

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOMEWOOD AT MARTINSBURG INC
LEGAL ENTITY

To operate HOMEWOOD AT MARTINSBURG
NAME OF FACILITY OR AGENCY

Located at 437 GIVIER DRIVE, MARTINSBURG, PA 16662
(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 101
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 360110

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



JUN 03 2013

Ms. Arlene E. Clark, 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 (Department) licensing inspection on February 27, 2013, 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 Human Services 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
Director

Enclosures
License
Violation Report

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

PCH Name: HOMEWOOD AT MARTINSBURG		License Number: 360110
Address: 437 GIVIER DRIVE, MARTINSBURG, PA 16662		County: Blair
Administrator: Holly Keller		Region: CENTRAL
Legal Entity Name: HOMEWOOD AT MARTINSBURG INC		
Legal Entity Address: 437 GIVIER DRIVE, MARTINSBURG, PA 16662		
Certificate(s) of Occupancy C-2 LP 02/08/2006 Labor & Industry		
Staffing Hours		
Resident Support: 80	Total Daily Staff: 152	Waking Staff: 114
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2013: Palermo, Michael; Chou, Serena; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAR 18 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details:		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates:		
Licensed Capacity: 101 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: WATERSIDE Secured Dementia Unit Capacity, if Applicable: 15 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 3	

Violation Report: 36011 - 02/27/2013 - Palermo, Michael
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa. Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 In the personal care section of the home, the fire drill log indicates six staff participated in a drill on 6/29/12 at 5:55 AM; eight participated on 9/28/12 at 5:44 AM; and seven participated on 12/28/12 at 4:34 AM. In the secured dementia care area, the log indicates seven staff participated in a drill on 12/28/12 at 4:18 AM. The regular schedule for both areas of the home totals three staff between the hours of 4 and 5 AM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2/27/13 Support provided from surveyors to Administrators. Administrators now have a better understanding to not include staff from the attached SNF facility in PC and SDU fire drills as they are not needed for a successful evacuation but were counted in staff present at time of drill. Fire drill to be held 3/15/13 on third shift to include only PC and SDU staff. Documentation will reflect accordingly. Administrators will monitor fire drills and fire drill documentation in our Quality Assurance Plan to ensure drills are conducted and documented per regulation 2600.132(g).

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Holly Keller ALS Director		3-15-13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>3-25-13</u> (Date)	Plan of correction implementation status as of <u>3-25-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented	
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
	<input type="checkbox"/> Partially Implemented - Inadequate Progress	
	<input type="checkbox"/> Not Implemented	

Violation Report: 96011 - 02/27/2013 - Palermo, Michael
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2609:
 2609.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2609.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation, dated 1/4/13 for Resident #1, indicates he/she can self-administer all medications but Coumadin and Lortab. The home's "SELF-ADMINISTRATION MEDICATION LIST" lists all medications to be self-administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2/27/13 Technical assistance was provided by surveyors to administrators. The "Self Administration Medication List" was updated immediately while the inspectors were on-site to accurately reflect those medications to be administered by staff, according to the Documentation of Medical Evaluation. For all residents who self-administer medications, each "Self Administration Medication list" has been reviewed to ensure it accurately reflects the indications of each resident's Documentation of Medical Evaluation. Administrators will monitor the "Self Administration Medication Lists" monthly for at least 3 months or ongoing until no further errors are noted on the records, to ensure continued accuracy of the lists.

Repeat Violation No.	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Katter*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Holly Katter Director* Date *3-15-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-22-13</u> (Date)	Plan of correction implementation status as of <u>3-25-13</u> (Date)
The above plan of correction was approved by <u>HK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 36941 - 02/27/2013 - Palermo, Michael PCF Name: HOMEWOOD AT MARTINSBURG	
<p>1. REGULATION 55 Pa. Code §2600 2600.137(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (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 (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. 	
<p>2a. DESCRIPTION OF VIOLATION</p> <p>The Medication Administration Record (MAR) for Resident #1 does not list a diagnosis for Coumadin.</p> <p>The medication for Resident #2, Mag. Ox, 400 mg, one tablet two-times daily, was not initialed on the MAR as having been administered on 1/26/13 and 1/27/13 at 8:00 PM.</p> <p>The medication for Resident #2, Travatan, one drop into both eyes in the AM, was not initialed on the MAR as having been administered on 1/4/13 and 1/25/13.</p>	
<p>Staff education was provided immediately to those involved in these errors. Staff received counseling in regards to the missing initials on the MARs. Diagnoses were immediately added for the two that were missing and entire MAR was reviewed for any addition missing diagnoses. A mandatory meeting is scheduled for Thursday, March 28th for all staff members of the SDU and PC who are involved with medication administration and documentation. Proper administration and documentation procedures will be reviewed at that time. Administrator or designee will monitor the MARs for the residents residing on both the SDU and PC for diagnoses listed with each medication and for staff initials present, indicating administration of each medication as directed by prescriber. Monitoring of these issues will occur monthly for three months or ongoing until no further errors are noted on the MARs. Results of these audits will be recorded on the attached audit sheet.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 38011 - 02/27/2013 - Palermo, Michael	
PCF Name: HOMEWOOD AT MARTINSBURG	
1. REGULATION 55 Pa. Code §2800 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION The MAR for Resident #2 indicates the medication Aleve 220 mg, take one tablet by mouth every day as needed for pain, was administered twice daily on 1/2/13, 1/3/13, 1/9/13, 1/14/13 and 1/18/13.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
Staff education was provided immediately to those involved in these errors. Staff received counseling regarding the medication erroneously given twice daily when it was directed by the prescriber to be given only once daily. The resident was assessed for pain control and his orders were reviewed. In addition to this medication, he has other prescribed pain medication available as needed as well as other non-pharmaceutical pain relief strategies to be used by staff. His current plan of care is determined to be appropriate and effective in providing pain control. A mandatory meeting is scheduled for Thursday, March 28 th for all staff members of the SDU and PC who are involved with medication administration. Administrator or designee will monitor the MARs for the residents residing on both the SDU and PC for proper administration of medications, as directed by the prescribers. Monitoring of these issues will occur monthly for three months or ongoing until no further errors are noted on the MARs. Results of these audits will be recorded on the attached audit sheet.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative: <u>Holly Ketter Director</u>	
Date: <u>3-18-13</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-25-13</u> (Date)	Plan of correction implementation status as of <u>3-25-13</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented