

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

December 11, 2024

[REDACTED]
BRETHREN VILLAGE

[REDACTED]
ATTN DIXIE KIEHL
[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 11/14/2024, 11/15/2024 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:** 11/18/2025
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:** 08/27/2020 **Issued By:** Manheim Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 80 **Waking Staff:** 60

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 11/15/2024

Inspection Dates and Department Representative

11/14/2024 - On-Site: [REDACTED]
11/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 98 **Residents Served:** 58
Secured Dementia Care Unit
In Home: Yes **Area:** 2nd Floor **Capacity:** 26 **Residents Served:** 22
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 22 **Have Physical Disability:** 0

Inspections / Reviews

11/14/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/02/2024

Inspections / Reviews *(continued)*

12/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/10/2024

12/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 11:20 AM, Resident [redacted] was witnessed "intentionally bumping into" Resident [redacted] and accusing Resident [redacted] of urinating on Resident [redacted] bed. Resident [redacted] was observed hitting Resident [redacted] with a closed fist on the left hip area. Resident [redacted] then pushed Resident [redacted] causing Resident [redacted] to fall. The home did not report this incident to the Department until [redacted] at 3:30 PM.

Plan of Correction

Accept [redacted] - 12/02/2024)

Administrator/Assistant Administrator will provide education to all Terrace Crossing Team Members regarding reportable; what needs to be reported and the time parameters for reporting to Department of Human Services.

- Administrator/Assistant Administrator will review all Reportable Incidents moving forward
- Documentation of the date/time incident occurred, and date/time submitted to DHS will be logged by Adm/Asst Admin.
- Administrator/Assistant Administrator will review the 24-hr. report daily for events requiring a reportable incident.
- If event is found not to have been reported, a reportable incident will be completed immediately.
- LPN who did not report as required will receive disciplinary action beginning with a coaching note. Progressive disciplinary action will occur for additional occurrences.
- Education to be completed: 12/5/2024 & 12/6/2024
- Audits begin: 12/3/2024

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 12/11/2024)

141b1 Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted], did not include Resident [redacted] health status or cognitive functioning.

Plan of Correction

Accept [redacted] - 12/02/2024)

Immediately-Support Plan Coordinator and Memory Support Coordinator audited all Resident records to ensure all DMEs were completed properly.

Audit completed:11/18/2024

Ongoing- Support plan Coordinator and Memory Support Coordinator will audit DMEs for completion after the Resident has been evaluated by physician and DME has been returned.

Support Plan Coordinator and Memory Support Coordinator will maintain a log recording the DME has been checked and is complete.

141b1 Annual Medical Evaluation (continued)

Audit initiated: 12/3/2024

Plan will be reviewed in 3 months for effectiveness.

Licensee's Proposed Overall Completion Date: 12/03/2024

Implemented [redacted] - 12/11/2024)

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], a bottle of [redacted], prescribed for Resident [redacted], was in the home's medication cart. The prescription states to take [redacted] PO every six hours as needed until [redacted]. However, the medication was still in the home as of [redacted].

Repeated Violation 9/13/23, et al.

Plan of Correction

Accept [redacted] - 12/02/2024)

Immediately Discontinued medication was removed from the Med Cart. Memory Support Coordinator checked Med Cart for discontinued medications on [redacted]

Administrator/ Assistant Administrator educated all LPNs / Med Techs regarding removing discontinued medications from the Med Cart.

Education to be completed: 12/5/2024

Ongoing Night Shift LPNs are responsible to audit Med Cart weekly.

Memory Support Coordinator will run a weekly report from EMR for discontinued medications. After running the report, the Med

Cart will be audited to ensure discontinued medications were removed.

Audits began: [redacted]

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

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/11/2024)