



Emailing Date: November 8, 2022

[REDACTED]
Homestead Village, Inc.
1800 Village Circle
Lancaster, Pennsylvania 17604

RE: Homestead Village
Certificate #: 321840

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) reviews on April 20 and 21, 2022, and October 20, 2022 of the above facility, we have determined that your submitted plans of correction are fully implemented. Continued compliance must be maintained.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase of the Secured Dementia Care Unit from 17 to 35. The total capacity of the home will remain the same at 100 residents. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summaries

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

Facility Information

Name: *HOMESTEAD VILLAGE* License #: *32184* License Expiration: *11/20/2022*
 Address: *1800 VILLAGE CIRCLE, LANCASTER, PA 17604*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7173974831* Email: [REDACTED]

Legal Entity

Name: *HOMESTEAD VILLAGE INC*
 Address: *1800 VILLAGE CIRCLE, LANCASTER, PA, 17604*
 Phone: *7173974831* Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>05/15/2015</i>	Issued By: <i>East Hempfield Twp.</i>
Type: <i>Other</i>	Date: <i>03/07/2012</i>	Issued By: <i>East Hempfield Twp</i>
Type: <i>C-2 LP</i>	Date: <i>11/05/1996</i>	Issued By: <i>L&K</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/21/2022*

Inspection Dates and Department Representative

04/20/2022 - On-Site: [REDACTED]
 04/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *Gelhard & Harvest* Capacity: *35* Residents Served: *22*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>51</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>28</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

04/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2022*

06/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/23/2022*

06/15/2022 - Document Submission

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

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 4/21/22, approximately 75 ants were observed moving downwards from the suspended ceiling to the floor in the kitchen area, near the mop closet.

Plan of Correction

Accept

- On 4/27/22 [REDACTED] Pest Services came out and treated for the ants and will continue to treat for them as needed on their weekly scheduled visit.
- A weekly log checking for ants was started on 5/9/22 by food service and they will reported immediately if ants are found and treatment is needed.

Completion Date: 05/09/2022

Document Submission

Implemented

Steps are in process with weekly checks.

123c - Evacuation Diagrams

. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The emergency evacuation diagrams, located on the second floor in the Harvest Secured Dementia Care Unit (SDCU), do indicate the location of the fire extinguishers and the pull signals.

Plan of Correction

Accept

- The current emergency evacuation diagram was immediately corrected by our facility director on 4/21/22 by marking the fire extinguishers and pull stations with a black permanent marker.
- A new emergency evacuation diagram was ordered on 5/6/22.
- The new emergency evacuation diagram will be picked up on 5/19/22 and will be hung and displayed by 5/20/22 by facility director/administrator.

Completion Date: 05/20/2022

Document Submission

Implemented

All steps have been completed.

123c - Evacuation Diagrams (continued)

227d - Support Plan Medical/Dental

1. Requirements

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 resident assessment and support plans (RASPs) for Residents #1 and #2 do not document the need for the enabler bars attached to the beds of these residents. In addition the RASPs do not contain a plan to protect Residents #1 and 2 from the potential hazards of having an an enabler bar attached to each of their beds.

Plan of Correction

Accept

- Residents #1 and # 2 RASPs were updated immediately to reflect use of bed enablers on 4/20/22 by nurse manger.
- Both residents will be explained the risk or harm of using bed enablers by nurse manager and give consent for continued use. If they decided to discontinue use RASP will be updated.
- Before a resident gets a bed enabler OT will be consulted for other alternatives.
- If OT recommends bed enablers as best option, then resident/POA will be made aware of possible harm or risk of use and it will be documented on RASP.
- All RASPs will be audited for accuracy by nurse manager by 6/15/22.

Completion date: 06/15/22

Document Submission

Implemented

All steps have been completed.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism/keypad, were not posted at the doors in the Secured Dementia Care Unit (SDCU) that lead to the stairwells by [REDACTED] and [REDACTED] and the courtyard exit gate.

Plan of Correction

Accept

- Key codes were immediately placed at all locations that were not posted on 04/20/22 by facility director/administrator.
- Administrator will ensure that walk-throughs will be conducted by 6/15/22 then quarterly to assure key codes are posted in all locations needed.

Completion Date: 06/15/2022

Document Submission

Implemented

Steps were completed with quarterly walk-throughs initiated.

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Residents #3 and 4, who reside in the home's SDCU, have enabler bars attached to their beds. The RASPs for these residents do not document the need for the enabler bars and the plan to protect each resident from the potential dangers of having an enabler bar attached to the bed.

Plan of Correction

Accept

- Residents # 3 and # 4 RASPs were updated immediately to reflect use of bed enablers on 4/20/22 by administrator/nurse manager.
- OT recommended use of bed enablers for both residents before they were put in place.
- Resident # 3 moved to Skilled nursing unit on [REDACTED]
- Resident #4 family will be contacted since [REDACTED] lives in a SDU by nurse manger for consent of continued use. If they decided to discontinue use RASP will be updated.
- Before a resident gets a bed enabler OT will be consulted for other alternatives.
- If OT recommends bed enablers as best option, then resident/POA will be made aware of possible harm or risk of use and it will be documented on RASP.
- All RASP will be audited for accuracy by nurse manager by 6/15/22.

Completion Date: 06/15/2022

Document Submission

Implemented

All steps have been completed.

234b

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

The record of Resident #5 who passed away in the home, does not contain a copy of the death certificate.

Plan of Correction

Accept

- *Death certificate for Resident #5 was immediately retrieved from funeral home on [REDACTED] by Administrator.*
- *An audit of 2022 closed charts will be conducted by 6/15/22 and then quarterly by Administrator/nurse manager to assure all residents that pass away in the facility have a death certificate in their closed charts.*

Completion Date: 06/15/2022

Document Submission

Implemented*All steps have been completed.*