

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 124 COSEY LANE, 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 3, 2011 until April 3, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322940

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

APR 06 2011

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

Ms. Martha M. Bowser, Administrator
Martha's Manor, Inc.
124 Cosey Lane
Lilly, Pennsylvania 15938

Dear Ms. Bowser:

As a result of the Department of Public Welfare's licensing inspection on February 9, 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. The new license also reflects the home's updated postal address.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

P. 2
Mar 21 2011 6:26AM HP LASERJET FAX

NAME AND ADDRESS OF PERSONAL CARE HOME MARTHA S MANOR INC, 1217 COACH ROAD LILLY, PA 15938		CURRENT LICENSE NUMBER 322940	
INSPECTION DATES (Include all dates of the inspection) 02/09/2011		REGIONAL REPRESENTATIVE Thomas Roth, Mike Palermo	
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>Martha Bowser</i>	DATE 3-12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Erlich</i>	DATE 3/21/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	There was approximately an inch of snow on the deck outside the exit door by room #10.	2-9-2011	Staff meeting was held. We have implemented a system. If regular maintenance person is scheduled off, the team leader for each shift will check each entrance, exit and ensure that snow, ice leaves etc are removed change effective immediately after inspectors left facility	3/21/11 BE

RECEIVED TIME MAR. 21.4 6:53AM

P.3
Mar 21 2011 6:26AM HP LASERJET FAX

NAME AND ADDRESS OF PERSONAL CARE HOME MARTHA S MANOR INC, 1217 COACH ROAD LILLY, PA 15938		CURRENT LICENSE NUMBER 322940	
INSPECTION DATES (Include all dates of the inspection) 02/09/2011		REGIONAL REPRESENTATIVE Thomas Roth, Mike Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARTHA BOWSER, ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Martha Bowser</i>	DATE <i>3-12-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gwin Enich</i>	DATE <i>3/21/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The support plan of 1/22/11, for resident #1, admitted on 1/20/11, did not address his/her need for falls preventions and PT/OT services, as listed as needs on his/her assessment of 1/22/11.	<i>2-9-2011</i>	<i>Administrator shall address needs of resident on support plan, then carry over to assessment. Administrator went to assessment ^{support} plan of resident #1 and address needs for fall prevention and OT/PT services Administrator will audit all support plans of residents to ensure that all provided services are included. -EE</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/21/11 EE</i> Date Initials (DPW)

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