

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

January 26, 2024

[REDACTED]
BRETHREN VILLAGE
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2024, 01/05/2024 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: *11/18/2024*
 Address: *3001 LITITZ PIKE, LANCASTER, PA 17543*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *BRETHREN VILLAGE*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/04/2024*

Inspection Dates and Department Representative

01/04/2024 - On-Site: [REDACTED]
 01/05/2024 - Off-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: *Terrace Crossing Memory Support* Capacity: *25* Residents Served: *24*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *90* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

01/04/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2024*

Inspections / Reviews *(continued)*

01/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/26/2024

01/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted], Resident [redacted] was observed to have a swollen left hand, wrist, and arm. At approximately [redacted] x-rays revealed multiple wrist fractures, however, there were no falls or other incidents reported that would account for these injuries. This incident was reported to the Department and the local area agency on aging, however, it was not reported to the Pennsylvania Department of Aging or local police.

Plan of Correction

Accept [redacted] 01/19/2024)

Immediately-Administrator contacted Pennsylvania Department of Aging, [redacted]. Department returned call [redacted]. Report of Suspected Abuse for Resident is recorded as [redacted], [redacted] @ [redacted]

Administrator called Manheim Township Police Department on [redacted] @ [redacted] to report incident. Emailed information to officer at [redacted] same day. See Attached email
Completion Date:1/8/2024

Ongoing-Administrator [redacted] reviewed pages 175-176 of the Regulatory Compliance Guideline; Abuse and Abuse Reporting and reviewed with Assistant Administrator, RN Clinical Coordinators, and Memory Support Coordinator. See attached education

Completion Date: 1/18/2024

All PC Team Members review Abuse Reporting annually

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/26/2024)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A, hired [redacted], did not complete training in the home's emergency medical plan or reporting of reportable incidents and conditions.

Plan of Correction

Accept [redacted] - 01/19/2024)

Immediately-Scheduler distributed and review an orientation packet to Agency Staff currently working in Personal Care. See attached packet

Completion Date:1/19/2024

Ongoing-Scheduler will review Orientation Packet with all Agency Staff who are working at facility prior to or during the first shift they are scheduled.

Scheduler will maintain a log of all Agency Staff who have received and reviewed the orientation packet.

65b - Rights/Abuse 40 Hours (continued)

Administrator will meet with the Scheduler monthly to review log.

Next scheduled meeting is [REDACTED] @ [REDACTED].

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)