



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 15, 2015**

Ms. Carol S. Carter, Executive Director  
Homestead Village, Inc.  
1800 Village Circle  
P.O. Box 3227  
Lancaster, Pennsylvania 17604

RE: Homestead Village  
License #: 321840

Dear Ms. Carter:

As a result of the Department of Human Services' licensing inspections on August 13, 2015 and August 27, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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,

Brett Swanger  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> HOMESTEAD VILLAGE		<b>License Number:</b> 32184
<b>Address:</b> 1800 VILLAGE CIRCLE, PO BOX 3227, PA 17604		<b>County:</b> Lancaster
<b>Administrator:</b> Rebecca Glass		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> HOMESTEAD VILLAGE INC		
<b>Legal Entity Address:</b> 1800 VILLAGE CIRCLE PO BOX 3227, LANCASTER, PA 17604		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 11/05/1996 Labor & Industry	II-B / R-2 03/07/2012 East Hempfield Township	II-B / R-2 05/15/2015 East Hempfield Township
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 60	<b>Waking Staff:</b> 45
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/13/2015: Springs, Israel		
08/27/2015: McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
08/27/2015: McCloskey, Jason		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 100 <b>Number of Residents Served:</b> 43 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> Gelhard House <b>Secured Dementia Unit Capacity, if Applicable:</b> 13 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 13 <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 1		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 43 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 17 <b>Have a Physical Disability:</b> 1

Violation Report: 32184 - 08/27/2015 - McCloskey, Jason  
 PCH Name: HOMESTEAD VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
 On 8-27-15, a portable electric radiator was located in Staff person A's office.

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 space heater was observed by the PCHA and removed immediately prior to any mention of it by the inspector. It was not plugged in and not in use. An email with education on 2600.127(a) was sent to all computer users and department leaders will review the information with staff who do not have computer access. A notice with this information has been placed on the in-house television station. PCHA will continue to monitor office areas for on-going compliance with 127(a).

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Douglas V. Moran*

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

Douglas Moran, President

Date 9/14/2015

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

The above plan of correction is approved as of 9/15/15  
 (Date)

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

Plan of correction implementation status as of 9/15/15  
 (Date)

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