



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: April 30, 2019**

Mr. Douglas Motter  
President  
Homestead Village, Inc.  
PO Box 3227  
1800 Village Circle  
Lancaster, Pennsylvania 17604

RE: Homestead Village  
License #:321840

Dear Mr. Motter:

As a result of the Department's Bureau of Human Services Licensing inspection on April 15, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All violations cited on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *HOMESTEAD VILLAGE*

License Number: *321840*

Address: *1800 VILLAGE CIRCLE PO BOX 3227, LANCASTER, PA 17604*

County: *LANCASTER*

Region: *CENTRAL*

### Administrator

Name: *Tawana Winder-Nock*

Phone: *7173974831*

Email: .

### Legal Entity

Name: *HOMESTEAD VILLAGE INC*

Address: *1800 VILLAGE CIRCLE, PO BOX 3227, PA, 17604*

### Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *46*

Waking Staff: *35*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*04/15/2019 - On-Site: Israel Springs, Kellie Cargile*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *100*

Residents Served: *34*

#### Secured Dementia Care Unit

In Home: *Yes*

Area:

Capacity: *17*

Residents Served: *12*

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *34*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *12*

Have Physical Disability: *0*

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 is diagnosed with Alzheimer's Disease and Major Depressive Disorder. The assessment for Resident #1, dated 2/21/19, is incomplete as home has not assessed the resident's mental health, behavioral health, and cognitive functioning needs.

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.)

Initial assessment is completed and copy is enclosed.  
A blank RASP will be placed on household on date of admission for staff to complete all sections of the assessment within the required time.  
Resident Service Manager will check the assessment prior to 15 days to assure all sections are completed and will work with staff to complete the assessment within DHS compliance/guidelines.  
Administrator will do monthly audit for compliance and report ~~to~~ at quarterly meetings (Q.M)

Legal Entity Representative

(Continued on page 4A)

*Tawana Winder-Neck*  
Signature

Tawana Winder-Neck Administrator 4/29/19  
Printed Name and Title Date

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The above plan of correction is approved as of

4/30/19  
(Date)

Plan of correction implementation status as of

4/30/19  
(Date)

The above plan of correction was approved by

BAS  
(Initials)

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

227d - Support Plan Medical/Dental

Regulations

2600.

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for Resident #2, dated 2/21/19, does not document the planned actions to meet the identified needs for Supervision, Mobility, Medications, and Behavioral or Cognitive needs.

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.)

All sections of Support Plan have been completed and copy of RASP is enclosed.

A blank RASP will be placed on household on date of resident's admission for staff to complete all sections of support plan according to DHS regulations

Resident Service Manager will check support plan to assure all sections are completed within the time frame required by DHS regulations

Administrator will do monthly audit for compliance and report to QM quarterly meetings

Legal Entity Representative

(Continued on Page 4A)

*Jaw Winder-Work*  
Signature

Tawana Winder-Work Administrator 4/29/19  
Printed Name and Title Date

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The above plan of correction is approved as of 4/30/19 Plan of correction implementation status as of 4/30/19  
(Date) (Date)

The above plan of correction was approved by BAS  Partially Implemented - Adequate Progress  
(Initials)  Partially Implemented - Inadequate Progress  
 Not Implemented

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plans for Resident #1 and Resident #2, both dated 2/19/19, were not signed by the person who developed the plan. These plans were also not signed by the applicable resident and did not document the resident's inability or refusal to sign.

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.)

Both RASP's have been completed, signed and dated. Both are enclosed for your review. Blank RASP's will be placed in households for staff to complete and sign within the time frame allotted by DHS regulations. Resident Service Manager will check prior to required date of completion to assure all sections are completed and document is signed. If resident is unable to sign or participate with RASP it will be documented on signature page.

Administratore will do monthly audit ~~and~~ for compliance and report to QM <sup>Quarterly meetings</sup>

Legal Entity Representative

(Continued on Page 4A)

*Jawank Winder-Work*  
Signature

Tawank Winder-Work  
Printed Name and Title

4/29/19  
Date

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The above plan of correction is approved as of \_\_\_\_\_  
(Date)

4/30/19  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

4/30/19  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

BAS  
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Continuation of Corrective Actions for violations 2600.225(a), 2600.227(d), and 2600.227(g).

Within 20 days from the receipt of this plan, the administrator will complete an audit the most recent resident assessments and support plans (RASPs) completed for the current residents of the home to ensure that the document records an accurate assessment of the current needs and abilities of each resident, provides a description of how the needs of each resident will addressed by the home, and that the plan contains proper documentation of signatures, including the residents' signature or the inability or refusal to sign. BAS 4/30/19