



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 14, 2015

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

RE: Homewood at Plum Creek
License # 358910

Dear Ms. Fair:

As a result of the Department of Human Services' licensing inspection on March 27, 2015 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 black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report 15189 03/27/2015 Hoover Douglas
 PCH Name: HOMEWOOD AT PLUM CREEK

1. REGULATION 55 Pa. Code §2600

2600.22-4(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1 dated 3/4/15 is blank for whether the home can meet the needs of the resident.

3. PLAN OF CORRECTION (POC) (Attach page(s) as necessary) Remember that you must sign and date any attached page(s).

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.

"Preparation and evaluation of the enclosed plan of correction set forth in these documents does not constitute admission or agreement by the provider of the truth of the facts alleged or concluded set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provision of Federal and State law."

- Preadmission Screening documentation, Part III Determination was not completed due to an error by the individual completing the form. The documentation was completed on 3/27/15 by the Personal Care Administrator.
- Preadmission Screening shall be thoroughly completed within 30 days prior to admission to determine resident's needs can be met by service provided by the home. All appropriate boxes and blank spaces shall be completed by administrator/designated staff. Documentation shall be reviewed to determine if services can be provided by the home. Appropriate box will be marked.
- Preadmission Screening will be reviewed by RN Nurse Manager and Unit Clerk to insure compliance with this regulation.
- Staff were educated to the process of completing the Preadmission Screening. All appropriate documentation will be completed including Part III Determination, the needs of the applicant can be met in this personal care home.

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* NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sandra L. Fair, N.H.A., Executive Director Date 4/10/15

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

The above plan of correction is approved as of <u>4/3/15</u> (Date)	Plan of correction implementation status as of <u>4/13/15</u> (Date)
The above plan of correction was approved by <u>CB</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 03/27/2015 Hoover, Douglas
 PCH Name: HOMEWOOD AT PLUM CREEK

1. REGULATION 55 Pa Code §2600

2600.22 (d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The resident assessment and support plan (RASP) for resident #1 dated 3/14/15, does not document the suicidal ideation of the resident. Resident #1 made comments regarding suicide on 3/12/15 and 3/13/15. The RASP documents the need for increased staff checks on the resident but does not specify the reason or the frequency of the checks. The RASP was also blank on the supervision needs of resident #1.

2. 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 Resident's RASP support plan was corrected on 3/27/15 to include documentation regarding medical, dental, vision, hearing, mental health or other behavioral care services.
- Resident's support plan shall be updated with any changes to resident's needs and services as it occurs. All significant changes will warrant an update as it occurs including the specific documentation of needs and the service plan. Staff is responsible to update the support plan with pertinent documentation to provide for the resident's needs. This updated documentation will be available to determine the necessity of services required by the resident.
- The LPN and the RN Nurse Manager will review updated documentation for compliance daily.
- Staff was educated on 4/8/15 on providing complete and specific documentation on the RASP in compliance with this regulation.

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* NHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandra L. Fair, N.H.A., Executive Director Date 4/10/15

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

The above plan of correction is approved as of <u>4/8/15</u> (Date)	Plan of correction implementation status as of <u>4/12/15</u> (Date)
The above plan of correction was approved by <u>CB</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