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

July 28, 2026

[redacted], CHIEF CLINICAL INTEGRATION OFFICER
THE BRETHREN HOME COMMUNITY INC
2990 CARLISLE PIKE
[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 06/23/2026, 06/23/2026 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: *CROSS KEYS VILLAGE - THE BRETHREN HOME COMMUNITY* **License #**: *34287* **License Expiration**: *11/10/2026*

Address: *2990 CARLISLE PIKE, NEW OXFORD, PA 17350*

County: *ADAMS* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE BRETHREN HOME COMMUNITY INC*

Address: *2990 CARLISLE PIKE,* [redacted] *, NEW OXFORD, PA, 17350*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *06/10/2020* **Issued By**: *Labor and Industry*

Type: *Other* **Date**: *05/13/2025* **Issued By**: *Labor and Industry*

Staffing Hours

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

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *06/24/2026*

Inspection Dates and Department Representative

06/23/2026 - On-Site: [redacted]

06/23/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *92*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *92*

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

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/17/2026*

Inspections / Reviews *(continued)*

07/15/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/01/2026*

07/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42s Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] Staff Member A took a picture of Resident #1 in the dining room and posted the picture on Snapchat. The picture was taken and posted without the permission of Resident #1. As a result of the incident, Staff Member A was terminated from employment on [redacted]

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

In response to the violation on 06/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on [redacted] by the Director of Human Resources to suspended the team member pending the outcome of the investigation. Following completion of the investigation, the team member was terminated.*
2. *on [redacted] by the Personal Care Administrator to reported the privacy violation in accordance with the Department of Human Services regulations.*

To enhance the currently compliant operations:

1. *on 07/14/2026 the Personal Care Administrator will will educate the Dining Services leadership on the requirement to immediately notify the Administrator and Human Resources upon becoming aware of any alleged violation of regulation 2600.42(S) occurring within the Personal Care setting, with a completion date of 07/31/2026.*
2. *on 09/01/2026 the Dining Services team member will be assigned a monthly Relias attestation module to indicate whether they observed or became aware of any resident privacy or resident rights violations during bathing, dressing, changing, medical procedures or in a public area. If a team member responds "yes", they must identify when the concern was reported and to whom it was communicated, with a completion date of 12/01/2026.*
3. *on 07/14/2026 the Personal Care Administrator will complete in-person education to the Personal Care Dining Services team members regarding regulation 2600.42(s), in addition to Cross Keys Village - The Brethren Home Community social media policy, with a completion date of 07/31/2026.*
4. *on 08/01/2026 the Personal Care Dining Services team members will complete a required Relias learning module to validate competency and understanding of regulation 2600.42(s) and resident privacy expectations, with a completion date of 08/31/2026.*

The overall completion date is 12/01/2026.

Effective 09/01/2026 the Personal Care Administrator will perform monthly audits of the Relias attestation results. Any affirmative responses will be reviewed to verify that concerns were reported appropriately and addressed in accordance with facility policy and regulation requirements., through 12/01/2026 to maintain ongoing compliance with providing residents the right to privacy of self and possessions and to provide privacy to each resident during bathing, dressing, changing and medical procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

42s - Privacy (continued)

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 07/28/2026)

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 home's maximum safe evacuation time specified in writing within the past year by a fire safety expert is 15 minutes. However, the evacuation time during the fire drill held on 12/5/24 at 10:55 PM was 19 minutes and 50 seconds.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

In response to the violation on 06/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 12/09/2024 by the Personal Care Administrator sent a memo to all residents outlining expectations during fire drills.*
2. *on 12/10/2024 by the Personal Care Administrator rescheduled an additional fire drill and it was within the approved time set forth by the fire safety expert.*

To enhance the currently compliant operations, on 07/14/2026 the Chief Clinical Integration Office will educate the Personal Care Administrator on regulation 2600.132(d) and the importance of meeting fire drill evacuation time requirements as designated by the fire safety expert, with a completion date of 07/31/2026.

Effective 07/01/2026 the Chief Clinical Integration Officer will perform monthly audits of the fire drill records to ensure evacuation was completed within the approved time set forth by the fire safety expert., through 12/31/2026 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.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 07/28/2026)

186b - Medication Used by Resident

3. Requirements

186b - Medication Used by Resident *(continued)*

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 6/19/26 at 8:15 PM, Resident #7 was administered Magnesium 250 mg tablet, Calcium Carbonate 600 mg, Vitamin D3 20 mcg tablet and metoprolol tartrate 50 mg tablet prescribed for and belonging to Resident #8

