

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARTINS 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 26, 2013 until March 26, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 26 2013

Ms. Wendy Stephanie 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 (Department) licensing inspection on December 11, 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 Human Services Licensing so that compliance can be verified.

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


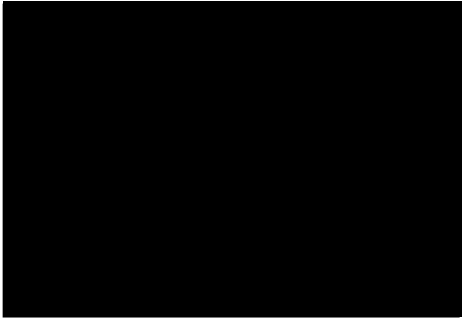
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: MARTIN S CARE HOME		2	License Number: 321540
Address: 522 WEST MAIN STREET, ROCKWOOD, PA 15557			County: Somerset
Administrator: Wendy Marlin	Western Field Office Adult Nonfranchised Licensing		Region: WEST
Legal Entity Name: MARTINS CARE HOME INC			
Legal Entity Address: 522 WEST MAIN STREET, ROCKWOOD, PA 15557			
Certificate(s) of Occupancy C-2 LP 04/29/1999 L & I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewal			
On-Site Inspections Dates and Department Representatives On-Site			
12/11/2012: Whitney, Diane			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 18 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 	

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
On 12-11-2012, at approximately 9:00 a.m., the inspector requested access to staff person D's record. Staff person C stated the record was not on-site and he/she did not have access to it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I Wendy will make sure all staff records will be kept on sight at all times as of 12/12/12 the staff records were here, All staff notified of this.

Immediately - The administrator will ensure all staff and resident records are made available to the Department upon request.

Wendy
2/26/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Marker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy A. Martin* Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13 (Date)

The above plan of correction was approved by W (Initials)

Plan of correction implementation status as of 2/26/13 (Date)

- Fully Implemented ▽
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 12-11-2012, medication administration records of the residents were unlocked and accessible in a kitchen cupboard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medications were just given and the cabinet had not been locked yet, Backup

I Wendy will be sure to tell all staff to lock medication cabinet as soon as they are done giving any all medications.

By 3/15/13, the administrator will check the medication administration records at least 3 times per week to ensure records remain locked.

Wendy

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Wendy Marlin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Wendy A. MARLIN

Date 2/11/13

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Plan of correction implementation status as of 2/26/13 (Date)

- Fully Implemented JW
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by (Initials)

JW

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.52 - 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 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 11-23-2010, did not have a criminal background check completed until 2-18-2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Wendy
I will be sure to have all criminal background checks within 30 days of date of hiring. They will done in a timely fashion. We had one criminal check done but it was not the right one so we redid it so we had the correct one that the state requested.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy A. Martin* Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13 (Date)

The above plan of correction was approved by *W* (Initials)

Plan of correction implementation status as of 2/26/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in fire safety during training year 2011.

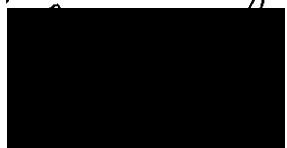
Staff person B did not receive training in fire safety during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2/11/13

Fire chief was here to do our annual fire drill, he does go over fire safety with us and all staff does a written education ypy. here is fire safety training for staff person A & B.



Wendy will make sure all staff does a fire safety ypy. if any staff person does not participate in the training with the fire department, the staff person will be trained by staff who was trained by the fire safety expert. or extra

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Martin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy A. Martin Date 2/11/13

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Plan of correction implementation status as of 2/26/13 (Date)

The above plan of correction was approved by [initials] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 32154 - 12/11/2012 - Whitney, Diane

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 12-11-2012, the telephone in the dining room and in the 2nd floor hallway did not have the current personal care home hotline number posted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I Wendy did call for the Hotline number but I called the wrong place, [redacted] gave me the correct number and now it is posted beside the phone. I will continue to have all numbers posted, beside phones.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Wendy Martin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Wendy N. Martin

Date 2/11/13

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Plan of correction implementation status as of 2/26/13 (Date)

The above plan of correction was approved by [initials] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A 5 pound bag of flour and a 10 pound bag of sugar were opened and unsealed in the kitchen cupboard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Wendy went over, with all staff to be sure all food is sealed and dated. I will continue to check that all food to make sure it is sealed (covered) & dated by monitoring food storage at least weekly.

Wendy
2/26/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy R. Martin* Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>2/26/13</u> (Date)</p> <p>The above plan of correction was approved by <i>[Signature]</i> (Initials)</p>	<p>Plan of correction implementation status as of <u>2/26/13</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented <i>J</i></p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 12-11-2012, there was an accumulation of lint in the lint trap of the dryer, on the back of the dryer, the electrical wiring, and on the ledge supporting the dryer vent.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I Wendy Cleared the trap and behind the dryer - walls are free from lint, I have all Staff checking this on a daily basis I had our repair man [redacted] come down and put a new dryer hose on the back of the dryer that leads outside. There is a checklist in laundry room for staff to mark on a daily basis to check lint behind dryer & to check hose. By 3/15/13 - The administrator will monitor at least weekly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Martin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy R. Martin Date 2/11/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 2/26/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The external dryer vent on the driveway side of the house has an accumulation of lint approximately 1" thick in the vent pipe and an area approximate 2' x 2' on the ground was covered with lint.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I Wendy had a new dryer hose (Wegit) Pipe Put on the dryer but our repair person [redacted], I will continue to check to make sure it is free from lint.

