

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 01/30/2026
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)
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based upon clinical record review and staff interview, it was determined that the facility failed to ensure non-pharmacological interventions were completed prior to the administration of as needed anti-anxiety medication for one of five residents reviewed (Resident 51). Findings include: Review of Resident 51's physician's orders revealed an order for Ativan (anti-anxiety medication) 0.5 milligrams (mg) to be administered every four hours as needed for anxiety/restlessness. Review of Resident 51's January Medication Administration Record (MAR) revealed Resident 51 received Ativan 0.5 mg on January 1, January 2, January 3, January 5, January 6, January 8, January 9, January 10, January 11, January 21, January 22, January 26 and January 27, 2026. Review of Resident 51's clinical record failed to reveal evidence that non-pharmacological interventions were attempted prior to the administration of as needed Ativan on the above-mentioned dates. Interview with the Nursing Home Administrator and Director of Nursing on January 30, 2026, at 10:50 a.m. confirmed that no non-pharmacological interventions were attempted prior to the administration of the as needed Ativan. 28 Pa. Code 211.12(c)(d)(1)(2)(5) Nursing Services</p>

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based upon review of facility policy and procedure, clinical record review and staff interview, it was determined that the facility failed to ensure physician's orders were followed for administration of as needed pain medication for one of five residents reviewed (Resident 51.) Findings include: Review of facility policy and procedure titled Pain Observation/Evaluation revised January 2026 revealed Pain will be measured using the following pain scales: 1) 0-10 scale - this is a subjective scale where the patient communicates the current level of pain. Zero equals no pain and 10 equals the most severe pain. 2) Mild pain identified at times 0-3; moderate 4-7; severe pain 8-10 on scale. Review of Resident 51's January 2026 physician orders revealed an order for Oxycodone (narcotic pain medication) 5 milligrams (mg) administer one tablet every 6 hours as needed for severe pain. Review of Resident 51's January Medication Administration Record (MAR) revealed Resident 51 received Oxycodone 5 mg every 6 hours as needed for pain levels of zero on January 2, January 3, January 9, January 20, January 21, January 22, January 26 and January 30, 2026. Interview with the Nursing Home Administrator and Director of Nursing on January 30, 2026, at 10:50 a.m. confirmed that the pain scale utilized in the physician's order for as needed pain medication was not followed according to physician orders. 28 Pa. Code 211.12(c)(d)(1)(2)(5) Nursing Services</p>