



MAY 16 2014

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

RE: Homewood at Martinsburg
License #: 360110

Dear Ms. Clark:

As a result of the Department of Public Welfare's licensing inspection on February 26, 2014 and February 27, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 36011 - 02/26/2014 - Hoover, Douglas
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The home uses a shared glucometer for 3 residents that require blood sugar checks in the secured dementia care unit. A glucometer is also shared among 7 residents in personal care. This was confirmed by direct care staff members' A and B.

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.

The SDU staff was educated of this regulation immediately and the "shared" glucometer was removed. All three residents each have their own glucometer. Individual glucometers are specifically labeled and kept in the SDU medication cart. Individual glucometers are checked regularly per facility policy. Staff will continue to receive education re: proper glucometer use throughout the year at unit meetings. PCHA will do random med cart audits over the next three months to evaluate glucometer use (i.e. maintain that there are no shared glucometers, individual glucometers are labeled & working appropriately, etc.).

The PC staff was educated on the regulation immediately and the shared glucometer was removed. All PC residents did have their own glucometers which are kept in their apartments on top of their refrigerators. All staff have been educated that a glucometer cannot be shared and they are to use each residents own glucometer either in their apartment or in the nursing office. Community Nurse will do random audits over the next three months to evaluate glucometer use (i.e. maintain that there are no shared glucometers, individual glucometers are labeled & working appropriately, etc.). This regulation will continue to be reviewed throughout the year in our PC staff meetings and upon orientation to any new staff to the PC Home.

The home will update its policies to ensure the safe and proper use and storage of glucometers, for both residents who administer their own medications and residents for whom the home administers medications. AC 4/24/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Keller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Holly Keller ALS Director* Date *3/21/14*

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

The above plan of correction is approved as of *4/29/14*
 (Date)

Plan of correction implementation status as of *4/29/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 36011 - 02/26/2014 - Hoover, Douglas
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

There was a bottle of "Mag-G", 500 mg., in the medication cart that was not labeled with resident #1's name.

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.

The Mag-G medication was labeled immediately when discovered. Staff education was provided to the nurse who received the medication from the resident's family member. This regulation was posted at the nurses' station for all staff to review. PCHA will do random medication cart audits over the next three months to evaluate for OTC medications that are not appropriately labeled.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Holly Keller

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Holly Keller, ALS Director</u>	Date <u>3/21/14</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/15/14
 (Date)

The above plan of correction was approved by JG
 (Initials)

Plan of correction implementation status as of 4/15/14
 (Date)

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

Violation Report: 36011 - 02/26/2014 - Hoover, Douglas
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Folic Acid, 1 mg., was not given to resident #2 on 2/27/14 at 8:00 am because the home did not have the medication.

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.

The folic acid was obtained and administered to the resident per prescriber's orders. This medication was to be brought in to the home via the residents son but he had not brought it in yet. Medication Policy and Procedure for residents using non contract pharmacies was reviewed (see attached) and updated. Staff has been reeducated on this policy and procedure. Families who use non-contract pharmacies have also been reeducated on this policy by being provided a copy of the policy and procedure via a mailing. Community Nurse and PCA will do random audits of residents who use non-contract pharmacies to ensure medications are being obtained and administered per the prescriber's orders. Any discrepancies that occur will be addressed immediatly per the policy and procedure for noncontract pharmacy use.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/27/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Keller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Holly Keller ALS Director	Date 3/27/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-30-14
 (Date)

The above plan of correction was approved by je
 (Initials)

Plan of correction implementation status as of 4-30-14
 (Date)

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

Violation Report: 38011 - 02/26/2014 - Hoover, Douglas
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3, admitted 2/10/14, is dated 8/29/13 which is more than 60 days prior to admission.

The medical evaluation for resident #4, admitted 3/5/13, is dated 1/3/13 which is more than 60 days prior to admission.

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.

PCHA received technical assistance from the DPW surveyor re: proper dating of the DME form. PCHA had misinterpreted the regulation, but understands it more clearly now. A notation was made in red pen on the DMEs in question that the error was discovered upon 2/26/14 DPW survey. All other SDU admission DMEs were audited and several other similar errors were noted and flagged in the same manner. All admission DMEs will continue to be audited regularly throughout the year to be sure that dates are within appropriate timeframes. New residents will not be admitted to the SDU until their physician can provide an accurately dated DME.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Holly Keller

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Holly Keller, ALS Director

Date

3/21/14

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

The above plan of correction is approved as of

4/15/14
(Date)

Plan of correction implementation status as of

4/15/14
(Date)

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

The above plan of correction was approved by

JK
(Initials)