



Certified End Page

HOMWOOD AT PLUM CREEK
STATE LICENSE NUMBER: 342202
SURVEY EXIT DATE: 01/07/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

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THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395898	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/07/2025
NAME OF PROVIDER OR SUPPLIER: HOMEWOOD AT PLUM CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE: 425 WESTMINSTER AVENUE HANOVER, PA 17331		
STATE LICENSE NUMBER: 342202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
K 0000	INITIAL COMMENT Facility ID #342202 Component 01 B, C, D Buildings and Chapel Based on a Medicare/Medicaid Recertification Survey completed on January 7, 2025, it was determined that Homewood at Plum Creek was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a one-story, Type V (111), protected wood frame structure, without a basement, which is fully sprinklered.	K 0000		
K 0353 SS=E		K 0353		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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K 0353 SS=E	Continued from page 1 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	The enclosed plan of correction set forth in these documents does not constitute admission or agreement by the provider of the truth of the facts alleged or concluded set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provision of Federal and State law. 1. What systematic changes will be put in place to ensure that the deficiency does not recur, and how the corrective action(s) will be monitored. The sprinkler head escutcheon was placed onto the sprinkler heads located closest to the corridor door, within the Care South Country Kitchen and in the corridor outside Resident Room C-148 on 1.7.2025. Maintenance Director completed a full inspection and did not identify any further sprinkler/escutcheon concerns. Education was provided on 1.7.25 - 1.17.25 by NHA and Maintenance Director on the proper	Completion Date: 02/07/2025 Status: APPROVED Date: 01/22/2025

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K 0353 SS=E	Continued from page 2	K 0353	<p>maintenance and importance of the sprinkler system specifically the escutcheons being intact at all times.</p> <p>2. What quality assurance program will be put into place, and the dates when corrective actions will be complete. Action plan #455 was initiated. Audits will be done monthly X3 then quarterly by the Maintenance Director. The Maintenance Director will then report the findings to the QA Committee quarterly to ensure compliance with this regulation. The corrective action will be completed by 2.7.25.</p>	

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K 0353 SS=E	Continued from page 3 Based on observation and interview, it was determined the facility failed to maintain hardware components of the complete automatic sprinkler protection system, affecting one of seven smoke compartments within the component. Findings include: 1. Observation on January 7, 2025, at 11:15 AM, revealed the sprinkler head located closest to the corridor door, within the Care South Country Kitchen, was missing an escutcheon. Interview with the Administrator on January 7, 2025, at 11:15 AM, confirmed the sprinkler was missing an escutcheon. 2. Observation on January 7, 2025, at 11:33 AM, revealed the sprinkler head located within the corridor, outside Resident Room C-148, was missing an escutcheon.	K 0353		

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K 0353 SS=E	Continued from page 4 Interview with the Administrator on January 7, 2025, at 11:33 AM, confirmed the sprinkler was missing an escutcheon.	K 0353			

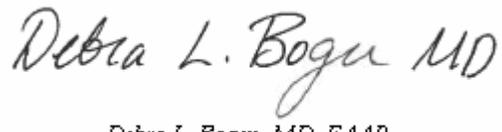


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