

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOMWOOD AT MARTINSBURG, INC.

To operate HOMWOOD AT MARTINSBURG

Located at 437 GIVIER DRIVE, MARTINSBURG, PA 16662

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

The total number of persons which may be cared for at one time may not exceed 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15

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

and shall remain in effect from March 30, 2011 until March 30, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 360110

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 28 2011

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

Ms. Arlene Clark, NHA Executive Director
Homewood at Martinsburg, Inc.
Homewood at Martinsburg
437 Givier Drive
Martinsburg, Pennsylvania 16662

Dear Ms. Clark:

As a result of the Department of Public Welfare's licensing inspection on February 15, 2011 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HOMEWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
INSPECTION DATES (Include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Holly Keller, Assisted LifeStyles Services Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Abeey Keller, BSW</i>	DATE <i>3/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE <i>3/17/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The section of the dryer duct work installed through the ceiling tiles to the outside walls were not cleaned on a annual basis but only when the home believed that the duct work was obstructed. PCH Division Central Region Field Office MAR 17 2011 RECEIVED	<i>2-24-11</i>	1. The ducts were cleaned on February 24, 2011 by Benton Industrial cleaners. -See Protos attached. 2. Benton Industrial has been placed on an automatic cleaning schedule for every six (6) months. This will be documented by the maintenance director on attachment #4. 3. Administrator will monitor this documentation to ensure cleaning schedule is followed every six (6) months.	<i>3/17/11</i> <i>CB</i>

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Mar-16-2011 01:54 PM Homewood Retirement Centers-MB 8147933654

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HOMEWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
INSPECTION DATES (Include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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>Billy Keller, BSW</i>	DATE 3/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
127a Portable space heaters are prohibited.	Room #303 had been equipped with a portable space heater in the bathroom.	2-15-11	1. The space heater was removed by nursing staff from room 303. Administrator educated resident and daughter again that the use of space heaters are prohibited. This was completed on February 15, 2011. 2. On February 18, 2011, administrator followed up with resident and daughter. The resident feels the bathroom is warm enough. She has no complaints. 3. At staff meeting, scheduled for March 17, 2011, community nurse will remind staff if they see a space heater in an apartment, they are to remove it immediately and notify administration. 4. Administrator has added to the quarterly audit sheet to check apartments for space heaters or other hazards. First audit to be May 1, 2011. See attachment #2. 5. Administrator reminded residents at resident council on February 16, 2011 that the use of space heaters is prohibited. Residents who were not at the meeting received a copy of the meeting notes. See attachment #1.	
		3-17-11		
		5-1-11		
		2-16-11		

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VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME HOMEWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
INSPECTION DATES (Include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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>Sheryl Kelder, BSW</i>	DATE 3/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberger</i>	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<ul style="list-style-type: none"> Resident #1's medical evaluation, dated 7/22/10, was completed by the home prior to the physician evaluating the resident, or signing the form. The home had filled in the medical information on the form. Resident #2's medical evaluation, dated 5/16/10, was completed by the home prior to the physician evaluating the resident or signing the form. The home had filled in the medical information on the form. 	8-1-10	<p>The facility was completing Medical Evaluations until August 2010 when we noticed our error. Starting August of 2010 the medical evaluation template was emailed to all physician offices and as a standard practice the forms are completed at the physician's office and signed by the physician. The form is then returned to the facility with the resident after their appointment.</p> <p>Since August 2010, all medical evaluations have been completed by a physician, not the facility. The medical evaluations are monitored by the unit social worker/PCA every quarter and will continue to do so.</p> <p>See attached copies of completed medical evaluations and audit form. Attachments #6</p> <p>Resident #1 + Resident #2 med. evals are to be completed by RCP's. Appointments have been made for both residents to get new med. evals done. They will be completed by RCP + will fax once completed by RCP's.</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable.</p> <p>3/17/11 Date Initials (DPW)</p>

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME HOMEWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
INSPECTION DATES (include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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>Maury Keller, BSW</i>	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 3/17/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #3 was prescribed the Pro re nata (PRN) medication, Phenergan 25mg. The medication was not on hand in the home.	2-15-11	<p>The MAR of resident #3 was immediately reviewed on February 15, 2011. It was determined that the resident was no longer experiencing the symptom of nausea, for which the medication was prescribed. The resident had not used the medication in a long time. See attachment #5 (MARs for January and February 2011). The resident's physician was contacted to request the order be discontinued for non-use by community nursing.</p> <p>The medications of all other residents were immediately reviewed on February 16, 2011 to ensure each PRN medication was available per physician's orders. Monthly, hereafter, the community nurse will review each resident's physician orders to ensure all medications are available. Also, a complete overall audit of all medication orders was scheduled with the facility's contracted pharmacy, Thompson's of Altoona, PA.</p> <p>The audit is scheduled for March 21, 2011. Additionally, the facility will schedule ongoing quarterly pharmacy audits of all medications and orders with Thompson's Pharmacy.</p>	<p>2-16-11</p> <p>3-21-11</p>

Steps have been taken to correct violation, full compliance is not verifiable
 3/17/11
 Date Initials (DPW)

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HOMEWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
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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>Debbie Keller, BSW</i>	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombing</i>	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	None of the resident records reviewed had documented identifying marks or eye and hair color.	2-19-11 2-19-11 3-14-11	1. All residents' eye color and hair color has been added to the residents' photos on their M.A.R. This was completed February 19, 2011 by the administrator. See attached photo #4 and #5. 2. The assessment form has been modified to include resident eye color and hair color. This will ensure further compliance of regulation #252. This was done by administrator February 19, 2011. See attachment #3. 3. Community nurse and administrator complete assessments so we are both aware of this change. March 14, 2011	 Steps have been taken to correct violation; full compliance is not verifiable 3/17/11 Date Initials (DPW)

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VIOLATION REPORT
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INSPECTION DATES (Include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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>Ashley Keller, BSW</i>	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberger</i>	DATE 3/17/11

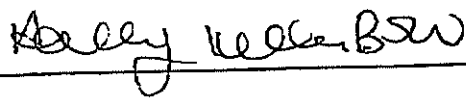
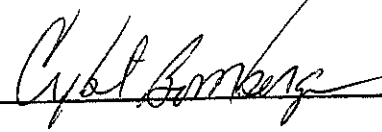
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary		2-19-11	see page # 5	

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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 	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.		2-19-11	see page # 5	

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME HOMWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
INSPECTION DATES (Include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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>Nancy Keller, BSW</i>	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents		2-19-11	<i>see page # 5</i>	

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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>Halley Volker, BSW</i>	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified		2-19-11	see page #5	

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

2/1/28

NAME AND ADDRESS OF PERSONAL CARE HOME HOMEWOOD AT MARTINSBURG, 437 GIVIER DRIVE MARTINSBURG, PA 16662		CURRENT LICENSE NUMBER 360111	
INSPECTION DATES (Include all dates of the inspection) 02/15/2011		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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>Macey Keller, BSU</i>	DATE 3-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 3/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any		2-19-11	see page # 5	

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