

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

July 2, 2024

[REDACTED], ADMINISTRATOR
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 06/04/2024, 06/05/2024 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 MARTINSBURG* License #: *36011* License Expiration: *06/03/2025*
 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: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/05/2024*

Inspection Dates and Department Representative

06/04/2024 - On-Site: [REDACTED]
 06/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *101* Residents Served: *73*

Secured Dementia Care Unit
 In Home: *Yes* Area: *WATERSIDE* Capacity: *15* Residents Served: *10*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

06/04/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2024*

Inspections / Reviews *(continued)*

06/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/01/2024

07/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident or responsible party acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident or responsible party acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept (█) - 06/24/2024)

On 6/5/24 all other resident records were reviewed by the administrator to ensure each contained a statement signed by the resident or responsible party acknowledging receipt of a copy of the resident rights and complaint procedures. No other records were found to be missing the signed acknowledgement. On 6/17/24, the administrator spoke to the █ responsible party for resident 1 via phone to explain the missing document and request that █ sign a copy of the resident rights and complaint procedures and return it to the facility as soon as possible. Also, on 6/17/24, the █ responsible party of resident 2 signed and was given a copy of the resident rights and complaint procedures. The administrator or designee will review every future resident's admission paperwork within 72 hours of completion to ensure each record contains the required statement signed by the resident or responsible party acknowledging receipt of a copy of the resident rights and complaint procedures.

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented (█) - 07/02/2024)

82c - Locking Poisonous Materials

2. 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

In an unlocked supply closet, a box of pump bottles with a manufacture's label indicating "hand sanitizer", was unlocked, unattended, and accessible to all residents on the secured dementia care unit. The label on the hand sanitizer reads "if swallowed get medical help or contact poison control right away." All residents on this floor have been assessed incapable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 06/24/2024)

On 6/4/24 the unlocked closet door was immediately closed and latched properly. A sign has been placed on the closet door to remind staff to keep it closed tightly and locked at all times. Education regarding this regulation will be provided by the Community Health Services Coordinator to the staff by July 15, 2024. Community Health Services Coordinator will perform and document random checks for the locked door monthly for three months, then

82c - Locking Poisonous Materials (continued)

quarterly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented () - 07/02/2024

227g -Support Plan Signatures

3. Requirements

2600.

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

Description of Violation

Resident #1's support plan dated [redacted] was not signed by the assessor.

Resident #2's support plan dated [redacted] was not signed by the assessor, the resident or resident's responsible party.

Plan of Correction

Accept () - 06/24/2024

On 6/5/24 the support plan of resident 1 dated [redacted] and resident 2 dated [redacted] with missing signatures were each signed by the assessor. All current resident records will be audited by 6/28/24 by the Memory Care Social Worker to ensure each support plan contains the signature of the assessor. The administrator will perform and document random audits of 10% of resident records to ensure the assessor's signature is present. Audits will be done monthly for three months then quarterly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented () - 07/02/2024