

Department of Human Services  
Bureau of Human Service Licensing

June 28, 2021

[REDACTED], EXECUTIVE DIRECTOR  
HOMEWOOD AT HANOVER INC  
425 WESTMINSTER AVENUE  
HANOVER, PA 17331

RE: HOMEWOOD AT PLUM CREEK  
425 WESTMINSTER AVENUE  
HANOVER, PA, 17331  
LICENSE/COC#: 35891

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2021, 04/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *HOMEWOOD AT PLUM CREEK* License #: *35891* License Expiration Date: *07/09/2021*  
Address: *425 WESTMINSTER AVENUE, HANOVER, PA 17331*  
County: *YORK* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *7176374166* Email: [REDACTED]

**Legal Entity**

Name: *HOMEWOOD AT HANOVER INC*  
Address: *425 WESTMINSTER AVENUE, HANOVER, PA, 17331*  
Phone: *7176374166* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/20/1995* Issued By: *L&I*  
Type: *I-1* Date: *08/10/2016* Issued By: *Penn Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/21/2021*

**Inspection Dates and Department Representative**

04/20/2021 - On-Site: [REDACTED]  
04/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *149* Residents Served: *63*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Lane* Capacity: *12* Residents Served: *12*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *12* Have Physical Disability: *0*

## Inspections / Reviews

04/20/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/28/2021*

6/26/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2021*

6/28/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

*The glucometer for Resident #1 was not calibrated with the correct date.*

<u>Date on MAR</u>	<u>Blood glucose reading</u>	<u>Date on Glucometer</u>
4/5	141	12/10
4/12	95	12/18
4/19	81	12/25

*The Medication Administration Record (MAR) for Resident #2 has a blood glucose reading of 102 recorded for a reading taken on 4/15/21 at 6:30 AM. The glucometer reading for 4/15/21 at 6:30 AM is 105.*

Plan of Correction

Accept

*Plan of Correction - 2600.185.(a)*

*4/21 – All glucometers were checked for accurate date and time. Resident # 1 glucometer was corrected to reflect the current date.*

*4/21 – Licensed staff were educated on the importance of maintaining accurate date and time on all glucometers.*

*4/21 - Licensed staff were educated on the importance of reviewing documentation to ensure accuracy related to the correct entry of the BGM readings. Reviewed specifically resident #2 with the staff member that recorded the reading.*

*4/21 – Written communication was provided to all Licensed staff through the daily communication log. All Licensed staff on duty were educated verbally as well.*

*4/22 – The Quality Control Record for Glucometers (see attached document) was updated to include accuracy of time and date as well as a review of recorded weekly BGM documentation. The night shift LPN will continue to complete the Quality Control Record for each resident glucometer.*

*5/12 – Monthly staff meeting with a review of this plan of correction for the use of resident glucometers.*

*5/24 - RN Manager will complete monthly audits of 50% of random Quality Control Records for three months and quarterly thereafter.*

*5/24 - RN Manager and PCA will review audits when completed.*

Completion Date: 05/24/2021

Document Submission

Implemented

*All steps have been completed*