

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

December 17, 2024

[REDACTED]
THE BRETHREN HOME COMMUNITY INC
[REDACTED]

ATTN JOY BODNAR
[REDACTED]

RE: CROSS KEYS VILLAGE - THE
BRETHREN HOME COMMUNITY
2990 CARLISLE PIKE
NEW OXFORD, PA, 17350
LICENSE/COC#: 34287

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2024 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: CROSS KEYS VILLAGE - THE BRETHERN HOME COMMUNITY **License #:** 34287 **License Expiration:** 11/10/2024

Address: 2990 CARLISLE PIKE, NEW OXFORD, PA 17350

County: ADAMS **Region:** CENTRAL

Administrator

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

Legal Entity

Name: THE BRETHERN HOME COMMUNITY INC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 06/10/2020 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 91 **Waking Staff:** 68

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 10/22/2024

Inspection Dates and Department Representative

10/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 **Residents Served:** 91

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:** 91

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

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

Inspections / Reviews

10/22/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/04/2024

11/01/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/16/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/08/2024

Inspections / Reviews *(continued)*

11/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/17/2024

12/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 1:37pm, the laptop on the medication cart located on the 3rd floor was unlocked, unattended, and accessible. Resident [redacted] medication information was accessible on the screen.

Plan of Correction

Accept [redacted] - 11/04/2024)

- Executive Director immediately locked the computer.
- Executive Director immediately identified team member assigned to medication cart and re-educated team member on the importance of securing the medical record to maintain confidentiality.
- RN Director to re-educate all clinical team members on confidentiality and the importance of securing medical records by 12/15/2024.
- After education is provided to the clinical team, the Executive Director will complete weekly rounds x's 6 weeks to ensure all records remain confidential. Results reported at QAPI. Start date of 11/17/2024

Proposed Overall Completion Date: 12/15/2024

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [redacted] - 12/17/2024)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted], various materials in the home, with manufacture's label indicating "keep out of reach of children" and/or an indication to contact poison control if ingested, were unlocked, unattended, and accessible to Resident [redacted], who has been assessed as not being able to safely use and avoid poisonous material. Examples are as follows;

- At 9:50am, there were two 4 oz bottles of Dawn Mist baby powder with a manufacturer's label stating to keep out of reach of children, unsecured, unsupervised and accessible in the cabinet to the left of the bathroom sink in the 3rd floor public bathroom.
- At 9:51am, there was a 20 fl. oz. bottle of Pineapple Paya moisturizing body was with a manufacturer's label stating to keep out of reach of children located in the shower of the 3rd floor shared bathroom.
- At 2:19pm, several items including Dawn Mist Mouth Rinse 4 fl. oz. with a manufacturer's label stating, "If swallowed get medical help or contact a Poison Control Center right away", was found in unlocked and

82c Locking Poisonous Materials (continued)

accessible in Resident 2's bathroom.

Plan of Correction

Directed [REDACTED] - 11/04/2024)

- Executive Director immediately removed all poisonous materials from the identified areas.
- PCP will re evaluate the status of two residents deemed unsafe with chemicals to determine if the two residents are capable of safely using and avoiding products. Support plan will be updated to reflect physicians' recommendation. Resident [REDACTED] re evaluation was completed on [REDACTED]. Resident [REDACTED] will be re evaluated by 12/31/2024.
- Executive Director will re educate all team members on regulation 2600.82.c. by 12/15/2024.
- Resident Services Manager will audit common areas and resident rooms, for those residents deemed unsafe around chemicals by their physician, weekly x's 6 weeks beginning on 11/17/2024. Results reported at QAPI.

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 12/15/2024

Implemented [REDACTED] 12/17/2024)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at 9:28am, there was a full, uncovered, unattended trash can in the area on the 2nd floor.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

- Resident Services Manager immediately replaced the trash can on the 2nd floor.
- Resident Services Manager completed a tour of the building on 10/22/2024 to identify additional trash cans that had poor functioning flaps. Any trash can that was not in compliance was exchanged for a properly functioning trash can.
- Education will be provided to all team members by Executive Director on the reason for proper functioning trash cans and whom to notify if the trash can lid/flaps are not working properly by 12/15/2024.
- Executive Director to audit weekly x's 6 weeks to ensure trash cans are functioning properly and covered. Audits will begin 11/17/2024. Results reported at QAPI.

