

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOMESTEAD VILLAGE, INC.

LEGAL ENTITY

To operate HOMESTEAD VILLAGE

NAME OF FACILITY OR AGENCY

Located at 1800 VILLAGE CIRCLE, PO BOX 3227 LANCASTER, PA 17604

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 19, 2010 until November 19, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations

No: **321840**

*Robert E. Robinson*

ISSUING OFFICER

*Kim T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 08 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Carol S. Carter, Executive Director  
Homestead Village, Inc.  
Homestead Village  
1800 Village Circle, P.O. Box 3227  
Lancaster, Pennsylvania 17604

Dear Ms. Carter:

As a result of the Department of Public Welfare's licensing inspection on September 13, 2010 and September 14, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME HOMESTEAD VILLAGE, 1800 VILLAGE CIRCLE PO BOX 3227 LANCASTER, PA 17604		CURRENT LICENSE NUMBER 321840	
INSPECTION DATES (Include all dates of the inspection) 09/13/2010		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Homestead Village, Inc. <i>Carol S. Carter, MBA, NHA, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Carol S Carter</i>	DATE <i>10/31/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. D. B...ing</i>	DATE <i>11/10/10</i>

16c 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).	Resident #1 fell on 8/23/10 and suffered a small laceration to the back of the head. 911 was called and the resident was transported to Lancaster General Hospital. The resident required two staples for the laceration. The facility did not report the incident to the regional licensing office.	<i>10/31/10</i>	1. Submit Reportable Incident form regarding Resident #1 incident on 08/23/10. 2. Criteria for reportable incident 16(3) related to "serious bodily injury or trauma requiring treatment @ a hospital or medical facility reviewed by ADH/ADSWA." 3. PCH Supervisors were re-educated on the Dept's definition of treatment @ hospital or medical facility. 4. Criteria for reportable incident 16(3) was reviewed w/ supervisors & direct care staff at monthly staff meeting.	Steps have been taken to correct violation; full compliance is not verifiable Date <i>11/10/10</i> Initials <i>CB</i> (DPW)
		<i>9/14/10</i>		
		<i>9/15/10</i>		
		<i>10/6/10</i>		
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	There is no handrail for the step at the "Breezeway" exit near apartments 401 and 402.	<i>10/15/10</i>	1. Handrail will be installed on breezeway outside of PCH/SNF.	Date <i>11/10/10</i> Initials <i>CB</i>

PCH Division  
 Central Region Field Office

NOV 5 2010

RECEIVED

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Carol A. Cart</i>	DATE 10/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bortney</i>	DATE 11/10/10

95 Furniture and equipment shall be in good repair, clean and free of hazards.	On 9/13/10, the #72 fire extinguisher compartment plexi-glass was severely cracked with a large hole and sharp shards of plastic which put residents at risk for lacerations and injury.	09/13/10	1. Broken plexiglass was removed from the fire extinguisher cover on 9/13/10. See attached photo.
		9/13/10	2. Staff was immediately re-educated on the importance of reporting broken equipment & furnishings on 9/13/10
		10/6/10	3. All staff was re-educated on duties included in making rounds throughout the building and how to report furniture or equip. in need of repair @ staff meeting 11/10/10 CB
		11/15/10	4. Policy/procedure developed to address observation/reporting of furniture/equip. in need of repair. See Sect. 1519 Damaged Equip. Revised w/ staff on 11/15/10

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SIGNATURE OF LEGAL ENTITY <i>Carol P. Roth</i>	DATE 10/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. J. [Signature]</i>	DATE 11/10/10

<p>124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.</p>	<p>The facility did not notify the fire department of the facility address, bedroom locations and assistance needed to evacuate.</p>	<p>10/8/10</p>	<p>1. Local fire company informed in writing of home's address, location of bdr. &amp; assistance needed to vacate. Letter was accompanied by the evacuation plan provided to H.V. by the fire company as a part of their many years of service to the organization.</p> <p>2. Documentation of this notification will be maintained in the home. See copy of letter &amp; corresponding documentation.</p>	<p>11/10/10 CB</p>
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata	Staff A, B and C initialed the medication administration record for September 2010 however did not identify their names on the master key sheet.	10/11/10	1. Staff A, B, & C were re-educated on the requirement of identifying their names on master key sheet prior to assisting w/ med administration ea month & the requirement to include corresponding DX for every medication. 2. All staff re-educated on requirement of identifying their names on master key sheet prior to assisting w/ med admin. ea month & requirement to include DX on MAR for ea med @ staff meetings. 3. Policies & procedures were revised to further clarify these requirements: See PCH 10-1 Medication Assistance PCH 10-12 Medication Administration Record Preparation.
	The diagnosis or purpose for resident #3's medication, <b>Macrobid</b> , is not listed on the medication administration record.	10/6/10	
	The diagnosis or purpose for resident #4's medication, <b>Coumadin</b> , is not listed on the medication administration record.	11/15/10	
	Ongoing		

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 11/10/10  
 Initials (DPW): *DP*

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SIGNATURE OF LEGAL ENTITY <i>James N. Cart</i>	DATE 10/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy D. Bomby</i>	DATE 11/10/10

(PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				
				<i>Cont'd</i>

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #5, admitted 7/9/10, assessment dated 7/22/10 states that the resident has an overactive bladder resulting in incontinence. Resident #5 requires prompting for toileting and bladder issues. The resident also requires assistance with dressing and personal hygiene. The support plan dated, 7/20/10, does not address any of these issues.	9/1/10	1. Resident #5 was transferred to the SNF on 9/1/10. On 9/24/10 it was determined by Resident #5 & SNF Care Plan Team the Resident #5 would permanently reside in SNF. PCH did no further work on [redacted] Support Plan.	Steps have been taken to correct violation; full compliance is not verifiable. 11/10/10 Initials (DPW) <i>DS</i>
		10/6/10	2. All PCH Staff were re-educated on the importance of addressing each need identified on the assessment in the support plan @ the monthly staff meetings.	
		11/15/10	3. Policies/Procedures related to Assessment & Support Plan process have been reviewed & will be reviewed & by all staff by 11/15/10.	