

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate HOMEWOOD AT PLUM CREEK
NAME OF FACILITY OR AGENCY

Located at 425 WESTMINSTER AVENUE, HANOVER, PA 17331
(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 149
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 July 9, 2013 until July 9, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 358910

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 09 2013

Ms. Sandra L. Fair, Executive Director
Homewood at Hanover, Inc.
Homewood at Plum Creek
425 Westminster Avenue
Hanover, Pennsylvania 17331

Dear Ms. Fair:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 8, 2013 and April 9, 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', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: HOMEWOOD AT PLUM CREEK		License Number: 358910
Address: 425 WESTMINSTER AVENUE, HANOVER, PA 17331		County: York
Administrator: Ann Motter		Region: CENTRAL
Legal Entity Name: HOMEWOOD AT HANOVER INC		
Legal Entity Address: 425 WESTMINSTER AVENUE, HANOVER, PA 17331		
Certificate(s) of Occupancy C-2 LP 09/20/1995 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 67 Waking Staff: 50		
Type of Inspection: Full BHA Docket Number: NA Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/08/2013: Riel, Becky; Gensil, Lori 04/09/2013: Riel, Becky; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 03 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: NA Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 149 Number of Residents Served: 67 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 35891 - 04/08/2013 - Riel, Becky
PCH Name: HOMEWOOD AT PLUM CREEK

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

- Resident #1, admitted 4/26/2012, did not have a resident-home contract completed until 5/2/2012.
- Resident #2, admitted 8/17/2012, did not have a resident-home contract completed until 8/23/2012.

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.

- This regulation is important because it informs the resident in writing the contract between the resident and the home and should be signed prior to admission or within 24 hours of admission.
- Two residents did not have their contracts completed within the 24 hours after admission.
- Residents wanted their POA's to be there at time the contract was signed.
- Admissions are coordinated with the resident to allow them to contact POA's if they wish to do that to ensure that contracts are signed.
- All admissions will be scheduled to ensure contracts are signed prior to admission or the necessary individuals are available within 24 hours after admission to sign contract.
- ██████████ PCA, will be responsible for preventing future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandra L. Fair*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandra L. Fair Executive* Date *5/24/13*

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

The above plan of correction is approved as of <u>6-25-13</u> (Date)	Plan of correction implementation status as of <u>6-25-13</u> (Date)
The above plan of correction was approved by <u>SF</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: 35891 - 04/08/2013 - Riel, Becky PCH Name: HOMEWOOD AT PLUM CREEK	
1. REGULATION 55 Pa.Code §2600 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	
2a. DESCRIPTION OF VIOLATION On April 9, 2013, at approximately 11:30am, the temperature of the glass screen of the gas fireplace located in the 1st floor Creekside lounge was 145 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the glass screen of the fireplace.	
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>	
<ol style="list-style-type: none"> 1. This regulation is important to prevent the residents from coming into contact with heat sources that could injure the residents. 2. There was no protected guard in place on a gas fireplace located in Creekside. The temperature of the glass screen was 145 degrees. 3. We were unaware of the temperature of the glass screen. 4. The fireplace is now equipped with a protective guard to prevent residents from coming into contact with this heat source. Please see attachment 1. 5. The protective guard will remain in place on the fireplace at all times. 6. [REDACTED] Maintenance Director, will be responsible for preventing future violations. 	

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Sandra L. Fair</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Sandra L. Fair Executive Director</i>		<i>5/23/13</i>	

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Violation Report: 35891 - 04/08/2013 - Riel, Becky
 PCH Name: HOMEWOOD AT PLUM CREEK

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection observed by a fire safety expert was conducted on March 15, 2012.

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.

1. This regulation is important to ensure annually a fire safety expert inspects and documents concerning fire drills and safety inspections to maintain a safe environment for the residents.
2. The annual safety inspection was conducted on April 3, 2013. The last inspection was held on March 15, 2012.
3. The fire safety inspector had to cancel three scheduled appointments due to hazardous weather conditions.
4. The fire safety inspection was done April 3, 2013, prior to this survey, however, it was beyond the annual due date. Please see Attachment II.
5. The inspections will be scheduled in advance to accommodate delays caused by hazardous weather conditions.
6. [REDACTED] Maintenance Director, will be responsible for preventing future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandra L. Fair*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandra L. Fair Executive Director* Date *5/24/13*

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Violation Report: 35891 - 04/08/2013 - Riel, Becky
 PCH Name: HOMEWOOD AT PLUM CREEK

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

The home has 7 to 8 staff persons routinely scheduled during sleeping hours, from 11pm-7am. Of the past 4 sleeping hour fire drills, not one was conducted with less than 17 staff participating. The home routinely schedules sleeping hour fire drills when additional staff persons are present.

The last 4 sleeping hour fire drills were as follows:

- on 7/5/2012 @ 6:35am in Terrace Living, 17 staff participated
- on 8/7/2012 @ 6:30am in Creekside, 27 staff participated
- on 1/17/2013 @ 6:32am in Terrace Living, 34 staff participated
- on 2/19/2013 @ 6:22am in Creekside, 25 staff participated

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.

1. This regulation is important to prepare staff to handle fire situations at different times, day and night, and when staff numbers may vary.
2. The last four sleeping hour fire drills were conducted when additional staff was present.
3. The increased number of staff was caused by dietary staff that was available in the drills conducted after 5:30 AM.
4. Drills will be conducted during sleeping hours between 2 AM and 4 AM. At this time Personal Care staff and non-direct staff (housekeeping, laundry and security staff) are available. A drill was conducted on May 23, 2013 at 2:20 AM. Please see Attachment III.
5. We will conduct fire drills in accordance with this regulation making sure we meet all the criteria stated in the regulation.
6. [Redacted] PCA and [Redacted] Maintenance Director, will be responsible for preventing future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sandra L. Fair

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sandra L. Fair Executive Director

Date *5/24/13*

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6-25-13
 (Date)

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6-25-13
 (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

LF
 (Initials)

Violation Report: 35891 - 04/08/2013 - Riel, Becky
PCH Name: HOMEWOOD AT PLUM CREEK

1. REGULATION 55 Pa.Code §2600
 2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION

- Resident 1's support plans, completed 5/8 and 6/15/2012, do not document the resident's ability to self-administer medication. The home and resident confirmed that the resident self-administers a medication and stores it in his/her bedroom.
- Resident #3's support plan, completed 2/8/2013, does not document the resident's ability to self-administer medication. The home confirmed that the resident self-administers a medication and stores it in his/her bedroom.

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.

- This regulation is important because it provides the proper documentation on the resident support plan regarding the ability of the resident to self-administer medications or the need for medication reminders or medication administration.
- Two residents failed to have the proper documentation on the support plans to meet this regulation.
- The staff failed to provide proper documentation.
- Two residents' support plans were documented correctly on April 9, 2013. Please see Attachments IV and V.
- Staff education was provided on April 10, 2013 and attendance sheets are attached. Please see Attachment VI and VII.
- ██████████ PCA, will be responsible for preventing future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Sandra L. Fair

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandra L. Fair Executive Director **Date** 5/24/13

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