



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
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Harrisburg, Pennsylvania 17101

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MAILING DATE: 1/19/12

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

RE: Homewood at Martinsburg

Dear Ms. Clark:

As a result of the Department of Public Welfare's licensing inspection on October 4, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil S. Cody".

Neil S. Cody
Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Homewood at Martinsburg, 437 Givler Drive Martinsburg, PA 16662		CURRENT LICENSE NUMBER 360110	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Rebecca Riel	
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>Yvonne Cooper, MSW, PCA</i>	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil R. Coyle</i>	DATE 1/18/12

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	According to the home's nursing notes, dated 8/31/2011, Resident #1 struck another resident on the left forearm causing mild bruising. The home did not report the incident to the local area agency on aging.		<p>Mandatory Resident Abuse Prevention In-service will be held on 11-15-2011 for all ancillary and nursing staff members. At the in-service, Department of Public Welfare regulations (2600.15) and Act 35 will be reviewed with staff. As well as 35 P.S. 10225.701-10225.707 and 6 Pa. Code 15.21-15.27.</p> <p>The mandatory Resident Abuse Prevention will be facilitated by Staff Development Coordinator, Social Services Staff, and Personal Care Administrator.</p> <p>Staff will be inserviced annually by abuse prevention and reporting.</p> <p>Any residents who are identified with aggressive behaviors will have a chart audit completed every month for six months. Social services staff will add residents at need to the Psychosocial Awareness Team.</p>	1/18/12 NSC

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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 Givler Drive Martinsburg, PA 16662		CURRENT LICENSE NUMBER 360110	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Rebecca Riel	
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>Yvonne Cotton, M.D., R.N.</i>	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil P. Cook</i>	DATE 1/18/12

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
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	The home's documentation in Resident #1's record indicate many times that medications were given for negative behaviors. Some examples include: <ul style="list-style-type: none"> On 7/12/2011, according to the nurses's notes, the resident was yelling, hitting walls, swinging his arms at staff and hitting a door. The resident was given Ativan (0.5mg). The Medication Administration Record states that on 8/8/2011, Ativan (0.5mg) was given for increased restlessness, pacing and escape behaviors. The Medication Administration Record states that on 8/29, 8/30 and 8/31/2011, an injection of Haldol (5mg) was given for an increase in disruptive behaviors. The Medication Administration Record states that on 9/29/2011, an injection of Ativan (1mg) was given for severe anxiety and hitting. 		Psychotropic drugs will be administered for the reason as to why they are ordered and not as a chemical restraint to control negative behaviors. Licensed nursing personal staff are scheduled to be inservice on November 16, 2011 via Personal Care Administrator and Director of Nursing regarding administering psychotropic drugs for the reason as to why the medication was ordered and not as a chemical restraint to control negative behaviors and of the definition of a chemical restraint, defined as the use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behaviors is prohibited. Any residents who are identified with aggressive behaviors and/or use of psychotropic medications will have a chart audit completed every month for six months via Social Services and compliance will be reported to the Quality Assurance Committee. Social Services will add residents as needed to the	<i>NSC</i> 1/18/12

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INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Rebecca Riel	
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>Mandi Cooper, PCA</i>	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael Cook</i>	DATE 1/18/12

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
<p>compliance, is prohibited.</p> <p>(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.</p> <p>(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.</p> <p>(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or</p>			<p>Psychosocial Awareness Team for monitoring of behaviors, prevention and interventions.</p>	

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SIGNATURE OF LEGAL ENTITY <i>Mandi [Signature], PCA</i>	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil P. Cook</i>	DATE 1/18/12

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
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

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