

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

June 1, 2023

[REDACTED]
HOMEWOOD AT MARTINSBURG INC
437 GIVLER DRIVE
MARTINSBURG, PA, 16662

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 05/03/2023, 05/04/2023 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 MARTINSBURG* License #: *36011* License Expiration: *06/03/2023*
 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: *437 GIVLER DRIVE, MARTINSBURG, PA, 16662*
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *02/08/2006* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Renewal* Exit Conference Date: *05/04/2023*

Inspection Dates and Department Representative

05/03/2023 On Site [Redacted]
 05/04/2023 On Site [Redacted]

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: *12*

Hospice
 Current Residents: *1*

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: *13* Have Physical Disability: *1*

Inspections / Reviews

05/03/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2023*

05/22/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *05/31/2023*
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *06/02/2023*

Inspections / Reviews *(continued)*

06/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/3/23 the home's most recent licensing inspection summary dated [REDACTED] 21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([REDACTED] - 05/22/2023)

On 5/3/23, copies of the licensing inspection summary dated [REDACTED] /21 were posted on both the personal care unit and secured dementia care unit (SDCU) in a conspicuous location with public access. Administrator will audit both units monthly to ensure that the most recent inspection summary remains on both units for public review.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([REDACTED] - 06/01/2023)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] /22, for Resident 1 was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 05/22/2023)

On 5/5/23 the resident-home contract was signed by Resident 1, along with a notation made on the document explaining that the omitted signature was later added to the document. All current resident records were audited by the administrator on 5/5/23 to ensure that each resident-home contract had been appropriately signed by the resident. The administrator will review every future resident's admission paperwork within 24 hours to ensure that each contract is signed in accordance with the regulation and no signatures have been omitted.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([REDACTED] - 06/01/2023)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two 4-ounce tubes of [REDACTED] cream, with manufacturer's labels indicating, "In case of accidental ingestion, contact a physician or poison control center right away," were unlocked, unattended, and accessible to residents in the unlocked and open hallway bathroom in the secure dementia care unit (SDCU). None of the residents of the SDCU have been assessed to be capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept (JM 05/22/2023)

The bathroom door was immediately closed and locked. A cabinet with a lock will be purchased and will replace the cabinet that houses these supplies by June 19, 2023. A sign will be placed above the cabinet to remind staff to keep it locked. Until then, the bathroom door will remain locked when unattended and not in use. Education regarding this regulation will be provided by the Community Health Services Coordinator to the staff by June 19, 2023. Community Health Services Coordinator will perform and document random checks for the locked door monthly for three months, then quarterly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented () - 06/01/2023

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms in bedrooms () () () and () do not have windows and the ventilation system is not functioning as evidenced by a lack of airflow through the ventilation grates.

Plan of Correction

Accept () - 05/22/2023

The maintenance director contacted a mechanical contractor, Walltower Enterprises, Inc. of Everett, PA, (814) 652-9221, to inspect the facility's ventilation system. The contractor will test, repair and/or service the facility's ventilation units as indicated, to ensure that they are all operating properly and providing adequate airflow through the ventilation grates. The contractor will tentatively be available to visit the facility within the next two weeks. After repairs are complete, the ventilation system will be routinely checked by maintenance staff to ensure adequate ventilation is maintained. One random apartment on both the north and south side of each of three floors of the facility (6 total apartments) will be tested monthly and recorded on a Monthly Ventilation Check sheet.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented () - 06/01/2023

127a Portable Space Heaters

5. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 5/4/23 at 12:30 PM, a portable space heater was observed in the maintenance office next to the front entrance.

Plan of Correction

Accept () - 05/22/2023

The portable space heater was immediately removed from the facility by the maintenance director. In-service education will be provided to all staff members by 6/19/23 regarding regulation 127a, pertaining to the prohibition of space heaters due to risk of serious burn injuries and fire hazards. Administrator or designee will inspect the maintenance and storage areas of the facility monthly for presence of space heaters.

Licensee's Proposed Overall Completion Date: 06/19/2023

127a - Portable Space Heaters (continued)

Implemented () - 06/01/2023)

181d - Storing Medication

6. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 2 self-administers and stores medications in his/her room. The resident stated that he/she leaves the medications unsecured and the door unlocked when he/she leaves the bedroom. Four bottles of medication were observed on the kitchen counter including two bottles of [redacted] tablets and two bottles of [redacted] tablets.

Plan of Correction

Accept () - 05/22/2023)

On 5/4/23 the concerns about unsecured medications were explained to Resident 2, including theft, contamination and spillage. The resident was given the option of a having a locked box in which to keep the medication or locking the apartment door when not present. The resident verbalized understanding and decided to keep the door locked when not present in the apartment. On 5/5/23 the Community Health Services Coordinator also reminded all other residents who self-administer of the importance of securing their medications properly. Education will be provided to staff by the Community Health Services Coordinator on the safe and proper storage of self-administered medications by June 19, 2023. The Community Health Services Coordinator or designee will audit to ensure that medications are properly stored by all residents who self-administer. Audits will be completed and recorded monthly for three months then quarterly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented () - 06/01/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Residents 3 and 4 are prescribed [redacted] to be administered on a sliding scale. The home does not document the number of units of insulin administered to these residents.

Plan of Correction

Accept () - 05/22/2023)

This violation was immediately corrected on the electronic Medication Administration Records (MARs) of Residents 3 and 4 on 5/4/23. A separate log to record the number of units of insulin administered was added to the electronic MAR of each resident who receives sliding scale insulin. Education on accurate documentation of sliding scale insulin will be provided to all direct care staff by June 19, 2023. The Community Health Services Coordinator or designee will audit 10% of the MARs of residents receiving sliding scale insulin for compliance monthly for three months then quarterly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented () - 06/01/2023)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed [redacted]; [redacted] sliding scale; and [redacted], straight dose. The Medication Administration Record (MAR) does not indicate as to whether these medications were administered or refused on the morning of [redacted]/23.

Plan of Correction

Accept ([redacted] - 05/22/2023)

It was determined that Resident 3 had an appointment outside of the facility that day and had refused these medications. The nurse failed to document the refusals properly on the resident's MAR. Education was given to the nurse on [redacted] next working day. All staff will have education provided on medication administration and documentation by June 19, 2023. The Community Health Services Coordinator or designee will perform and document audits of 10% of resident MARs monthly for three months and quarterly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented ([redacted] - 06/01/2023)