

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

June 1, 2026

[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 04/21/2026 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: BROOKSIDE AT CROSS KEYS VILLAGE **License #:** 33318 **License Expiration:** 02/15/2027
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:** 64 **Waking Staff:** 48

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/21/2026

Inspection Dates and Department Representative

04/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 32

Secured Dementia Care Unit

In Home: Yes **Area:** Lavender & Rosemary **Capacity:** 36 **Residents Served:** 32

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** Yes
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

04/21/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/11/2026

05/11/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/29/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/18/2026

Inspections / Reviews *(continued)*

05/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/01/2026

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/21/26 at 2:45PM, the temperature in the refrigerator located in the Lavender Neighborhood Kitchen was 50 degrees Fahrenheit, and at 3:56PM, it was 48 degrees Fahrenheit.

Plan of Correction

Accept (█) - 05/11/2026

In response to the violation on 04/21/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/21/2026 by the Memory Care Administrator by placing new thermometer in the refrigerator at 3:00PM which read 38 degrees Fahrenheit when checked at 4:30PM.

To enhance the currently compliant operations, on 05/06/2026 the Memory Care Administrator educated the Homemaker on regulation 2600.103.F and the importance of ensuring thermometers are present and reporting any out-of-range readings immediately, with a completion date of 05/6/2026.

Effective 05/11/2026 the Memory Care Administrator will perform weekly audits for 6 weeks of refrigerator temperatures, through 06/22/2026 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█) - 06/01/2026

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 fire drill conducted on 9/3/25 at 4:30AM had an evacuation time of 17 minutes, 8 seconds, and the fire drill conducted on 12/11/25 at 5:00AM had an evacuation time of 20 minutes, 21 seconds. However, the letter from the fire safety expert, dated 2/10/25, states that the maximum evacuation time of the building is 15 minutes.

Also, the letter from a fire safety expert, dated 1/13/26, states that the maximum evacuation time for the home is 20 minutes based on the design and construction of the home. However, the prior letter from a fire safety expert, dated 2/10/25, states that the maximum evacuation time for the home is 15 minutes based on the design and construction of the facility. There have been no revisions to the building that would affect the maximum evacuation time.

132d Evacuation (continued)

Plan of Correction**Directed (█) - 05/13/2026)**

In response to the violation on 04/21/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/19/2025 and 12/16/2025 by the Memory Care Administrator who conducted subsequent successful fire drills on 9/19/2025 and 12/16/2025.

The fire drills on 9/3/25 and 12/11/25 exceeded the established evacuation time due to the increased staff intervention and effort required to safely evacuate residents who were disoriented upon waking and resistant to getting out of bed. Additionally, during the 12/11/2025 fire drill, two residents experienced falls after independently attempting to get out of bed while disoriented from a sleeping state, requiring immediate staff intervention during the evacuation.

To enhance the currently compliant operations, on 05/05/2026 the Chief Clinical Integration Officer educated Memory Care Administrator on 2600.132.D. and the importance of meeting evacuation time requirements, with a completion date of 05/05/2026.

Effective 05/11/2026 the Chief Clinical Integration Officer will perform monthly audits for 6 months to ensure evacuation was completed within the time frame set forth by the fire safety expert, through 06/22/2026 to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

[Directed]

- In addition to the above steps, the home did obtain a signed addendum from the New Oxford Fire Chief on 5/12/26. This addendum justifies a 20 minute maximum evacuation time for the home based of the home's design, construction, staffing and operation.*

Directed Completion Date: 06/01/2026

Implemented (█) - 06/01/2026)

183e - Storing Medications

3. 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

Lantus Solostar Insulin prescribed for Resident #1 did not include the date it was opened.

183e - Storing Medications (continued)

Plan of Correction

Accepted (████ - 05/11/2026)

In response to the violation on 04/21/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/21/2026 by the LPN Coordinator to disposed of Lantus Solostar pen for Resident #1 and new Lantus insulin pen was provided with opening date recorded.

To enhance the currently compliant operations, on 05/08/2026 the Memory Care Administrator educated the LPN Clinical Director on Regulation 183.d, with a completion date of 05/08/2026.

Effective 05/11/2026 the LPN Clinical Director will perform weekly audits to ensure all multi-injection pens are labeled with an open date, through 06/22/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (████ - 06/01/2026)