



October 16, 2019

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

RE: Homewood at Martinsburg
Certificate #: 360110

Dear Ms. Defibaugh:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 14 and 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 citations specified 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *HOMEWOOD AT MARTINSBURG*

License Number: 360110

Address: *437 GIVLER DRIVE, MARTINSBURG, PA 16662*

County: *BLAIR*

Region: *CENTRAL*

Administrator

Name: *Amanda Cottle*

Phone: *8147933728*

Email: *LDDEFIBAUGH@HMWD.ORG*

Legal Entity

Name: *HOMEWOOD AT MARTINSBURG INC*

Address: *437 GIVLER DRIVE, PA, 16662*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *02/08/2006*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *86*

Waking Staff: *65*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

05/14/2019 - On-Site: Douglas Hoover, Michael Palermo

05/15/2019 - On-Site: Douglas Hoover, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *101*

Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Waterside*

Capacity: *15*

Residents Served: *15*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *71*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *15*

Have Physical Disability: *2*

Rec'd
7/2/19
GE

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/15/2019, there was a bottle of Fluticasone Propionate nasal spray in the medication cart for Resident #1. The home did not have a prescription order for the medication.

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.)

See Attachment A

Page 2A of 3

Legal Entity Representative

Mandi Cottle

Signature

Mandi Cottle, PCA

Printed Name and Title

7/2/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

9/13/19
(Date)

Plan of correction implementation status as of

9/13/19
(Date)

The above plan of correction was approved by

GE
(Initials)

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

Attachment A

183d – Prescription Current

The nasal spray that was found in the medication cart was immediately removed from the medication cart on May 15, 2019 and disposed of per resident and family request.

On July 2, 2019 the Community Health Services Coordinator completed education to all LPNs on the importance of ensuring all prescription medications, OTC's samples and CAM have a current physician order and that any of these items that do not have a current physician order must be disposed of.

Medication carts will be audited weekly by the 3rd shift LPN staff to ensure all medications match current physician orders. Any medications that do not have a proper label or current orders will be disposed of.

Weekly audit forms will be reviewed by the Community Health Services Coordinator monthly for compliance.

Signature *Yvonnei Collier* Date 7/2/19

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 5/15/2019, at 1:50 pm, Direct Care Staff Member A initialed the medication administration record (MAR) prior to giving Oxycontin, 20 mg. to Resident #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.)

See Attachment B

Page 3A of 3

Legal Entity Representative

Mandi Cottle

Signature

Mandi Cottle, PCA

Printed Name and Title

7/12/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

Attachment B

187b – Date and Time of Medication Administration.

The direct care staff member (A) who initialed the MAR prior to giving the medication was immediately educated on May 15, 2019 on the proper technique of recording medications after they are administered.

On July 2, 2019 the Community Health Services Coordinator completed education to all LPNs who administer medications on appropriate order of Medication administration, followed by documentation in the Medication Administration Record.

The order of medication administration followed by signing that it was completed in the medication administration record was added to the LPN competency checklist that is completed by the Community Health Services Coordinator during orientation.

The Community Health Services Coordinator will audit 1 medication pass per week for 6 weeks to confirm proper sequence is being followed.

Signature  Date 7/2/19