

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARTIN'S CARE HOME, INC.
LEGAL ENTITY

To operate MARTIN'S CARE HOME
NAME OF FACILITY OR AGENCY

Located at 522 WEST MAIN STREET, ROCKWOOD, PA 15557
(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 18
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 March 1, 2011 until March 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321540

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 04 2011

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

Ms. Wendy A. Martin, Owner/Administrator
Martin's Care Home, Inc.
Martin's Care Home
522 West Main Street
Rockwood, Pennsylvania 15557

Dear Ms. Martin:

As a result of the Department of Public Welfare's licensing inspection on January 28, 2011 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, appearing to read "R Melusky".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		CURRENT LICENSE NUMBER 321540	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
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 <i>Wendy Maier</i>	DATE 2/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt. Bomberg</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The criminal background check for direct care staff person A, hired 11/23/10, was completed on 1/5/11 through a private internet company, rather than through the PA State Police patch system.	2/18/11 <u>done</u>	a PA State Police check will be completed. I will have a Pa State Police, background check done for all employees. The private company will no longer be used for criminal background checks. All staff records were reviewed to ensure that all staff have PA State Police Criminal Background checks. 2/25/11	PCH Division Central Region Field Office FEB 25 2011 RECEIVED Steps have been taken to correct violation, full compliance is not verifiable. 2/25/11 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		CURRENT LICENSE NUMBER 321540	
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SIGNATURE OF LEGAL ENTITY <i>Wendy Mueller</i>	DATE <i>2/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE <i>2/25/11</i>

REGULATION 55 Pa.Code §2600 (relating to protective services for older adults) and other applicable regulations.	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
				<i>Contd</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		CURRENT LICENSE NUMBER 321540	
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SIGNATURE OF LEGAL ENTITY <i>Wendy Martin</i>	DATE 2/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person B, hired 6/22/10, does not have a high school diploma, GED or active registration on the Pennsylvania nurse aide registry. The only documentation provided by the home was a confirmation receipt with the words "Diploma Program" written on the receipt.	2/16/11 ongoing	or Staff person (B) said she had her GED cert. + had to read for it. She got a letter back stating they could not find it. She says she is sure she took the GED program. passed, she did not work by herself at the PCH, she said she would re take the GED program offered in Somerset, if she can not get her a copy of proof of her diploma. I will not letter work alone till I have	

(See next page)

NOT Acceptable - see next page

in GED Program OR a copy of GED Cert.

Proof of completion

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SIGNATURE OF LEGAL ENTITY <i>Wendy Mauldin</i>	DATE <i>2/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Borking</i>	DATE <i>2/25/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.		<i>2/28/11</i>	<p><i>Staff person B is no longer employed at the PCH. The administrator will develop an employee checklist to ensure all new staff have qualifications. Staff will not be retained beyond the provisional hiring period without receipt of documentation of meeting the staff requirements. B 2/25/11</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>2/25/11 CB</i></p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Wendy Maule</i>	DATE 2/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombers</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	<ul style="list-style-type: none"> Direct care staff person A, whose first day of work was 11/23/10, did not complete training on evacuation procedures or smoking policy and procedures until 11/30/10. Direct care staff person B, whose first day of work was 6/22/10, did not complete training on fire safety until 6/27/10. Direct care staff person C, whose first day of work was 7/9/10, did not complete training on fire safety until 7/16/10. 	<i>done</i>	<p style="font-size: 1.2em;"><i>All direct care staff have had all trainings required by state. I will be sure they have all of their direct care staff trainings done the first day of work. IF I need to hire any new employee's I will be sure they have all direct care staff trainings done the first day of training.</i></p>	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em;">Date <i>2/25/11</i> Initials <i>DPW</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		CURRENT LICENSE NUMBER 321540	
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SIGNATURE OF LEGAL ENTITY <i>Wendy Martin</i>	DATE 2/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<p><i>Compl.</i></p> <p><i>Wendy will be sure all new employees will have all of these trainings done on the first day of training</i></p> <hr/> <p><i>The administrator is now using a checklist to verify all training to insure that all initial training topics are completed timely.</i></p> <p style="text-align: right;"><i>CB</i> <i>2/25/11</i></p>	<p><i>Contd</i></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Wendy Mauler</i>	DATE 2/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Berman</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	The home did not provide training on mandatory reporting of abuse and neglect under OAPSA to direct care staff person B, hired on 6/22/10.	done 2/14/11	I added this to staff person (B) or [redacted] training packet. I went over this with her. (by phone) I will be sure in the future with any new employees to have this in the direct care staff trainings, required by state.	2/25/11 <i>CB</i>