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

In response to the violation on 06/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/19/2026 by the Licensed Practical Nurse assessed Resident #7 and no adverse effects were noted. Licensed Practical Nurse notified Resident #7 Primary Care Physician and Health Care Agent of the medication error.*
2. *on 06/26/2026 by the Registered Nurse Clinical Services Director provided in person education on the five rights of medication administration to the team member responsible for the medication error, in addition to completing two medication administration observations.*
3. *on 06/20/2026 by the Personal Care Administrator reported the medication error to the Department of Human Services within the required timeframe.*

To enhance the currently compliant operations:

1. *on 08/01/2026 the Registered Nurse Clinical Services Director will assign a recorded Relias learning module to all Licensed Practical Nurses and Medication Technicians reeducating on medication administration procedures, resident identification and the five rights of medication administration, with a completion date of 08/31/2026.*
2. *on 07/01/2026 the Personal Care Administrator will audit medication errors monthly to identify trends and implement additional corrective actions as needed. All findings will be documented and reviewed internally for continuous improvement purposes, with a completion date of 10/01/2026.*

The overall completion date is 10/01/2026.

Effective 07/20/2026 the Registered Nurse Clinical Services Director will perform weekly medication observation on one random team member to monitor compliance with medication administration procedures., through 09/12/2026 to maintain ongoing compliance with ensuring prescription medications must be used only by the resident for whom the prescription was prescribed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 07/28/2026)

187c - Refusal of Medication

4. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 6/20/26, 6/21/26 and 6/22/26 at 8:00 AM, Resident #2 refused to take a scheduled dose of MiraLAX 17-gram dose oral powder. The prescribing physician has a standing order to be notified after the third consecutive refusal of medications. However, the home did not notify the prescribing physician after the third consecutive refusal.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

In response to the violation on 06/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2026 by the Licensed Practical Nurse to notify Primary Care Physician that Resident #2 had refused the prescribed MiraLAX for three consecutive days after it was identified by the Department of Human Services surveyor during the Inspection.

To enhance the currently compliant operations:

1. *on 07/10/2026 the Registered Nurse Clinical Services Director conducted a one-time review of all July Resident medication and treatment records to identify any residents with three consecutive refusals and verify that the Primary Care Physician was notified in accordance with facility policy, with a completion date of 07/10/2026.*
2. *on 08/01/2026 the Registered Nurse Clinical Services Director will assign a recorded Relias learning module to all Licensed Practical Nurses and Medication Technicians to reinforce facility policy regarding the timely communication of consecutive medication or treatment refusals, with a completion date of 08/31/2026.*
3. *on 08/01/2026 the Registered Nurse Clinical Services Director will assign a recorded Relias learning module to all Licensed Practical Nurse and Lead Medication Technicians to educate them on the use of the Display Missed Medication/Treatment report to identify resident medication and treatment refusals and to ensure compliance with facility policy requiring timely notification to the Primary Care Physician following three consecutive refusals, with a completion date of 08/31/2026.*
4. *on 07/14/2026 the Personal Care Administrator will provide education to all Residents regarding facility policy on what happens following their refusal of a medication or treatment for three consecutive days, with a completion date of 07/31/2026.*

The overall completion date is 08/31/2026.

Effective 07/20/2026 the Registered Nurse Clinical Services Director will perform weekly audits on three randomly selected Resident's Medication Administration and Treatment Administration records to identify any instances of three consecutive refusals and verify that the Primary Care Physician was notified., through 08/29/2026 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/31/2026

Licensee's Proposed Overall Completion Date: *08/01/2026*

187c - Refusal of Medication *(continued)*

Implemented ([redacted] - 07/28/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was prescribed Hydrocodone 5mg-Acetaminophen 325 mg with orders to take 2 tablets by mouth two times a day for pain. However, on 4/2/26 at 8:00 AM, Resident #3 was administered 1 tablet.

Resident #4 was prescribed Prednisone 40 mg with orders to take once daily for two days, 30 mg once daily for two days,and 20 mg once daily for two days for pain. These orders were to begin on 6/1/26. However, on 6/1/26, Resident #4 was administered 2 (40 mg) tablets.

Resident #5 was prescribed Lorazepam Intensol 2 mg/ml with orders to give 0.5 mg (0.25 ml) by mouth twice daily at 8:00 AM and 8:00 PM. However, on 6/1/26 at 8:00 AM, Resident #5 was administered 0.5 ml.

Resident #6 was prescribed Potassium Citrate 5 mEq with orders to give 1 tablet by mouth twice daily. However, Resident #6 did not receive this medication from 6/6/26 - 6/15/26, due to a transcription error.

