

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

September 9, 2026

[REDACTED], ADMINISTRATOR
HOMEWOOD LIVING PLUM CREEK INC
425 WESTMINSTER AVENUE
HANOVER, PA, 17331

RE: HOMEWOOD LIVING PLUM CREEK,
INC
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 08/04/2026, 08/05/2026 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 LIVING PLUM CREEK, INC

License #: 35891

License Expiration: 07/09/2027

Address: 425 WESTMINSTER AVENUE, HANOVER, PA 17331

County: YORK

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: HOMEWOOD LIVING PLUM CREEK 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: Department of Labor and Industry

Type: I-1

Date: 08/18/2016

Issued By: Penn Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 82

Waking Staff: 62

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 08/05/2026

Inspection Dates and Department Representative

08/04/2026 - On-Site: [REDACTED]

08/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 149

Residents Served: 71

Secured Dementia Care Unit

In Home: Yes

Area: Memory Lane

Capacity: 12

Residents Served: 11

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: 11

Have Physical Disability: 0

Inspections / Reviews

08/04/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/29/2026

Inspections / Reviews (*continued*)

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/20/2026

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1 is prescribed Novolin Flexpen 100 unit/ml sliding scale, 4 times a day. On 7/25/26, at 8:00pm, the resident's glucometer did not show a reading; however, the resident's July 2026 medication administration record had a reading of 276. The home uses an emergency glucometer which was reviewed and showed the reading of 276 on 7/25/26. The emergency glucometer is used for multiple residents.

Plan of Correction

Accept ([REDACTED] - 08/31/2026)

55 Pa. Code § 2600.85(a) – Sanitary Conditions

1- Action Taken:

- Upon identification of the concern, the home reviewed the use of glucometers for residents requiring blood glucose monitoring. The facility immediately discontinued the use of using an emergency glucometer. The policy was updated to indicate that facility will not utilize emergency glucometers.
- Each resident who requires blood glucose monitoring will be provided with a glucometer designated solely for that resident's individual use. Glucometers will not be shared between residents.
- Resident #1 was provided with a functioning glucometer designated for their individual use. If a resident's personal glucometer is found to be malfunctioning, unable to produce a reading, or otherwise not functioning properly, staff will discontinue use of that glucometer. The malfunctioning glucometer will be discarded and replaced with a new glucometer designated specifically for that resident. A shared or emergency glucometer will not be utilized as a substitute.

2- Corrective Audit: The Nurse Manager/Designee will review all residents who currently have orders for blood glucose monitoring to verify that each resident has an individually assigned, labeled, and functioning glucometer available for use.

3- New Process: Resident glucometer policy was reviewed and revised to include resident specific glucometers

4- Training: Licensed and medication administration staff were reeducated on 8/26/2026 by the Administrator and Nurse Manager regarding sanitation guidelines and the requirement that glucometers are resident-specific, are not to be shared between residents, and must be replaced when they are no longer functioning properly. Glucometers will be labeled to identify the appropriate resident. Resident glucometer policy was reviewed with all licensed and med administrative staff.

5- Quality Assurance Monitoring: To ensure continued compliance, the Nurse Manager/Designee will audit residents requiring blood glucose monitoring biweekly X2 and then monthly X 3 to verify that:

- Each resident has their own individually designated glucometer (with name)
- The glucometer is functioning properly.
- Shared or emergency glucometers are not being utilized.
- EMAR and glucometer data matches.

Any concerns identified during the audits will be corrected immediately and additional staff education and/or corrective action will be provided as indicated. The audits will be reviewed at QA meeting.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 09/20/2026

Implemented () - 09/09/2026

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's annual medical evaluation, dated () does not indicate if the resident's needs can be met by the home.

Plan of Correction

Accept () - 08/31/2026

55 Pa. Code § 2600.141b1. Annual Medical Evaluation

1- Action Taken: On 8/5/2026, the facility contacted Resident #2's primary care physician to clarify the missing DME section on the annual medical evaluation.

Outcome: The physician reviewed and updated medical evaluation explicitly marking that resident's needs can be met safely by the facility. This corrected form has been placed securely into Resident #2's medical record chart.

2- Audit Performed: On 8/6/2026, RN Unit Manager conducted a comprehensive audit of current residents' medical evaluations to ensure accurate completion of DME. See attachments.

Findings: All DME's were found to be accurate and complete

3- New Process: The facility has added to our facility chart checklist specific requirements for the DME completion. This checklist must be completed immediately upon receiving any new or annual medical evaluation form from a provider.

This checklist will not be filed or considered "complete" until a designated staff member manually verifies that all checklist items—including the specific section indicating if DME needs can be safely met by the facility—are explicitly marked. See attachment.

4- Training Conducted: On 8/26/2026, the Nurse Manager conducted a mandatory training session for all administrative and nursing staff responsible for intake and chart maintenance. The training focused on the requirements of 55 Pa. Code § 2600.141, emphasizing completion of the DME. Staff were also educated on the chart checklist and the additional review for any new or annual medical evaluation form.

5- Quality Assurance Monitoring

- Ongoing Audits: Audits of DMEs will be completed by the Nurse Manager reviewing all incoming initial and annual medical evaluations biweekly x2 and then monthly x3. Findings will be reviewed at QA meeting.
- Long-Term Plan: Afterward, random monthly sample audits will be conducted and reported directly to the

141b1 - Annual Medical Evaluation (continued)

facility's Quarterly Quality Assurance (QA) Committee to ensure sustained documentation compliance.

