

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

March 11, 2025

[REDACTED], ADMINISTRATOR  
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 02/19/2025, 02/19/2025 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: *07/09/2025*  
 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: *425 WESTMINSTER AVENUE, HANOVER, PA, 17331*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/20/1995* Issued By: *L & I*  
 Type: *I-1* Date: *08/18/2016* Issued By: *Penn Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
 Reason: *Renewal* Exit Conference Date: *02/19/2025*

**Inspection Dates and Department Representative**

02/19/2025 - On-Site: [REDACTED]  
 02/19/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *149* Residents Served: *87*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Memory Lane* Capacity: *12* Residents Served: *12*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *12* Have Physical Disability: *0*

**Inspections / Reviews**

02/19/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2025*

Inspections / Reviews *(continued)*

03/11/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/18/2025

03/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/18/25, at approximately 9:40AM, the 4/9/24 license inspection summary (LIS) was posted in a conspicuous place within the home. However, the resident privacy page was also included with the report.

Plan of Correction

Accept (█) - 03/11/2025

2600.17- Confidentiality of Records:

- 1-Executive Director immediately corrected this finding by removing the LIS resident privacy page from this posting.
- 2- All bulletin boards checked in all PC areas and were in compliance with no privacy information or LIS lists.
- 3- Anytime an LIS is received the resident privacy page will not be posted. PCA will monitor for confidentiality of all resident records and postings
- 4- Bulletin boards and resident records will be audited by PCA biweekly X2 and then monthly X3. This will also be reviewed at quarterly QA meetings.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (█) - 03/11/2025

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

On 2/19/25, at approximately 10:30AM, 2 bottles of Derma Vera skin and hair cleanser, roll on deodorant, Equate antiseptic mouthrinse and Derma Sarra Analgesic cream, with a manufacture's label indicating "to contact poison control if ingested and keep out of reach of children", were unlocked, unattended, and accessible in Resident 1 and Resident 2's bathrooms in the secure dementia care unit (SDCU). Not all the residents of the home, including Resident 1 and Resident 2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 03/11/2025

2600.82c- Poisonous Materials:

- 1-PCA immediately locked up all products labeled with "keep out of reach of children" and/or "contact poison control if ingested" in Resident 1 and Resident 2 rooms.
- 2-All current Memory Lane residents were re-evaluated by their PCP on 02/20/25.
- 3- All DME's were updated to reflect: If the resident is able to safely use these items for daily use with ADLs. Orders were secured if PCP agrees to the use of the personal care/poisonous items. Each resident will be evaluated annually and PRN by their PCP for the safe use of the poisonous items. Each residents' RASP will be accurate in

**82c - Locking Poisonous Materials (continued)**

regards to the poisonous ite Staff were educated on this regulation and the  
4- PC RN Manager will assess for the following biweekly for each resident in the secure dementia unit: physician review/physician order/correct DME completion and updated RASP X2 and then monthly X3. This will also be reviewed at quarterly QA meetings.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ( [REDACTED] - 03/11/2025)

**181c - Self-administration Assessment**

**3. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

Resident 3 self-administers antifungal powder; however, Resident 3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

**Plan of Correction**

Accept ( [REDACTED] - 03/11/2025)

2600.181c- Self Medication Administration:

- 1- PCA immediately removed medication from Resident 3 room. At this time resident states no longer needs. LPN discontinued medication and medication was discarded.
- 2- Reeducation to staff for any residents able to self-administer medications on proper documentation on the RASP and by PCP.
- 3- PCA also reminded residents of the necessity to notify nursing if they desire to keep medications in their room at Resident Council on 02/26/2025.
- 4- LPNs updated self-med list accordingly on
- 5- LPNs will assess self-medications in rooms biweekly X2 and then monthly X3. This information will also be reviewed at quarterly QA meetings.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ( [REDACTED] - 03/11/2025)