

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

January 30, 2023

[REDACTED]  
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 12/20/2022, 12/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *HOMEWOOD AT PLUM CREEK* License #: 35891 License Expiration: 07/09/2023  
 Address: 425 WESTMINSTER AVENUE, HANOVER, PA 17331  
 County: YORK Region: CENTRAL

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 09/20/1995 Issued By: Labor and Industry  
 Type: I-1 Date: 08/10/2016 Issued By: Penn Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 77 Waking Staff: 58

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 12/21/2022

**Inspection Dates and Department Representative**

12/20/2022 - On-Site: [REDACTED]  
 12/21/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 149 Residents Served: 65

**Secured Dementia Care Unit**  
 In Home: Yes Area: Memory Lane Capacity: 12 Residents Served: 12

**Hospice**  
 Current Residents: 1

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 12 Have Physical Disability: 0

**Inspections / Reviews**

12/20/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/12/2023

Inspections / Reviews *(continued)*

01/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/24/2023

01/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

*On 12/20/22, at 9:59 AM, the trash can in public bathroom off of the community area in Terrace Living was uncovered.  
On 12/20/22, at 10:04 AM, the trash can in the bathroom of the Bath/Spa Room was uncovered.*

Plan of Correction

**Accept (SK - 01/17/2023)**

*12/20 Covered trash cans were placed in the identified areas.*

*12/20 PCA verbally educated the Personal Care staff (housekeeping and nursing) of the regulation and importance to prevent the penetration of insects and rodents.*

*12/20 PCA verbally educated the Director of Housekeeping of the regulation and importance to prevent the penetration of insects and rodents.*

*1/11 Director of Housekeeping educated housekeeping staff at staff meeting of regulation and POC.*

*1/11 PCA educated Personal Care staff of the regulation and POC at the PC/RN Manager monthly team meeting.*

*1/11 Audits to be completed monthly for six months and quarterly thereafter by the Director of Housekeeping or designee.*

*1/30 RN Manager and PCA will review audits when completed*

**Licensee's Proposed Overall Completion Date: 01/30/2023**

**Implemented (SK - 01/30/2023)**

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

*On 12/20/22, at 10:35 AM, an estimated quarter of an inch of lint was found in the dryer furthest from the door, in Laundry Room 1179 in Creekside.*

Plan of Correction

**Accept (SK - 01/17/2023)**

*12/20 Lint discovered in the lint trap of the dryer that the residents use on 1st floor of Creekside. Lint immediately removed.*

*12/20 PCA educated Personal Care staff (nursing and housekeeping) of the regulation and importance of removing lint from the lint trap to prevent a fire hazard.*

*12/20 Audited lint traps of all resident use dryers and signage instructing the residents to clean the lint trap after each use.*

*12/20 PCA educated the Director of Housekeeping of the regulation and importance of removing lint from the lint trap to prevent a fire hazard.*

*12/20 Housekeeping staff instructed to check the lint trap of all dryers daily by PCA.*

*1/5 PCA educated residents on the importance of removing lint from the lint trap after each use to prevent a fire hazard - distributed a notice to all residents.*

**105g - Lint Removal and Duct Cleaning (continued)**

- 1/5 Resident handbook updated with reminder to clean the lint trap after each use of the dryer in the resident laundry room.
  - 1/5 Audits will be completed weekly for one month, monthly for six months and quarterly thereafter by the Director of Housekeeping or designee to ensure that lint traps are cleaned and hazard free and reminder signage is on the dryer.
  - 1/11 Director of Housekeeping educated housekeeping staff at staff meeting of regulation and POC.
  - 1/11 PCA educated Personal Care staff of the regulation and POC at monthly team meeting
  - 1/30 RN Manager and PCA will review audits when completed
- Licensee's Proposed Overall Completion Date: 01/30/2023**

**Implemented (SK - 01/30/2023)**

**183b - Meds and Syringes Locked**

**4. Requirements**

- 2600.
- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 12/20/22 at 2:20 PM, a small, white paper cup containing 5 pills (3 oval, white pills, 1 round, white pill and 1 round, brown pill) was found in Resident #1's unlocked room, unsecured on the nightstand table.*

**Plan of Correction**

**Accept (SK - 01/17/2023)**

- 12/20 Upon discovery, the medication was removed from the resident's room and secured at the nurse's station.
- 12/20 PCA verbally educated the resident and nursing staff of the regulation and importance of maintaining a secure area/container for all medication. To include that residents that have medication in their room use a locked drawer for storage and lock the door to their room.
- 1/5 Licensed nurses educated all residents of the regulation and importance of maintaining a secure area/container for all medication in their possession.
- 1/5 During quarterly self-administration reviews with residents, the nurse will audit if the medications are in a secure area/container and remind the residents of the importance of doing so. Resident audits will continue on an ongoing basis.
- 1/11 Educated Personal Care staff of the regulation and POC at the PCA/RN Manager monthly team meeting.
- 1/11 Audits of all resident rooms with self-administered medications will be completed monthly for six months and quarterly thereafter to ensure that all medications are in a secure area/container by RN Manager or nursing designee.
- 1/30 RN Manager and PCA will review audits when completed

