

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 2, 2012 until March 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321540

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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

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

APR 17 2012

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

Dear Ms. Martin:

As a result of the Department of Public Welfare's licensing inspection on February 17, 2012 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  
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) 02/17/2012		REGIONAL REPRESENTATIVE Jan Cutter, Deb McConnell	
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 Maiker</i>	DATE <i>3/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Higgins (JPH)</i>	DATE <i>3-27-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	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
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.	<p>The following chemicals were under the kitchen sink with an unsecure locking device: All purpose spray cleaner and Clorox spray.</p> <p>The following chemicals were on a shelf in the basement stairwell with an unsecure lock: Bleach and Dust control spray.</p> <p>All of these items had a manufacture's label indicating "If swallowed, call physician or poison control center". Residents of the home have not been assessed as capable of recognizing and using poisons safely.</p> <p align="center"><b>RECEIVED</b></p> <p align="center">MAR 2 2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p><i>I'm sending a picture to show I have a key lock on that door now leading down to Basement + also a new chain lock on cabinet.</i></p> <p><i>(1)</i></p> <p><i>(2)</i></p> <p><i>I Wendy Adm. will make sure these are kept locked when not in use.</i></p>	<p><i>JPH</i> <i>3-27-12</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Wendy Markie</i>	DATE 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 3-27-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	<p>There was no outside source of light that enables residents to safely evacuate from the fire escape on the second floor.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">MAR 22 2012</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>	<p style="font-size: 1.5em;">I'm sending a picture of the new light we installed for fire escape.</p> <p style="font-size: 1.5em;">Picture <u>3</u></p> <p>4-26-12 A designated staff person will check the light monthly to ensure it is working properly. 3-26-12 JJP</p>	<p style="font-size: 1.5em;"><i>JJP</i> 3-27-12</p>

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SIGNATURE OF LEGAL ENTITY <i>Wendy Martin</i>	DATE <i>3/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-27-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	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
132a An unannounced fire drill shall be held at least once a month.	According to Administrator and staff interviews, fire drills are scheduled in advance and the staff are made aware of the schedule.  <b>RECEIVED</b>  MAR 22 2012  Western Field Office Adult Residential Licensing	From now on the staff will not know in advance when I will be conducting a fire drill. I Wendy Martin administrator will conduct all fire drills. 4-26-12 - An unannounced fire drill shall be held at least once a month. <i>3-27-12</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/27/12</i> Date Initials (DP/W) <i>[Signature]</i>

*[Signature]*

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REGULATION 55 Pa.Code §2600	VIOLATION	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>225a</p> <p>A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>Resident #1's initial assessment dated 1/3/12, did not include the diagnoses of HTN and Hypothyroidism.</p> <div style="text-align: center; margin-top: 20px;"> <p><b>RECEIVED</b></p> <p>MAR 22 2012</p> <p>Western Field Office Adult Residential Licensing</p> </div>	<p><i>I Wendy Martin administrator will make sure to provide all diagnoses on assessment forms</i></p> <p><i>4-26-12 Resident #1's assessment dated 1-3-12 will be updated to include the diagnoses HTN and Hypothyroidism</i></p> <p><i>4-26-12 The administrator will review all current resident assessments to ensure they are completed in their entirety including all diagnoses.</i></p> <p style="text-align: right;"><i>3-26-12 JJP</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <i>3-27-12</i> Initials (DPW) <i>JJP</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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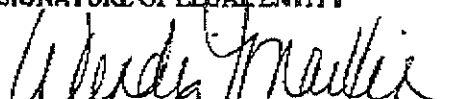

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, 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.	Resident #2 is involved with Bedford-Somerset MH/MR. However, resident #2's support plan, dated 6/24/11 does not address how the home will assist the resident in meeting these needs.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>RECEIVED</b>                           MAR 22 2012                           Western Field Office                          Adult Residential Licensing                     </div>	I Wendy Martin administrator will be sure to list all MH/MR activities on Support Plan under Care/Behavioral health, and list how <sup>we</sup> will cont. to follow in these programs and activities with MH/MR.	Steps have been taken to correct violation; full compliance is verifiable Date <u>3-27-12</u> Initials (DPW) <u>JYP</u>

*See page 5A*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2609**

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> MARTIN S CARE HOME, 522 WEST MAIN STREET ROCKWOOD, PA 15557		<b>CURRENT LICENSE NUMBER</b> 321540	
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Martins Care Home Inc

Mar 27 12 10:37a

<b>REGULATION</b> 55 Pa.Code §2609	<b>VIOLATION</b>	<b>PLAN OF CORRECTION</b> (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	<b>DATE COMPLIANCE VERIFIED BY</b>
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.	Resident #2 is involved with Bedford-Somerset MH/MR. However, resident #2's support plan, dated 6/24/11 does not address how the home will assist the resident in meeting these needs.  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Western Region</b>   MAR 27 2012   Adult Residential Licensing </div>	4/26/2012 - Resident #2's Support plan of 6/24/2011 will be updated to include the resident's involvement in Bedford-Somerset MH/MR.  4/26/2012 - The administrator will review all current resident support plans to ensure all residents have a detailed support plan which is accurate and includes all care, needs and services for each resident.	