

Department of Human Services
Bureau of Human Service Licensing

August 31, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

RE: HOMEWOOD AT MARTINSBURG
437 GIVLER DRIVE
MARTINSBURG, PA, 16662
LICENSE/COC#: 36011

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021, 08/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 MARTINSBURG* License #: *36011* License Expiration: *06/03/2022*
Address: *437 GIVLER DRIVE, MARTINSBURG, PA 16662*
County: *BLAIR* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HOMEWOOD AT MARTINSBURG INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

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: *88* Waking Staff: *66*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/19/2021*

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]
08/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *101* Residents Served: *74*

Secured Dementia Care Unit

In Home: *Yes* Area: *Waterside* Capacity: *15* Residents Served: *14*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *3*

Inspections / Reviews

08/18/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/08/2021*

Inspections / Reviews (*continued*)

07/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/27/2022*

08/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Staff Member A no longer works as a Direct Care Staff member of Homewood at Martinsburg. [REDACTED] is working on attaining [REDACTED] GED.

Human Resources and Staff Development Coordinator received training from Personal Care Home Administrator on 8/27/21 regarding requirements for Direct Care Staff in Personal Care Homes. An audit was completed on all current Direct Care Staff members to ensure all staff providing care have a High School diploma, GED, or active registry status on the PA Nurse Aid Registry. No further concerns were noted.

Completion Date: 08/27/2021

Document Submission

Implemented

Staff Member A no longer works as a Direct Care Staff member of Homewood at Martinsburg. [REDACTED] is working on attaining [REDACTED] GED.

Human Resources and Staff Development Coordinator received training from Personal Care Home Administrator on 8/27/21 regarding requirements for Direct Care Staff in Personal Care Homes. An audit was completed on all current Direct Care Staff members to ensure all staff providing care have a High School diploma, GED, or active registry status on the PA Nurse Aid Registry. No further concerns were noted.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A, who began providing unsupervised ADL services on 9/8/20, did not complete and pass the Department-approved direct care training course and competency test.

Plan of Correction

Accept

Staff Member A was able to provide her Department- approved direct care training course and proof of competency test to Administrator on 9/10/21. However, [REDACTED] is no longer a Direct Care Staff Member at Homewood at Martinsburg, as of [REDACTED]

Please see attached.

Completion Date: 09/10/2021

Document Submission

Implemented

Staff Member A was able to provide [REDACTED] Department- approved direct care training course and proof of

65d - Initial Direct Care Training (continued)

competency test to Administrator on 9/10/21. However, [REDACTED] is no longer a Direct Care Staff Member at Homewood at Martinsburg, as of [REDACTED].

Please see attached.

183d - Prescription Current

1. Requirements

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

Prescribed [REDACTED] and [REDACTED] for Resident #1, both with expiration dates of 7/20/21, were stored in the medication cart.

Plan of Correction

Accept

On 8/24/21, the Community Health Services Coordinator completed trainings to all LPNs on the importance of ensuring all prescription medications, OTC's samples and CAM not be expired and the proper way to dispose of expired medications.

Beginning 9/1/21, medication carts will be audited weekly by the 3rd shift LPN staff to ensure all medications are not past their expiration date. Weekly audit forms will be reviewed by the RN Unit Manager or Designee monthly for compliance for three months.

Please see uploaded staff in-service record dated 8/24/21.

Please see uploaded med cart audit sheet.

Completion Date: 12/01/2021

Document Submission

Implemented

On 8/24/21, the Community Health Services Coordinator completed trainings to all LPNs on the importance of ensuring all prescription medications, OTC's samples and CAM not be expired and the proper way to dispose of expired medications.

Beginning 9/1/21, medication carts will be audited weekly by the 3rd shift LPN staff to ensure all medications are not past their expiration date. Weekly audit forms will be reviewed by the RN Unit Manager or Designee monthly for compliance for three months.

Please see uploaded staff in-service record dated 8/24/21.

Please see uploaded med cart audit sheet.

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

Blood sugar testing results are recorded by staff on the MAR (medication administration record), as well as on "flow sheets" and "jot sheets". The flow sheets and jot sheets are not consistently maintained. Blood sugar testing results are not recorded accurately across the various paper forms that staff use to document the readings as follows.

<u>Resident #</u>	<u>Date & Time</u>	<u>Glucometer Reading</u>	<u>MAR Recording</u>	<u>Flow or Jot Sheet Recording</u>
2	8/12/21 8:41 PM	196	118	198
2	8/17/21 5:35 PM	179	197	197

185a - Implement Storage Procedures (continued)

2	8/17/21 8 PM	239	236	236
2	8/18/21 8 PM	157	159	159
3	8/10/21 11 AM	188	210	188
3	8/15/21 11:46 AM	171	115	168
3	8/16/21 1055 AM	172	210	

Plan of Correction

Accept

On 8/24/21, the Community Health Services Coordinator completed trainings to all LPNs on the importance of consistent documentation of blood sugars. Also the importance of ensuring appropriate and correct supporting documentation. On 8/24/21 all glucometers were reviewed for accuracy and documentation errors were corrected. On 9/1/21, the Community Health Services Coordinator began completing audits on the accuracy of the glucometers and the supporting documentation. These audits will consist of 50% of glucometer readings for three months. Facility was also tracking glucometer readings in the MAR, Jot Sheet, and Flow Sheet. Beginning on 9/1/21, staff eliminated the repeated documentation that allows for transcription errors. The Glucometer Readings will now solely be documented on the Flow Sheet. The MAR will continue to be initialed that the blood sugar was tested.

Please see uploaded staff in-service record dated 8/24/21.

Please see uploaded glucometer reading checklist.

Completion Date: 12/01/2021

Document Submission

Implemented

On 8/24/21, the Community Health Services Coordinator completed trainings to all LPNs on the importance of consistent documentation of blood sugars. Also the importance of ensuring appropriate and correct supporting documentation. On 8/24/21 all glucometers were reviewed for accuracy and documentation errors were corrected. On 9/1/21, the Community Health Services Coordinator began completing audits on the accuracy of the glucometers and the supporting documentation. These audits will consist of 50% of glucometer readings for three months. Facility was also tracking glucometer readings in the MAR, Jot Sheet, and Flow Sheet. Beginning on 9/1/21, staff eliminated the repeated documentation that allows for transcription errors. The Glucometer Readings will now solely be documented on the Flow Sheet. The MAR will continue to be initialed that the blood sugar was tested.

Please see uploaded staff in-service record dated 8/24/21.

Please see uploaded glucometer reading checklist.