

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARTHA'S MANOR, INC.

LEGAL ENTITY

To operate MARTHA'S MANOR, INC.

NAME OF FACILITY OR AGENCY

Located at 1217 COACH ROAD, LILLY, PA 15938

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 2, 2010 until April 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **322940**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 02 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Martha M. Bowser, Administrator
Martha's Manor, Inc.
Martha's Manor
1217 Coach Road
Lilly, Pennsylvania 15938

Dear Ms. Bowser:

As a result of the Department of Public Welfare's licensing inspection on January 12, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martha's Manor, Inc 1217 Coach Road; Lilly, PA 15938		CURRENT LICENSE NUMBER 322940	
INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Granahan	
SIGNATURE OF LEGAL ENTITY <i>Martha Bowper</i>	DATE <i>2-4-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/5/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b-1 A resident shall have a medical evaluation at least annually.	Resident #1's last medical evaluation was completed on 10/20/08 – over a year ago.	<i>1-15-10</i>	<i>Current system not working, so we have implemented new spread sheet enclosed and posted near administrator's desk. The spread sheet has resident's name, MAS due date, assessment due date, support plan due date.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/23/10 BE</i> Date Initials (DPW)

FEB 05 2010 2:55PM MARTHAS MANOR INC.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martha's Manor, Inc 1217 Coach Road; Lilly, PA 15938		CURRENT LICENSE NUMBER 322940	
INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Granahan	
SIGNATURE OF LEGAL ENTITY <i>Martha Bowers</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 2/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #2's Triamcinolone Acetonide .1% ointment was unlocked in the resident's room.	2-4-10	Resident #2's Triamcinolone Acetonide was immediately 3/26/10 BE removed from resident's room. Resident's medical staff was contacted ASAP (medication ointment was locked in medication room) (1-12-10) until supporting documentation was gathered to add to resident's MAR	
		2/5/10	The Triamcinolone will be kept locked.	
		2/20/10	Staff will be instructed to routinely check rooms to ensure all medications are kept locked.	

MES 2/5/10

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martha's Manor, Inc 1217 Coach Road; Lilly, PA 15938		CURRENT LICENSE NUMBER 322940	
INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Granahan	
SIGNATURE OF LEGAL ENTITY <i>Martha Bouser</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE 2/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ul style="list-style-type: none"> (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for 	<p>Resident #2 uses <i>Triamcinolone Acetonide .1% ointment</i> and this medication is not listed on the January medication administration record.</p>	<p>2/04/10</p>	<p><i>after receiving documentation supporting order for Triamcinolone Acetonide 1% ointment</i></p> <p><i>Resident's name, medication name strength dose route of administration frequency of administration administration times duration of therapy diagnosis was added to MAR. These instructions were already on label</i></p> <p><i>We also ask visiting nurses to please notify facility of any added medications (ointments)</i></p> <p><i>when visiting, we immediately removed from resident's room until documentation was received.</i></p>	<p>3/23/10 <i>BE</i></p>

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INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Granahan	
SIGNATURE OF LEGAL ENTITY <i>Martha Bowser</i>	DATE <i>2-14-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE <i>2/15/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Any allergies, date and time of administration name and initials of staff person administering medication were also added to MAR. Visiting nurses have agreed to make facility aware of any new creams, ointment, etc.</i>	

Feb 05 2010 2:56PM

Martha's Manor, Inc.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Martha's Manor, Inc 1217 Coach Road; Lilly, PA 15938		CURRENT LICENSE NUMBER 322940	
INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Granahan	
SIGNATURE OF LEGAL ENTITY <i>Martha Bowper</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 2/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (1) Annually.	<ul style="list-style-type: none"> - Resident #1 does not have a current assessment. The most recent assessment was completed on 10/20/2008 -- over a year ago. - Resident #2's last assessment was completed on 9/16/08. An undated assessment is in the record however it cannot be determined if it was completed in the required timeframes. - Resident #3's last assessment was completed on 10/19/08. An undated assessment is in the record 	1-20-10	<p><i>current system not working. We have implemented new spread sheet to prevent this from occurring again</i></p> <p><i>assessments will be dated when completed in future.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3/23/10</u> <i>JE</i></p> <p>Date Initials (DPW)</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Granahan	
SIGNATURE OF LEGAL ENTITY <i>Martha Bowser</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	however it cannot be determined if it was completed in the required time frames.			

P.13

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Marthas Manor Inc.

Feb 05 2010 2:56AM