**I will have her sign when she comes back.*

(She will not be back to work until April 1st)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
			<i>See administrator this mandatory training has been added to the employee training checklist to ensure it is completed timely. 03/2/2011</i>	<i>Cont'd</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Wendy Markin</i>	DATE <i>1/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombardieri</i>	DATE <i>2/25/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	In the bathroom directly off of the kitchen, there is an unvented propane gas heater with an open flame pilot light behind a metal guard frame, hanging on the wall. There are no protective guards to prevent a resident from coming into contact with the open flame or the hot unit when operating. On 1/28/11 at 9:00 am, the radiant heat was measured at 332 degrees Fahrenheit.	<i>1/29/11</i>	<p style="text-align: center;"><i>1/29/11</i></p> <p>The gas was permanently disconnected from the heater.</p> <p>We will no longer be using this heater.</p> <p>In the future I will be sure not to have any heating sources that are not protected of this type.</p> <p style="text-align: right;"><i>Small homes needed</i></p>	<i>2/25/11 CB</i>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection completed by a fire safety expert within the past year.	7/1/10 2/10/11 2/28/11 ^{CS}	our fire chief did a fire drill with staff residents also went over fire safety + check the house + our evacuation plan. From now on we will use the new fire drill + fire safety sheet given to me by my state inspector.	

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

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SIGNATURE OF LEGAL ENTITY <i>Wendy Markin</i>	DATE <i>2/16/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>2/25/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the second floor exit door by the bedroom directly to the right when ascending the inside stairs.	<i>2/16/10</i>	<i>(EXIT) I put a new sign over door at the top of steps, where state request I put one.</i>	<i>2/25/11 CB</i>

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> The medical evaluation for resident #1, dated 12/17/10, does not include the medication regimen. The medical evaluation for resident #2, dated 2/24/10, does not include the medication regimen. 	2/16/11	<p>The medication list was with doctor medical evaluations listed below the list was not stapled to med. eval. So I had the doctor print a new list. Sign it</p> <p>The administrator will review all medical evaluations for completeness and also to see that any attachments are signed and dated to correspond with the medical evaluation. 02/25/11.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>2/25/11 Date Initials: <i>CB</i></p>

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			<i>Compl</i>	

VIOLATION REPORT
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (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	The medication administration record for resident #3 does not include the diagnosis or purpose for the following medications: Lotrel, Vitamin D, Lexapro, Ducusate, Donepezil, Metformin, Risperidone and Ativan.	<i>2/16/11</i>	<i>I actually wrote out this MAR, I did not put the diagnosis or purpose for the medication on the MAR. I will from now on I have to write out one by hand, I had my pharmacy make me a new MAR. This is the one I'm sending. I will have the pharmacy make the MARs from now on and I'll put on purpose</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2/25/11</i> Date Initials (DPW)

not he saw had a new one printed

I'll put on purpose

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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precautions, if applicable. (12) Diagnosis or purpose for 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>Contd</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Wendy Martin</i>	DATE 2/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombardieri</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	On 1/25/11, 1/26/11 and 1/27/11, resident #3 was administered 0.5 tablet Ativan Pro re nata (PRN) for agitation as a chemical restraint.	2/16/11	This is how the Doctor wrote it on the prescription, from now on I will try to review all new prescriptions to ensure they do not say for agitation, or anything that would constitute a violation. I also had agitation removed on 1/26/11	Steps have been taken to correct violation; full compliance is not verifiable. 2/25/11 Date Initials (DPV)

I am very, to change the script they changed it on the mark.

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

NAME AND ADDRESS OF PERSONAL CARE HOME MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		CURRENT LICENSE NUMBER 321540	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
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 <i>Wendy J. Martin</i>	DATE 2/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 2/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
<p>compliance, is prohibited.</p> <p>(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.</p> <p>(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.</p> <p>(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or</p>			<p>Per administrative- Medications will not be used for a restraint but only for medical purposes on a medical basis. 02/25/11</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		CURRENT LICENSE NUMBER 321540	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
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 <i>Wendy Maule</i>	DATE <i>2/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>2/25/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				<i>Contd</i>