

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2025
NAME OF PROVIDER OR SUPPLIER Brethren Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Lititz Pike Lancaster, PA 17606	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Based on review of facility policy and procedure, clinical record, facility documentation, and staff interviews, it was determined the facility failed to ensure that one of three residents reviewed were free from neglect during care resulting in actual harm causing a subcapital humeral fracture for Resident 1. Findings include: Review of facility policy titled Freedom from Abuse, Neglect, and Exploitation, last revised October 2024, revealed neglect is the failure of the facility, its Team Members or service providers to provide care, goods, or services to a Resident necessary to avoid physical harm, pain, mental anguish, or emotional distress. Review of Resident 1's diagnosis sheet revealed diagnoses of Hemiplegia and Hemiparesis (weakness and paralysis) following Cerebral Infarction (stroke) affecting dominate side, severe protein-calorie malnutrition, history of falling, and contractures of the right elbow and hand. Review of Resident 1's care plan revealed a care plan for limited physical mobility related to Cerebrovascular Accident (stroke) with right sided weakness, including an intervention for Extensive two (person) assist for transfers, initiated January 25, 2025. Review of Resident 1's Care Kardex under Bed Mobility revealed Resident 1 was to have 2 person assist for transfers. Review of Resident 1's Quarterly Minimum Data Set (MDS-periodic assessment of resident needs), dated July 1, 2025, revealed Resident 1 required assistance from staff while transferring and had weakness on one side of their body. Review of Resident 1's progress notes revealed a Nursing Note on July 30, 2025, at 5:16 p.m. indicating Resident reported to a CNA (certified nurse aide) on 3-11 shift that [he/she] felt a pop in [his/her] right shoulder after being helped by one CNA today. Resident is a 2A (two person assist). [Resident] complained of pain in [his/her] right shoulder and tenderness as noted when moving RUE (right upper extremity) . Order obtained from provider for STAT (immediate) Xray of the right shoulder and Humerus (long bone of the upper arm) to r/o (rule out) and fracture or dislocation. Review of information submitted by the facility on July 30, 2025, to the Department of Health revealed, RN Supervisor immediately went to assess resident. Scheduled Tylenol administered by charge nurse and effective. Interview completed by nursing staff and social worker. Order obtained from provider for STAT Xray of the right shoulder and humerus Investigation is completed. (AP-alleged perpetrator) was an agency CNA who confessed to giving the resident a bear hug. Agency aware and CNA DNR'd (Do Not Return). Review of Resident 1's x-ray report, dated July 30, 2025, revealed a subcapital (part of the bone closest to the shoulder) humeral fracture. Review of facility investigation into the injury revealed a witness statement from licensed nursing employee E3 interviewing Resident 1 on July 30, 2025, indicating Resident 1 said, when she (staff member) went to lift me over she was standing next to the wheelchair and I was by the recliner and she said 'oh', and all of a sudden I heard a pop. You couldn't miss it. It was loud. She said, 'I'm sorry' and kept asking 'Do you feel better? Is it ok now?' And I said, 'not right now I don't.' then she was ready to leave and gathered her things. Further review of facility investigation into incident revealed an interview of nursing employee E4 by licensed nursing employee E5 on August 1, 2025, at 11:20 a.m. indicated, I asked her exactly what happened. She stated, 'I bear hugged [resident] and transferred [resident] alone.' 'I am so sorry [resident] got hurt.' 'She didn't tell me she hurt [resident]. Further review of the facility investigation of the injury revealed the facility substantiated the allegation of neglect for not following the care plan for the resident to have the assistance of two staff members while transferring the resident. Interview with the Nursing Home Administrator and the Director of Nursing on August 26, 2025, at 1:30 p.m. confirmed Resident 1 was not transferred according to resident's individual care plan causing actual harm to Resident 1 when Resident 1 sustained a fractured humerus as a result of the improper transfer. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services</p>		