



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 03 2018

Ms. Lisa Defibaugh,
Executive Director
Homewood at Martinsburg, Inc.
437 Givler Drive
Martinsburg, Pennsylvania 16662

RE: Homewood at Martinsburg
License #: 360110

Ms. Defibaugh:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 22, 2018 and May 23, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PCH Name: HOMEWOOD AT MARTINSBURG		License Number: 38011
Address: 437 GIVLER DRIVE, MARTINSBURG, PA 16662		County: Blair
Administrator: Damanda Cottle		Region: CENTRAL
Legal Entity Name: HOMEWOOD AT MARTINSBURG INC		
Legal Entity Address: 437 GIVLER DRIVE, MARTINSBURG, PA 16662		
Certificate(s) of Occupancy C-1 07/03/1998 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 90	Working Staff: 88
Type of Inspection: Full	BHA District Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Renewal		
On-Site Inspection Dates and Department Representatives On-Site		
05/22/2018: Heemer, Laura; OPaka, Hope		
05/23/2018: Heemer, Laura; OPaka, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of inspection Dates		
Licensed Capacity: 101 Number of Residents Served: 78 Secured Dementia Care Unit in Home: Yes Area: Waterside Secured Dementia Unit Capacity, if Applicable: 15 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0	

Violation Report: 38011 - 05/22/2018 - Heamer, Laura
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The home has one CoaguChek XS System machine to test several residents. This machine has been used on the following residents of the home:

- Resident 1 on 5/11/2018
- Resident 2 on 5/15/2018 and 5/22/2018
- Resident 3 on 5/16/2018
- Resident 4 on 5/16/2018
- Resident 5 on 5/17/2018
- Resident 6 on 5/23/2018

The shared use of anticoagulation testing devices, such as the CoaguChek, is prohibited.

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.

Effective immediately, residents in the Personal Care Home will go through Skilled facility of our campus for anticoagulation testing. A Licensed Practical Nurse or Registered Nurse will perform the testing in the SNF. Residents in the PCH will no longer be permitted to have their anticoagulation tested in the PCH. Staff have been educated on this change in procedures will begin new process immediately.

Facility will also consider applying for a waiver, allowing anticoagulation testing to be completed in the PCH.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lisa DeFibaugh Date 6-19-18

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

The above plan of correction is approved as of 6/27/18
 (Date)

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

Plan of correction implementation status as of 6/27/18
 (Date)

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

Violation Report: 36011 - 06/22/2018 - Heamer, Laura
 PCH Name: HOMEWOOD AT MARTINSBURG

1. REGULATION 85 Pa. Code §2609

2609.227(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

On 8/27/2017 nurses notes document Resident #7 has oral ulcers and requires treatment for these ulcers. The Medication Administration Record for this resident includes Doctors Orders for Triam Dental Paste to be applied twice daily for ulcers as needed. This dental need is not addressed in the resident's Support Plan.

Dental discharge notes, dated 1/4/2018, state Resident #8 has moderate plaque build up and recommends brushing two times per day. The current Support Plan for this resident, dated 11/14/2017, states the Resident #8 wears dentures and has no dental needs.

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.

Dental needs on RASPs of Residents #7 and #8 were updated on May 23, 2018. All RASPs were reviewed to ensure that each RASP accurately reflects every residents' dental needs. Staff who complete the RASP (PCA and Community Health Services Coordinator) were educated by the inspectors during the survey regarding regulation 227 (d). PCA and CHSC will review each RASP before completion to ensure all needs of residents are addressed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa DeFibaugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa DeFibaugh* Date *6-15-18*

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The above plan of correction is approved as of 6/27/18
 (Date)

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

Plan of correction implementation status as of 6/27/18
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