Resident #7 was prescribed Atorvastatin 20 mg, Eliquis 5 mg, Acidophilus and Carvedilol 25 mg tablet at 8:00 PM. However, on 6/19/26 at 8:15 PM, Resident #7 was administered Resident #8's medication of Magnesium 250 mg tablet, Calcium Carbonate 600 mg, Vitamin D3 20 mcg tablet and metoprolol tartrate 50 mg tablet instead.

Repeated Violation - 10/22/24.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

In response to the violation on 06/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 04/02/2026 by the Lead Medication Technician assessed Resident #3 and no adverse reactions were noted. Lead Medication Technician notified the Primary Care Physician and Health Care Agent of the medication error. The Registered Nurse Clinical Services Director provided in person verbal education on the five rights of medication administration to the team member responsible for the medication error on 4/2/26. The Personal Care Home Administrator reported the medication error to Department of Human Services within the required timeframe.*
2. *on 06/01/2026 by the Licensed Practical Nurse assessed Resident #4 and no adverse reactions were noted. Licensed Practical Nurse notified the Primary Care Physician and Health Care Agent of the medication error. The Registered Nurse Clinical Services Director provided in person verbal education on the five rights of medication administration, in addition to education on importance of shift-to-shift communication to the team member responsible for the medication error on 6/2/26. The Personal Care Home Administrator reported the medication error to Department of Human Services within the required timeframe.*
3. *on 06/01/2026 by the Licensed Practical Nurse assessed Resident #5 and no adverse reactions were noted. Licensed Practical Nurse notified the Primary Care Physician, Hospice Agency and Health Care Agent of the medication error. The Registered Nurse Clinical Services Director provided in person verbal education on the five rights of medication administration to the team member responsible for the medication error on 6/1/26.*

187d - Follow Prescriber's Orders (continued)

The Personal Care Home Administrator reported the medication error to Department of Human Services within the required timeframe.

4. *on 06/15/2026 by the Licensed Practical Nurse assessed Resident #6 and no adverse reactions were noted. Licensed Practical Nurse notified the Primary Care Physician and Health Care Agent of the medication error. The Registered Nurse Clinical Services Director provided in person written education per progressive disciplinary action, in addition to retraining on transcribing orders to the team member responsible for the medication error on 6/26/26. The Personal Care Home Administrator reported the medication error to Department of Human Services within the required timeframe.*
5. *on 06/19/2026 by the Lead Medication Technician assessed Resident #7 and no adverse reactions were noted. Lead Medication Technician notified the Primary Care Physician and Health Care Agent of the medication error. The Registered Nurse Clinical Services Director provided in person verbal education on the five rights of medication administration, in addition to two medication administration observations to the team member responsible for the medication error on 6/26/26. The Personal Care Home Administrator reported the medication error to Department of Human Services within the required timeframe.*

To enhance the currently compliant operations:

1. *on 08/01/2026 the Registered Nurse Clinical Services Director will assign a recorded Relias learning module to all Licensed Practical Nurses and Medication Technicians reeducating on medication administration procedures, resident identification and the five-rights of medication administration, with a completion date of 08/31/2026.*
2. *on 08/01/2026 the Registered Nurse Clinical Services Director will assign a recorded Relias learning module to all Licensed Practical Nurses and Lead Medication Technicians reeducating on physician order transcription and chart checking process, with a completion date of 08/31/2026.*
3. *on 07/01/2026 the Personal Care Administrator will audit medication errors monthly to identify trends and implement additional corrective actions as needed. All findings will be documented and reviewed internally for continuous improvement purposes, with a completion date of 10/01/2026.*

The overall completion date is 10/01/2026.

Effective 07/20/2026 the Registered Nurse Clinical Services Director will perform weekly medication observation on one random team member to monitor compliance with medication administration procedures., through 09/12/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 07/28/2026)

251b - Record Entries Legible

6. Requirements

2600.

251b Record Entries Legible *(continued)*

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on Resident #9's name on the resident's current medical evaluation, dated [redacted]

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

In response to the violation on 06/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2026 by the Department of Human Services surveyor to educate the Resident Services Manager who was present at the exit conference on regulation 2600.251(b).

To enhance the currently compliant operations:

1. *on 07/13/2026 the Resident Services Manager conducted a one time review of all medical evaluations to identify any documentation entries that have been altered or corrected using correction fluid, with a completion date of 07/13/2026.*
2. *on 07/14/2026 the Personal Care Administrator will provide education to the Resident Services Manager on regulation 2600.251(b) and proper documentation standards, with a completion date of 07/31/2026.*

The overall completion date is 07/31/2026.

Effective 07/01/2026 the Personal Care Administrator will perform monthly audits of all newly completed initial, significant change and annual Medical Evaluations to ensure compliance with documentation requirements., through 12/31/2026 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 07/28/2026)