

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2025
NAME OF PROVIDER OR SUPPLIER  Homewood Living Plum Creek, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  425 Westminster Avenue Hanover, PA 17331	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, facility policy review, and staff interviews, it was determined that the facility failed to ensure staff implement infection control policies to prevent the spread of infection for one resident observed on contact precautions (Resident 24) Findings Include: Review of facility policy, titled Isolation-Categories of Transmission-Based Precautions, revised September 2022, revealed in a section labeled, Contact Precautions, instructions for staff and visitors to wear gloves and a disposable gown with entering a resident's room on contact precautions. Review of Resident 24's clinical record revealed diagnoses of Chloridoids difficile (C-diff, a bacterium that causes an infection of the colon) and sepsis (a dangerous reaction to an infection. It causes extensive inflammation throughout your body that can lead to tissue damage, organ failure and even death). Observation of Resident 24's room on December 16, 2025, at 10:25 AM, revealed Resident 24 lying in bed in her room. On the entrance door to Resident 24's room there was a sign indicating that Resident 24 was on contact precautions and that it was required to wash your hands before entering and before leaving Resident 24's room, it was mandatory to wear gloves while in Resident 24's room, and it was mandatory to wear a protective gown while in Resident 24's room. Further observation at that time revealed Employee 5 (Housekeeper) was in Resident 24's room wearing only disposable gloves and a surgical mask, not a protective gown. Employee 5 then exited Resident 24's room and removed her gloves and applied another pair of disposable gloves, without washing her hands, and then started vacuuming the hallway prior to moving onto the next resident's room to clean. Interview with Employee 5 on December 16, 2025, at 10:25 AM, revealed that Employee 5 was aware that Resident 24 was on contact precautions, but Employee 5 thought that meant that she was required to wear disposable gloves and a surgical mask into Resident 24's room. Review of Resident 24's electronic medical record revealed a stool sample that returned a positive result for Chloridoids difficile on December 10, 2025, at 12:56 PM. Review of Resident 24's physician orders revealed an order for Resident 24 to be on contact precautions starting on December 12, 2025, for C-diff. Review of Resident 24's care plan revealed a care plan of, I have C-diff, with an intervention of, Contact Precautions, with a start date of December 12, 2025. Interview with the Director of Nursing on December 17, 2025, at 2:15 PM, revealed that she was aware of the observation of Employee 5 in Resident 24's room and that employee education had been completed to correct the situation. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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