**Licensee's Proposed Overall Completion Date: 01/30/2023**

**Implemented (SK - 01/30/2023)**

**183f - Discontinued Medications**

**5. Requirements**

183f - Discontinued Medications *(continued)*

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**Description of Violation**

*On 12/21/2022, a bottle of Resident 3's medication, PreserVision (210 soft gels) found in the medication cart labeled, "Hall #3 Memory Lane," had an expiration date of 10/2022.*

**Plan of Correction**

**Accept (SK - 01/17/2023)**

*12/21 Medication removed from the medication cart. Family was contacted to bring in new bottle of medication and instructed to give to licensed nurse for review.*

*12/21 All medication carts were audited to ensure that there were no additional expired medications.*

*12/21 RN Manager verbally educated Licensed staff on the regulation and the importance of ensuring that all medication is within the expiration date including reviewing the date to determine the length of the use by date.*

*1/11 Additional education provided to Licensed nursing staff of the regulation and POC at PCA/RN Manager monthly team meeting.*

*1/11 Audits of all medication carts will be completed for six months and quarterly thereafter by RN Manager or nursing designee.*

*1/30 RN Manager and PCA will review audits when completed.*

**Licensee's Proposed Overall Completion Date: 01/30/2023**

**Implemented (SK - 01/30/2023)**

184a - Resident's Meds Labeled

**6. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

**Description of Violation**

*On 12/21/2022, the following prescription medications were not labeled with the required information for dosage and instructions for administration:*

*Resident 2's*

*-Aspirin EC 81 MG tablet*

*-On Guard + Seterra 1 capsule*

*Resident 7's*

*-ASA (Aspirin) 81 Mg*

**Plan of Correction**

**Accept (SK - 01/17/2023)**

*12/21 Direction labels were immediately applied to the discovered medications.*

*12/21 All medication carts were audited to ensure that medications were properly labeled with dosage and instructions for administration.*

184a - Resident's Meds Labeled (continued)

12/21 RN Manager verbally educated Licensed staff on the regulation and the importance of ensuring that all medication is labeled properly.

1/11 Additional education provided to licensed staff at the PCA/RN Manager monthly team meeting regarding the regulation and properly labeling medication and POC.

1/11 Audits of all medication carts will be completed monthly for six months and quarterly thereafter by RN Manager or nursing designee

1/30 RN Manager and PCA will review audits when completed.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (SK - 01/30/2023)

227e - Self Administer Medication

7. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident 2's Resident Assessment-Support Plan (RASP), dated [redacted], indicates that the resident is not capable of self-administering medications. However, physician's orders, dated [redacted], directs that the resident may self-administer the medication, Carboxymethyl / fluticasone propionate, 50mg (nasal spray).

Plan of Correction

Accept (SK - 01/17/2023)

12/21 Resident reassessed by the PCP to determine if the resident is capable of self-administering medications. PCP confirmed that the resident is capable of self-administering specific medications i.e. Artificial Tears. RASP corrected to reflect that the resident is capable.

12/21 RN Manager verbally educated nursing staff on the regulation and the importance of accurate documentation related to resident RASPs.

1/5 Audit completed of all resident RASP's to ensure that the RASP reflects the PCP's assessment of the ability to self-administer medications.

1/5 Audits will be completed monthly for six months of any new RASP's that are completed to ensure that the RASP reflects the ability of self-administration of medications as ordered by the PCP.

1/5 Audits will be completed quarterly after the six month period by RN Manager or nursing designee.

1/11 Additional licensed staff education provided at PCA/RN Manager monthly team meeting regarding the regulation and POC.

1/30 RN Manager and PCA will review completed audits.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (SK - 01/30/2023)

227g -Support Plan Signatures

8. Requirements

2600.

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

227g -Support Plan Signatures (continued)

Description of Violation

Residents did not date the following Resident Assessment-Support Plans (RASPs) with their signatures:

Resident 2  
RASP from [redacted]

Resident 4  
RASP from [redacted]

Resident 5  
RASP from [redacted]  
RASP from [redacted]

Resident 6  
RASP from [redacted]  
RASP from [redacted]

Resident 7  
RASP from [redacted]  
RASP from [redacted]

Resident 8  
RASP from [redacted]

Plan of Correction

Accept (SK - 01/17/2023)

12/21 PCA/RN Manager verbally educated staff of the regulation and that all resident signatures on the RASP should also be dated.

1/5 Audited current resident medical records to determine if residents dated the RASP at the time of review.

1/5 - 1/9 All current resident RASP's with missing dates were reviewed with the resident again and signed and dated for this review date.

1/5 Effective this date all RASP forms will be completed on the DHS forms to ensure that the date the resident signs is captured.

1/11 Staff education completed at PCA/RN Manager monthly team meeting regarding the importance of complete documentation and transition to the DHS RASP. POC reviewed.

1/11 Any new RASP completed that month will be audited for complete documentation monthly for six months and quarterly thereafter by RN Manager or designee

1/30 PCA and RN Manager will review completed audits.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (SK - 01/30/2023)