Licensee's Proposed Overall Completion Date: 09/20/2026

Implemented ( **- 09/09/2026)**

185a - Implement Storage Procedures**3. 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

Resident #1 is prescribed Novolin Flexpen 100 unit/ml sliding scale, 4 times a day. On 7/17/26, at 8:00pm, the resident's glucometer had a blood sugar reading of 319; however, the resident's July 2026 medication administration record (MAR) had a blood sugar reading of 351. On 7/29/26, at 4:30pm, the resident's glucometer had a blood sugar reading of 242; however, the resident's July 2026 MAR had a blood sugar reading of 249.

Resident #3 is prescribed to have fasting blood sugar checks once a day. On 7/25/26, at 7:44pm, a reading of 276 was found in the resident's glucometer; however, this reading was not documented in the resident's July 2026 MAR.

Plan of Correction

Accept ( **- 08/31/2026)**

55 Pa. Code § 2600.185(a): Accountability of Medication and Controlled Substances

1-Action Taken: Upon identification of the concern, the home reviewed the blood glucose monitoring documentation for Residents #1 and #3.

Outcome: Staff were re-educated regarding the requirement to accurately document blood glucose results on the Medication Administration Record (MAR) at the time the blood glucose monitoring is completed.

2-Audit Performed: The Nurse Manager/Designee completed a review of all residents with physician/practitioner orders for blood glucose monitoring to verify that blood glucose testing is being completed as ordered and that results are accurately documented on the resident's MAR (each resident's glucometer will also have the stored numbers reviewed for matching this documented BS number)

Findings: No discrepancies were identified.

3- New Process:

- *Staff performing blood glucose monitoring will document the actual blood glucose result obtained from the resident's glucometer on the MAR at the time of testing.*
- *Staff will verify the blood glucose result (on the glucometer) prior to entering the value into the MAR to prevent transcription errors.*
- *Blood glucose results will not be estimated, altered, or entered from memory.*
- *Staff will verify that all ordered blood glucose checks have been completed and documented during their medication administration responsibilities.*
- *Any inability to obtain an ordered blood glucose reading or other concern with completing the test will be*

185a - Implement Storage Procedures (continued)

immediately reported to the appropriate supervisor and addressed according to physician/practitioner orders and facility policy.

4- Training Conducted: On 8/26/2026 the Administrator and Nurse Manager conducted a mandatory training session for all staff responsible for blood glucose monitoring and charting.

- Accurate and timely documentation of blood glucose results.*
- Verification of the glucometer reading before documenting the result on the MAR.*
- Completion and documentation of blood glucose monitoring according to physician/practitioner orders.*
- Reporting and addressing omitted, unavailable, or questionable blood glucose readings.*

5- Quality Assurance Monitoring: The Nurse Manager/Designee will conduct audits of residents receiving blood glucose monitoring to compare glucometer readings with MAR documentation and verify that ordered blood glucose monitoring has been completed and accurately documented.

Audits will be completed weekly for four weeks and monthly for two months.

Any discrepancy identified will be addressed immediately. Additional education and/or corrective action will be provided as indicated. Audit results will be reported to QA for follow up or recommendations.

Licensee's Proposed Overall Completion Date: 09/20/2026

Implemented () - 09/09/2026)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #7 is prescribed Debrox 6.5% ear drops with orders for 5 drops both ears twice a day x 5 days and then as needed. On 7/10/26, at 2:45pm, the resident was administered Debrox Ear Drops into the resident's right eye.

Plan of Correction

Directed () - 08/31/2026)

55 Pa. Code § 2600.187(d): Follow Prescriber's Orders

1- Corrective Action: Resident #7's medication administration record and physician's order for Debrox 6.5% ear drops were reviewed to verify the correct medication, route, frequency, and duration of treatment. The resident was assessed for any adverse effects related to the medication being administered into the right eye. The resident's prescriber and designated person were notified of the medication error.

Outcome: The staff member involved in the medication error was immediately re-educated regarding following prescriber's orders and the 5 rights of medication administration, with specific emphasis on verifying the correct medication, resident, dose, time, and route prior to administration. Medication error report was completed and med pass audits will be completed monthly X3 months with specific monitoring of the 5 rights.

2- Corrective Audit: The Nurse Manager/designee will review the current medication administration records and physician orders for the past two weeks to identify other residents with orders for both eye drops and eye drops and verify through assessment and resident interview that both were administered per the physician orders. If errors

187d - Follow Prescriber's Orders (continued)

identified, the PCP will be notified for further instructions.

3- Training: All staff responsible for medication administration were re-educated by Administrator and Nurse Manager on 8/26/2026 regarding §2600.187(d), following prescriber's orders, and verification of the correct route of administration prior to administering medication.

4- Quality Assurance Monitoring: The Nurse Manager/designee will conduct medication record audits biweekly X2 and then monthly X3 to verify compliance with prescriber's orders. Any identified concerns will be corrected immediately, and additional education or corrective action will be provided as indicated.

Results of the audits will be reviewed at QA meetings to determine continued compliance and whether additional monitoring or corrective measures are necessary.

Directed Completion Date: 09/20/2026

Implemented ([REDACTED] - 09/09/2026)