COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **MARTINS RUN, INC.**
(LEGAL ENTITY)

To operate **MARTINS RUN**
(NAME OF FACILITY OR AGENCY)

Located at **THE PINES, 11 MARTINS RUN, MEDIA, PA 19063**
(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 **59**
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 **September 9, 2010** until **September 9, 2011**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 182800

Robert E. Robinson
ISSUING OFFICER

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

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

SEP 1 4 2010

Ms. Linda Sterthcus, CEO
Martin's Run, Inc.
11 Martin's Run
Media, Pennsylvania 19063

Dear Ms. Sterthcus:

As a result of the Department of Public Welfare's licensing inspection on April 12, 2010, June 28, 2010, June 29, 2010, and September 2, 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,

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 Martins Run 11 Martins Run, Media, PA 19063		CURRENT LICENSE NUMBER 182801
INSPECTION DATE(S) (Include all dates of the inspection) June 28, 2010 and June 29, 2010	REGIONAL REPRESENTATIVE Christine McHale and James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) IRENE KANE		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Irene Kane	DATE 7/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Laura A. Wood	DATE 9/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
82c 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.	-A tube of Vaseline labeled "If swallowed get medical help or contact a Poison Control Center right away" was found unlocked on the sink counter of Resident #1's room. Resident #1 was not assessed to safely use or avoid poisonous materials. -Two bottles of mouthwash labeled "If more than used for rinsing is swallowed get medical help or contact a Poison Control Center immediately" were found unlocked in Resident #2's room.	August 4, 2010	The Pines will assess each resident for poisonous material safety via a mini mental exam. Residents scoring 18 or above will be considered safe to use poisonous material, and may store them in their private room which has a locked front door. The resident who scores under 18, will have all poisonous materials stored outside their private room in a locked cabinet by the Pines. This assessment will be documented on the support plan.	9/3/10 VAV

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
	Resident #2 has not been assessed to safely use or avoid poisonous materials.			

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Irene Kane	7/23/10	Pamela Hilton	8/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	-The lamp in resident room #118 was not accessible from the resident's bedside. -The lamp in resident room #115 was not accessible from the resident's bedside.	August 4, 2010	Surveyors never identified room #118 as the room that the resident could not access lamp from the bedside. When report arrived room was checked and found to be in compliance. Resident was able to access their lamp from bedside. We changed lamps in 115 so [redacted] has one on [redacted] table and put the floor lamp across the room. The switch by the bed will work operate the lamp on the table. The furniture in each room belongs to the resident and is set up by the family. Pines will advise the family to set a lamp by the bed per regulations. There is a switch on the wall that will work the outlet across the room. Pines will advise the family to arrange the bed within reach of the wall switch.	9/3/10 WH

Staff have been instructed to monitor for compliance throughout the course of their daily routines. Administrator will monitor weekly. WH 9/2/10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Irene Kane	DATE 7/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Lauma A. Ulda	DATE 9/2/10

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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #2's medical evaluation dated 2/19/10 stated "see attached" for the resident's medication. The attachment with the medications was dated 2/5/10.	August 4, 2010	Administrator ~~Pines staff~~ will double check the date accuracy on the medical evaluation after it is completed by the physician. Any attachments to medical evaluations will be signed and dated by the physician that completed the medical evaluation, on the date the medical evaluation is completed. VOT 9/29/10	

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Anne Kane	7/23/10	Lauren Hatter	9/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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.	A tube of Neosporin and a package of Glucose 5mg chew tabs were found unlocked in Resident #2's room. Resident #2 is not able to self-administer medications.	August 4, 2010	Pines staff periodically checks resident rooms for materials that may have been brought in by a visitor or the resident may have purchased in the commissary at Martins Run. These checks will now be conducted on a weekly basis. Administrator and staff have been educating residents and families on the importance of notifying staff when medications are brought into the home. LH 9/2/10	Steps have been taken to correct violation; full compliance is not verifiable 9/3/10 LMH Date Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
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INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVE
June 28, 2010 and June 29, 2010	Christine McHale and James Hummel

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
[signature]	7/23/10	[signature]	9/2/10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-Resident #1's medication administration record did not include diagnoses for Erythromycin ointment and Haloperidol 1mg. -Resident #3's medication administration record did not include diagnoses for Trazadone 25mg, Warfarin Sodium 1mg, and Amoxicillin. -Resident #4's medication administration record did not include a diagnosis for Lopressor 12.5mg.	August 4, 2010	Medication diagnosis was added to each resident's MAR per regulation. Going forward, the MAR will be checked for diagnosis at the end of each month during the MAR re-cap process. The MAR for the upcoming month is checked by staff for the required information before it is used. MAR 9/3/10	9/3/10 LBH

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June Kane	7/23/10	Laura Hobbs	9/2/10

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252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than 2 years old.	The photographs in Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5's records were not dated making it impossible to determined if the photographs are less than 2 years old.	August 4, 2010 10/1/10 9/3/10	A new picture will be taken of each resident and placed on the MAR with the date. Going forward, the picture will be updated every two years with the date taken on the picture. A tickler system will developed to ensure the photos are updated every 2 years. LMH 9/2/10 All newly admitted residents will have a picture taken + dated upon admission. LMH 9/3/10	Steps have been taken to correct violation; full compliance is not verifiable LMH Initials (DPW) 9/13/10 Date

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

NAME AND ADDRESS OF PERSONAL CARE HOME Martins Run 11 Martins Run, Media, PA 19063		CURRENT LICENSE NUMBER 182801
INSPECTION DATE(S) (Include all dates of the inspection) April 12, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) IRENE KANE VP Health Services/RHH		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Irene Kane	DATE 5/14/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Laura A Elliott
		DATE 8/29/10

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85a Sanitary conditions shall be maintained.	Individual glucometers are not available for residents who are prescribed glucometer blood sugar checks. The home utilizes a shared house glucometer for testing.	April 26, 2010	Individual glucometers were ordered and are now being used for the four residents who receive blood sugar checks. Going forward, any resident with an order for blood sugar checks will have their own glucometer. All Med Techs have been in-serviced on the Department of Public Welfare's Sanitary practice guidelines.	9/3/10 LHH

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) TM McLee RN Adm 9/1			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE TM McLee RN Adm	DATE 9/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Laura A Helt	DATE 9/29/10

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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	- The pharmacy label for resident #1's Combigan and Azopt 1% stated "instill one drop in eye as directed." The medication administration record for both medications stated "instill one drop in right eye 2 times daily." - The pharmacy label for resident #1's Prednisolone Acetate Opthalmic 1% stated "instill 1 drop in left eye 1 time daily." The medication administration record stated "instill one drop in left eye 3 times daily." - The home uses stickers to refer the person administrating the	9/29/10 9/29/10 9/29/10	~~The Med Techs in the Pines have been educated and have used reconciliation strickers for several years.~~ ~~Attached is the Pines at Martins Run Policy and Procedure for the use of reconciliation stickers.~~ The home is now utilizing a pharmacy that will issue a pharmacy label / new medication when an order is changed. The Stickers will continue to be utilized by the home, only if RN's or LPN's are administering the medications. and medications Administrator will monitor MARS to ensure all labels are in compliance. MM 9/29/10	9/3/10 MM

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE T McKee for Adm	DATE 9/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	medication back to the medication administration record for clarification when the medication administration record and pharmacy labels do not match. Not all staff persons that administer medications are licensed nurses. **Repeat Violation – 7/1/09**			