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [REDACTED] 12/17/2024)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency preparedness plan was reviewed and revised on [redacted] and was not reviewed and revised again until [redacted]

Plan of Correction

Accept [redacted] - 11/04/2024)

- Executive Director will educate the organizations Safety Committee on the regulatory requirement outlining that the emergency preparedness plan must be updated annually. Educated by 12/15/2024.
- Executive Director will add a reminder to the survey preparedness tote to verify that the emergency preparedness plan was reviewed within the year and sent to the local emergency management agency. Completed on 10/31/2024. Results reported at QAPI.

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [redacted] - 12/17/2024)

183d - Prescription Current

5. 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 [redacted] was in the home's medication cart on the 4th floor; however, this medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 11/04/2024)

- RN Director immediately removed the [redacted] from the medication cart.
- LPN/Lead will document on 24-hour report sheet if a medication was discontinued or changed. If medication was discontinued, LPN/Lead will pull the medication from the cart and destroy per facility policy. If physicians order was changed, the LPN/Lead will apply a sticker stating, "directions changed refer to chart." Implemented 10/31/2024.
- RN Director to provide education to the LPN's/Lead's on expectations if a medication is changed or discontinued. Completion date 11/16/2024.
- RN Director will review 24-hour report sheet from previous day to ensure system was implemented. RN Director will sign off that [redacted] reviewed the 24-hour report sheet. Start date of 11/1/2024.
- RN Director will review at least one 24-hour report sheet weekly x's 6 weeks to verify that the nurse has either added the sticker or pulled the medication beginning 11/17/2024. Results reported at QAPI.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [redacted] - 12/17/2024)

185a - Implement Storage Procedures

6. Requirements

185a - Implement Storage Procedures (continued)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted] checks weekly. On [redacted] the [redacted] reading on the resident's [redacted] was [redacted]. However, the [redacted] reading documented on the medication administration record (MAR) was 81.

Resident [redacted] is prescribed blood glucose checks three times daily. On [redacted] at 11:00am, the [redacted] reading on the resident's glucometer was [redacted]. However, the [redacted] reading documented on the MAR was [redacted]. On [redacted] at 11:00am, the [redacted] reading on the resident's [redacted] was [redacted]. However, the [redacted] documented on MAR was [redacted].

Plan of Correction

Accept [redacted] - 11/04/2024)

- All diabetic trained team members will be re-educated on how to access BGM history by RN Director by 12/15/2024.
- All diabetic trained team members will be educated on how to modify the EMAR time to ensure all information entered in the EMAR is accurate. RN Director will complete by 12/15/2024.
- RN Director will audit 10 glucometer entries in 2 glucometer's weekly x's 6 weeks to ensure that the glucometer and EMAR match beginning 11/17/2024. Results reported at QAPI.

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [redacted] - 12/17/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] with orders to take twice daily and to hold if systolic is < 100 or heart rate is <55. On [redacted] at 7:00am and [redacted] at 7:00am, the systolic readings were [redacted]. However, the resident was administered the medication.

Resident [redacted] is prescribed [redacted] with orders to take twice daily and to hold for systolic blood pressure < 100. On [redacted] at 8:00am, the systolic reading was [redacted]. However, the resident was administered the medication.

Plan of Correction

Accept [redacted] - 11/04/2024)

- All medication technicians will be re-educated by the RN Director on how to document that the medication was held in the EMAR by 12/15/2024.

187d - Follow Prescriber's Orders (continued)

- RN Director will audit the previous months MAR for 5 residents monthly x's 3 months 11/1/2024. Results reported at QAPI.

Licensee's Proposed Overall Completion Date: 12/15/2024

Implemented [REDACTED] 12/17/2024)