

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

October 15, 2024

[REDACTED], ADMINISTRATOR  
HOMESTEAD VILLAGE INC  
1800 VILLAGE CIRCLE  
LANCASTER, PA, 17604

RE: HOMESTEAD VILLAGE  
1800 VILLAGE CIRCLE  
LANCASTER, PA, 17604  
LICENSE/COC#: 32184

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2024, 09/18/2024 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:** HOMESTEAD VILLAGE **License #:** 32184 **License Expiration:** 11/20/2024  
**Address:** 1800 VILLAGE CIRCLE, LANCASTER, PA 17604  
**County:** LANCASTER **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** HOMESTEAD VILLAGE INC  
**Address:** 1800 VILLAGE CIRCLE, LANCASTER, PA, 17604  
**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1	Date: 05/15/2015	Issued By: East Hempfield Township
Type: Other	Date: 03/07/2012	Issued By: East Hempfield Township
Type: C-2 LP	Date: 11/05/1996	Issued By: L & K

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 64 **Waking Staff:** 48

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 09/18/2024

**Inspection Dates and Department Representative**

09/17/2024 - On-Site: [REDACTED]  
 09/18/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100 **Residents Served:** 57

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Westvue **Capacity:** 35 **Residents Served:** 25

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 57
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 7	Have Physical Disability: 0

**Inspections / Reviews**

09/17/2024 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/06/2024

Inspections / Reviews *(continued)*

10/01/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/09/2024  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/08/2024

10/01/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/09/2024  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/19/2024

10/15/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/09/2024  
Reviewer: [REDACTED] Follow Up Type: Not Required

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's monthly fire drill records for drills held 8/27/2024 and 12/20/2023 do not include the exit route used, number of residents in home at time of drill, nor problems encountered.

Plan of Correction

Accept ( [redacted] ) - 10/01/2024

The fire drills held on 8/27/24 and the one held on 12/20/23 were logged correctly with exits used, number of residents and any problems that occurred on the DHS fire drill record form by Administrator on 9/17/24 . Administrator will be responsible to complete the fire drill record that outlines all the above and conduct a monthly audit starting on 10/1/24 to assure all fire drills are correctly documented on the fire drill record form. Administrator will provided education on how to complete the fire drill record by 10/4/24.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented ( [redacted] ) - 10/15/2024

171b4 - Staff Training

2. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Member A provides transportation for the residents without accompanying staff. However, Staff Member A has not completed the Department-approved direct care competency training course.

Plan of Correction

Accept ( [redacted] ) - 10/01/2024

Human Resources Generalist did an audit on 9/24/24 to check all staff who provide transportation for residents. Staff member A will take Direct Care competency training course by 10.11.24. All other transportation staff will complete the direct care competency training course by 11/1/24. On 10/1/24 the direct care competency training course has been added to the new employee protocol for any transportation staff hired to provide transportation to the PC residents by the Human Resources Generalist.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ( [redacted] ) - 10/15/2024

185a - Implement Storage Procedures

3. Requirements

2600.

185a Implement Storage Procedures (continued)

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 #3 is prescribed glucose checks three times daily before meals. The blood glucose checks on the glucometer used for the resident did not match the numbers transcribed on the Medication Administration Record including the following:

Glucometer reading on [redacted] upon awakening was [redacted] the number documented in the MAR on [redacted] at [redacted] reads blood glucose was [redacted]

Glucometer reading on [redacted] prior to lunch was [redacted] the number documented in the MAR on [redacted] at [redacted] reads blood glucose was [redacted]

Glucometer reading on [redacted] was [redacted] the number documented in the MAR on [redacted] reads blood glucose was [redacted]

Glucometer reading on [redacted] the number documented in the MAR on [redacted] reads blood glucose was [redacted]

Glucometer readings on [redacted] and [redacted] are not documented on the MAR

Plan of Correction

Accept [redacted] - 10/01/2024)

Resident #3 MAR's were corrected on 9/30/24 by PC Clinical Nurse manager with right blood glucose readings that were incorrectly documented. Nurse Mangers will conduct a staff education on blood glucose documentation that will be completed by 10/4/24. A nightly task was added on 9/30/24 to be checked by LPN nurse leaders to all residents with blood glucose entries to assure there were no medication errors from a wrong blood glucose reading and that all readings are correct and match what was documented in the MAR.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 10/15/2024)

233c - Key-Locking Devices

6. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 9/17/2024 at approximately 11:40AM, the code posted at the door leading to the outside patio area off the SDCU dining area did not unlock the door when entered into the keypad.

Plan of Correction

Accept [redacted] - 10/01/2024)

The key code was correctly program by VP of Resident Services with the correct code posted to allow anyone access to outside patio area during the survey visit on 9/17/24. Administrator conducted a audit on 9/18/24 to assure all posted codes were functioning correctly. On 10/18/24 Administrator or designee as will conduct an audit monthly to assure codes are posted correctly and are working properly.

233c Key Locking Devices (continued)

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented (█ - 10/15/2024)