

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

May 20, 2024

[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 04/09/2024, 04/10/2024 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: *07/09/2024*
 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: [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: *76* Waking Staff: *57*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/10/2024*

Inspection Dates and Department Representative

04/09/2024 - On-Site: [REDACTED]
 04/10/2024 - 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: *11*

Hospice
 Current Residents: *0*

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: *11* Have Physical Disability: *0*

Inspections / Reviews

04/09/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/26/2024*

Inspections / Reviews *(continued)*

04/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/02/2024

05/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85d - Trash Receptacles

1. 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 4/10/24 at approximately 10:00am there was a trash can in the kitchen next to refrigerator #4 observed partially uncovered and unattended missing one swing-lid cover preventing the trash from being covered.

Plan of Correction

Accept (████ - 04/25/2024)

4/10 – PCA informed Food Service Director of the violation and reeducated on the importance of ensuring that all lids are secure and unbroken to prevent the penetration of insects and rodents.

4/10 – Broken trash can cover was replaced.

4/15 – Executive Director reviewed the established monthly kitchen audit log to determine if a prior concern had been identified – no noted concerns related to trash cans or covers

4/15 – Monthly audits of the kitchen will be completed by the Executive Director, Food Service Director, or designee to ensure compliance

5/15 – Staff meeting scheduled to review the violation and POC

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (████ - 05/15/2024)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4/9/24 at 10:44am the double exit doors from the activity room in Creekside which leads to the parking lot was observed blocked with two chairs in front of each door on the exterior side of the double doors which prevented egress from the building.

Plan of Correction

Accept (████ - 04/25/2024)

4/9 – Outside wicker patio chairs were immediately removed from the identified area.

4/9 – A sign was placed on the exit door visible from the inside and outside of the building as a reminder for residents, guests and staff that use the area.

4/9 – PCA informed the staff – nursing and ancillary – of the violation and the importance of ensuring that all exit doors are free of miscellaneous items that could prevent egress.

5/15 – All staff will be reeducated on the importance of unobstructed egress routes from rooms and the building at department team meetings.

5/1 – PCA or designee will perform monthly audits to ensure compliance

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (████ - 05/15/2024)

132g - Fire Drills Days/Times

3. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

From the period of [REDACTED], the home routinely held fire drills on Wednesdays, Thursdays, and Fridays four days each during this period as well as routinely held fire drills in the AM hour specifically at [REDACTED] as evidenced by the following drills:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED] is appears to have been changed from [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/25/2024)

4/16 – PCA informed the Maintenance Director of the violation and reeducated on the need for varied times and dates of monthly fire drills.

4/16 – Maintenance Director developed an annual Fire Drill schedule reflecting varied times and dates for monthly fire drills

5/1 – Monthly audits of the Fire Drill Logs will be completed by RN Manager times six months and quarterly thereafter to determine scheduling trends

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented [REDACTED] - 05/20/2024)

141a 1 10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

On 4/9/24, Resident #1's Medication Evaluation, dated [REDACTED], was reviewed. The Mobility Needs Assessment states that the resident is totally immobile; however, the resident's RASP dated [REDACTED] states the resident is moderately immobile.

Plan of Correction

Accept ([REDACTED] - 04/25/2024)

- 4/10 – Notified the PCP/CRNP of the mobility discrepancy for resident #1. PCP/RNCP agreed with the RASP and Preadmission screen assessment. DME updated to reflect the appropriate level of assistance for the resident to evacuate the building safely.
- 4/10 – PCA provided staff reeducation on the importance of the medical evaluation related to resident care needs and that all documentation reflects the same findings.
- 5/1 – Audits will be completed monthly for six months and quarterly thereafter by the RN Manager or designee
- 5/8 – Personal Care staff reeducation will be provided by PCA of the regulation and POC at the monthly team meeting

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented ([REDACTED] - 05/15/2024)

251b - Record Entries Legible

5. Requirements

- 2600.
- 251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On [REDACTED] at approximately [REDACTED], correction fluid was observed to be used on incident reports dated [REDACTED] 10/2/2023, 1/11/2024 which showed white-out used on times the incidents were reported to the department.

Plan of Correction

Accept ([REDACTED] - 04/25/2024)

- 4/10 – PCA provided staff reeducation on the proper process to correct a resident record related to the violation.
- 5/1 – Audits will be completed monthly for six months and quarterly thereafter by the RN Manager or designee
- 5/8 – Personal Care staff reeducation will be provided by PCA of the regulation and POC at the monthly team meeting

251b - Record Entries Legible (continued)

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented ([REDACTED] - 05/15/2024)