



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 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 April 6, 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.

Your regular license for the period July 9, 2015 to July 9, 2016 was issued on April 29, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: HOMEWOOD AT PLUM CREEK		License Number: 35891
Address: 425 Westminster Ave., 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-3-SP 05/31/2005 Labor and Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 77 Working Staff: 58		
Type of Inspection: Ind - 49 Indicators BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 04/06/2015: O'Pake, Hope; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED APR 27 2015 CENTRAL REGIONAL FIELD OFFICE Harrisburg</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 149 Number of Residents Served: 77 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: 4	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report # 2015-0406/2015 - Drake Home

PCA Name: HOMEWOOD AT PLUM CREEK

1. REGULATION 55 Pa. Code §2500

2500.55(d) - Direct care staff persons hired after April 24, 2000 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - a. Staff person supervision if applicable.
 - b. Care and needs of residents with special emphasis on the residents being served in the home.
 - (x) Safety management and hazard prevention.
 - (xi) Universal precautions.
 - (xii) The requirements of this chapter.
 - (xiii) Infection control.
 - (xiv) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care Staff Member A hired on February 10, 2015 did not complete the initial direct care staff competency test until April 6, 2015.

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

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".

See attached - PAGE 2-A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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
Sandra L. Fair, N.H. A., Executive Director		04/23/15

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

The above plan of correction is approved as of <u>4/27/15</u> (Date)	Plan of correction implementation status as of <u>4/27/15</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

PAGE 2-A

Direct care staff persons hired after April 25, 2006 may not provide unsupervised ADL services until completion of the following:

All new hired direct care staff that requires 2600.65(d)

- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. A copy of the certificate of completion will be provided prior to hiring.
- A copy of the completion certificate documentation will be provided for the individuals staff file.
- The New Hire Staff Checklist will be dated and initialed when documentation is received by the RN Nurse Manager.
- The New Hire Staff Checklist and documentation will be reviewed by the Administrator for regulatory compliance.

Signature of Legal Entity Representative
(Required on EVERY Page)

 

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Sandra L. Fair, N.H.A., Executive Director

Date 4/21/15