

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

October 15, 2024

[REDACTED], ADMINISTRATOR
BRETHREN VILLAGE
3001 LITITZ PIKE
ATTN DIXIE KIEHL
LITITZ, PA, 17543

RE: BRETHREN VILLAGE - VILLAGE
MANOR
3001 LITITZ PIKE
LITITZ, PA, 17543
LICENSE/COC#: 32175

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2024, 09/05/2024 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 - VILLAGE MANOR License #: 32175 License Expiration: 02/01/2025
Address: 3001 LITITZ PIKE, LITITZ, PA 17543
County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: BRETHREN VILLAGE
Address: 3001 LITITZ PIKE, ATTN DIXIE KIEHL, LITITZ, PA, 17543
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/17/1998 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
Reason: Renewal, Incident Exit Conference Date: 09/05/2024

Inspection Dates and Department Representative

09/04/2024 - On-Site: [REDACTED]
09/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	114	Residents Served:	74
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	74
Diagnosed with Mental Illness:	2	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	4	Have Physical Disability:	1

Inspections / Reviews

09/04/2024 Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/20/2024

09/20/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/11/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/27/2024

Inspections / Reviews *(continued)*

09/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/11/2024

10/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired on [REDACTED]. A complete criminal background check was not completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/23/2024)

Immediately - Vice President of Human Resources provided education regarding violation and plan of correction to the HR Team on 9/6/2024. Human Resources Manager and Human Resources Coordinator audited all Staff records to ensure Criminal Background Checks were completed and all searches were complete. All other Staff records were found to be in compliance. Audit was completed on 9/5/2024.

Ongoing - Human Resources Coordinator will complete personnel file audits every two weeks, after bi-weekly New Team Member Orientation dates. Audits scheduled to begin on 9/9/2024.

Human Resources will maintain a log of the completed audits. Audits will be completed with all new hires moving forward as part of their process.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/15/2024)

81b - Resident Personal Equipment

2. 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

Resident 3 and Resident 4 utilize a bed side mobility device to aid in positioning and transferring in and out of bed. However, on 9/5/24, the mobility devices for these residents were not securely fastened to the bed.

Plan of Correction

Accept [REDACTED] - 09/23/2024)

Immediately - Administrator, Assistant Administrator, and RN Clinical Coordinators checked all bed mobility devices (bed cane) to make sure that they were secure. Order was placed to replace all bed canes with the "Halo" bar.

Ongoing -

- Administrator/Assistant Administrator/RN Clinical Coordinators will conduct weekly checks to ensure that the bed canes are secure. The weekly checks will continue until the bed canes are replaced with the Halo bar.
- Administrator educated all staff regarding the use of Halo Bars and instructions placed in the Bed Mobility Device Binder located in the Care Bases. Education completed 9/18/2024 and 9/19/2024.

81b - Resident Personal Equipment (continued)

- Facilities/Administrator/Assistant Administrator/ RN Clinical Coordinators will install Halo bars to replace the bed canes by 9/30/2024.
- Administrator/Assistant Administrator/RN Clinical Coordinators will complete monthly room audits that will include checking the Halo bar. Monthly audits will begin 10/2/2024.
- The Policy regarding the use of bed mobility devices was updated to the use of Halo bars instead of bed canes on 9/16/2024 by Administrator.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/15/2024)

183d - Prescription Current**3. 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 [REDACTED], [REDACTED] prescribed for Resident 3 were located in the home's medication cart; however, this medication was discontinued on [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/23/2024)

Immediately - Discontinued medication was removed from the Med Cart. RN Clinical Coordinators checked all Med Carts for discontinued medications on 9/9/2024.

Administrator/ Assistant Administrator educated all LPNs / Med Techs regarding removing discontinued medications from the Med Cart. Education completed on 9/18/2024 and 9/19/2024.

Ongoing - Night Shift LPNs are responsible to audit Med Carts weekly.

RN Clinical Coordinators will run a weekly report for discontinued medications. After running the report, the Med Carts will be audited to ensure discontinued medications were removed. Monitoring to begin 9/23/2024.

Reports/audits will be completed weekly for a total of three months.

After three months this process will be reviewed to determine effectiveness.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/15/2024)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident 1 is prescribed [REDACTED] to be administered in both ears twice a day. However, Resident 1 was administered this medication in his/her left eye on [REDACTED].

187d Follow Prescriber's Orders (continued)

Resident 5 is prescribed [REDACTED] daily. However, Resident 5 was administered [REDACTED] on [REDACTED]

Resident 6 is prescribed [REDACTED] daily. However, Resident 6 was administered [REDACTED] on [REDACTED]

Repeated Violation 6/21/23, et al

Plan of Correction

Accept [REDACTED] - 09/23/2024)

Immediately RN Clinical Coordinators review medication errors with Med Techs following medication errors. In all three incidents remediation with Med Tech was completed by RN Clinical Coordinator at the time the incident occurred. Report of medication changes will be completed on 9/23/2024 by RN Clinical Coordinators. Med Carts will be audited on 9/23/2024 by RN Clinical Coordinators to determine if medication changes were labeled.

Ongoing Med Techs/LPNs were educated by Administrator to be vigilant in checking all Residents' medications to ensure that there were no medication changes. Education completed 9/18/2024 and 9/19/2024.

Starting 9/23/2024 RN Clinical Coordinators will provide all Care Bases with pharmacy issued stickers that indicate a medication change. LPN who receives order for medication change will adhere sticker to all medication packets remaining in medication cassette as well as marking the medication cassette to indicate the change.

Starting 9/23/2024 RN Clinical Coordinator will run a report of all medication changes weekly and audit medication change notices on medication packets and medication cassettes. If medication change is found but not labeled correctly, LPN in charge will receive coaching education regarding the importance of labeling medication changes. LPNs who continue to not follow plan of correction will receive disciplinary action as prescribed.

Weekly audits will be completed for a total of three months.

After three months this process will be reviewed to determine effectiveness.

Proposed Overall Completion Date: 10/04/2024

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/15/2024)

254a - Records Discharge/Active**5. 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 [REDACTED] Resident 2's medical information was unlocked, unattended, and accessible in the laptop located on the home's medication cart.

Repeated Violation 6/21/23, et al

254a - Records Discharge/Active (continued)

Plan of Correction

Accept [REDACTED] - 09/23/2024)

While completing Resident #2's treatment, LPN left treatment cart outside of the Resident's room. The laptop screen was lowered but not locked. LPN was immediately educated by Administrator to lock the laptop screen when not standing at the cart.

Immediately: Random audit was completed by Administrator/Administrator of all screens to see if Staff were utilizing security screen. Two were found to be out of compliance. Administrator will provide education to all LPNs and MedTechs regarding keeping the laptop screens locked when not in use to protect Residents' PHI.

Education Completion Date: 9/23/2024

Ongoing: All laptops will have a label indicating that they must be locked when not in use.

Starting 9/23/2024, RN Clinical Coordinators will complete audits of computer screens as follows:

- one time per day for each shift for one week
- If all screens are secured audit will be three times per week for each shift for one week moving to two times per week for one week, one time per week for one week
- If all screens are secured audits will occur one time per week for two months.
- If at any time screens are found to not be secured, audits will resume daily

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/15/2024)