



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 27, 2015

Ms. Arlene E. Clark, Executive Director
Homeland at Martinsburg, Inc.
437 Givler Drive
Martinsburg, Pennsylvania 16662

RE: Homewood at Martinsburg
Certificate #: 360110

Dear Ms. Clark:

As a result of the Department of Human Services' licensing inspection on November 21, 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PGH Name: HOMEWOOD AT MARTINSBURG		License Number: 36011
Address: 437 GIVIER DRIVE, MARTINSBURG, PA 16662		County: Blair
Administrator: Mandi Cottie		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 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 95 Waking Staff: 71		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2014: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JAN 15 2015</p> <p>CENTRAL REGIONAL FIELD OFFICE Human Resources Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 101 Number of Residents Served: 79 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: 79 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 4

Violation Report: 36011 - 11/21/2014 - McCloskey, Jason
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 was not signed by the payer.

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.

Education was provided by DPW inspector to PCHA regarding reg. 2600.25(b).
 All residents and payers will sign agreements for facility from 11/21/14 onward.
 Periodic chart reviews will be completed to ensure accuracy by PCHA.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mandi Cottle, MSW, PCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mandi Cottle, MSW, PCH</i>	Date <i>1-15-15.</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-27-15</u> (Date)	Plan of correction implementation status as of <u>1-27-15</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

Violation Report: 36011 - 11/21/2014 - McCloskey, Jason
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 does not specify the party responsible for payment.

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.

Education was provided by DPW inspector to PCHA regarding reg. 2600.25(c). All residents contracts will specify the individual responsible for payment from 11/21/14 onward.
 Periodic chart reviews will be completed by PCHA to ensure accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mandi Cottle, MSW, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mandi Cottle, MSW, PCA</i>	Date <i>1-15-15</i>
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