

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

July 8, 2025

[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 06/10/2025, 06/11/2025 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 MARTINSBURG* License #: *36011* License Expiration: *06/03/2026*
 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 and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/11/2025*

Inspection Dates and Department Representative

06/10/2025 - On-Site: [REDACTED]
 06/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *101* Residents Served: *61*

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

Hospice
 Current Residents: *3*

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: *10* Have Physical Disability: *0*

Inspections / Reviews

06/10/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2025*

Inspections / Reviews *(continued)*

07/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/10/2025

07/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

127a - Portable Space Heaters

1. Requirements

- 2600.
- 127.a. Portable space heaters are prohibited.

Description of Violation

On 6/11/25 at 9:15 AM, there was a space heater, unplugged, in the elevator room.

Plan of Correction

Accept () - 07/02/2025

The portable space heater was immediately removed from the facility by the maintenance director. In-service education will be provided to all staff members by 7/9/25 regarding regulation 127a, pertaining to the prohibition of space heaters due to the risk of serious burn injuries and fire hazards. The administrator or designee will inspect the maintenance and storage areas of the facility monthly for the presence of space heaters.

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented () - 07/08/2025

185a - Implement Storage Procedures

2. 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

On 6/11/25, at 10:30 AM, the glucometer for resident #2 was found to be incorrectly calibrated. Resident #2 is prescribed Accu-Chek's three times a day with meals. All supper blood sugar measurements beginning on 6/1/25 until 6/11/25 were recorded incorrectly on the Medication Administration Record (MAR). On 6/1/25 the MAR for resident #2 recorded a blood sugar measurement of 192 at 4:27 PM, however, the glucometer recorded this measurement for 6/2/25 at 04:23 AM.

Plan of Correction

Accept () - 07/02/2025

On 6/12/25 all glucometer readings for all residents with ordered blood sugar measurements were reviewed and compared to the documented records for each. No other incorrect records were found. Education regarding accurate calibration of glucometers and recording of blood glucose readings will be provided by 7/9/25 for all staff members who participate in these tasks. For each resident with ordered blood sugars, glucometer readings will be compared to documented records weekly for three months then monthly thereafter for the sum of one year.

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented () - 07/08/2025

231c - Preadmission Screening

3. Requirements

- 2600.
- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c - Preadmission Screening (continued)

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident 1's written cognitive preadmission screening completed on [REDACTED] was completed only by the administrator and not a geriatric assessment team.

Plan of Correction

Accept ([REDACTED] - 07/02/2025)

On 6/12/25 the record for resident #1 was revised to contain documentation of the team's evaluation of the resident and verification that the resident met the criteria for the Secure Dementia Care Unit (SDCU). On 6/24/25 all other records for residents residing on the SDCU were reviewed by the administrator. Every record reviewed contained documentation signed by the members of the geriatric assessment team, indicating the members' evaluation of the resident and verification that each met the criteria for the SDCU. The team includes the administrator, nurse manager, and social worker. The team uses the "Special Care Unit Criteria Review" form (see attachment) to document its review. The administrator or designee will review every future resident's admission paperwork within 72 hours of completion to ensure each record contains the documentation to support preadmission screening by the geriatric assessment team.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented ([REDACTED] - 07/08/2025)

231e - No Objection Statement

4. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept ([REDACTED] - 07/02/2025)

On 6/12/25 all resident records were reviewed by the administrator to ensure each contained documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit. The facility uses the "Restrictive Environment Consent Form" form (see attachment) to document that each resident and designated person has not objected to the admission to the SDCU. No other records were found to be missing the signed document. The administrator or designee will review every future resident's admission paperwork within 72 hours of completion to ensure each record contains the required documentation that the resident and the resident's designated person have not objected to the admission.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented ([REDACTED] - 07/08/2025)