unlabeled medications. They will remove any unlabeled medications found.*

*Monthly Audits begin 10/11/2023*

**Licensee's Proposed Overall Completion Date: 10/12/2023**

**Implemented (█ - 10/18/2023)**

254a - Records Discharge/Active

**9. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

*On 09/13/23, at 10:38 AM, PCA day shift checklist which contained resident names and care needs was unlocked, unattended, and accessible on an open laptop in the living room of the 4th floor personal care unit.*

**Plan of Correction**

Accept (█ - 10/05/2023)

*Immediately-Education was provided to the PCA who left █ assignment sheet on the laptop in he common area to answer a call bell.*

*Administrator will provide all Staff Members with education regarding keeping Resident private medical information out of common areas or in the view of others.*

*Education Completion Date: 10/3/2023*

*All Staff receive annual training regarding HIPPA through Relias*

*Ongoing-A sign will be posted on the laptops the PCAs use to complete their documentation reminding them to take the assignment sheet with them. Laptops will be move to an more private area.*

**Licensee's Proposed Overall Completion Date: 10/13/2023**

**Implemented (GR - 10/18/2023)**