By 2/15/13 - I made a weekly check with [redacted] for this for administrator.
By 3/15/13 - The administrator will monitor the area for lint at least weekly. 2/26/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Martin* Date *2/11/13*

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Plan of correction implementation status as of 2/26/13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION

On 12-11-2012, the home had 17 residents, but only 29 gallons of emergency drinking water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We had 29 gallons here at the Personal Care Home. Bittner Wending sends me a letter every yr. Stating they will bring us water the very next day or we can pick up water here. We have 17 gallons here the first day or in case of an emergency, they will then supply us the very next day with however much water we would need.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Martin* Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/26/13* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *2/26/13* (Date)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Withdrawn from file


2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 11-5-2012. A medical evaluation was has not been completed for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #1 was admitted 11-5-2012
we did have [redacted] medical evaluation done
11-6-12, it may not have been in [redacted] chart
at the time.*

Withdrawn from file


Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Martin

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Wendy N. Martin

Date

2/11/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2/11/13
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #3 does not include a diagnosis for the medications Levofloxacin, Prednisone, and Ipratr-Albuterol.

The medication administration record for resident #3 does not include a diagnosis or purpose, strength, dosage, and route of administration for the medications Digoxin, Levaquin, Lasix, and Cardizem.

The medication administration record for resident #4 does not include a diagnosis or purpose for the medications Lisinopril, Omeprazole, Calcium 600 tablet, Metformin, Risperidone, Welchol, Lorazepam, Fluvoxamine, Olanzapine, and Lantus Solestar.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 3
resident # 4 } The medication administration record was fixed, here is a copy of the MAR's for resident #3 & #4. I will see to it that all diagnosis are listed on MAR from now on.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy A. Martin* Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
 PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to the medication administration record, on December 1, 2, 3, 6, & 10, 2012, staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.

According to the medication administration record, on December 7, 8, & 9, 2012, staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I Wendy will be sure that all of our paperwork for our employees checks is on the checks when it needs to be.

*Immediately - Staff persons B and C will not administer medications until completion of an annual practicum conducted by a qualified medication trainer-trainer.
 By 3/31/13 - The administration will develop a system to ensure medication administration practicums are completed annually*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Wendy A. Martin		2/11/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's current written description of services and activities does not include admission criteria.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I am in the process of updating and rewriting all of our Admission and procedures. I will Fax a copy of this policy by 3/1/13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Martin

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Wendy R. Martin

Date *2/17/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane
 PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 11-5-2012, does not have an initial assessment completed.

Resident #4, admitted 10-25-2012, does not have the medical diagnoses, dental needs, psychological/mental health needs, behavioral/cognitive needs, social/recreational needs, summary, and signature sections of the assessment completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

For resident #1 admitted 11/5/12 I did not have her chart completed at the time of our inspection, I have included a copy of her ~~admission~~ ^{med Eval, Assessment} _{done 11/6/12} and Support Plan

I will be sure to complete these items in a timely fashion as they are due.

As the same for resident #4 I have included a copy of these items. I will be sure to bill those items in from now on.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/17/2012
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Wendy Morkie</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Wendy K. Morkie	Date	2/17/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32154 - 12/11/2012 - Whitney, Diane
 PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows;

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 10-3-2012, indicates the resident is on a regular diet. The medical evaluation, dated 9-25-2012, indicates the resident is ordered a pureed diet. The assessment also does not address how the home will meet the resident's behavioral/cognitive needs and short and long term memory needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*I did resident #2 assessment 10/3/12
 Rena P. she does eat regular food, except
 for sometimes we need to cut her meat
 a little finer, I ^{HAVE} rewritten her assessment
 to match the medical evaluation.*

*I made a notation on
 the assessment.*

*I will be sure to follow medical eval.
 done by doctor to make my assessments.*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Wendy Martin</i>		<i>2/19/13</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32154 - 12/11/2012 - Whitney, Diane
PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
Resident #3's assessment dated 1-11-2012 indicates resident is mobile. The medical evaluation, dated 1-4-2012, indicates the resident is cognitively immobile.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

* resident #3 assessment dated 1/11/12 indicated resident is mobile & admitted 1/11/12, when [redacted] came to my home on this day [redacted] did very well! The medical eval says difficulty understanding and following oral directions in the event of emergency, but at the time of admission 1/11/12 [redacted] understood & followed directions [redacted] always evacuated during fire drills very well.

* As of 1/4/12 [redacted] was discharge from our home & was in the hospital the beginning of December & the end of December, [redacted] mobility & mental status did decline so we did discharge [redacted] from our home. I will be sure to update my assessment's if there are ever any mobility issues

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Martin* Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32154 - 12/11/2012 - Whitney, Diane

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 11-5-2012. The home has not developed a support plan for the resident.

Resident #4 was admitted to the home on 10-25-2012. The home has not completed the diagnoses, summary and signature sections, and how the home will meet the resident's dental, psychological/mental health, behavioral/cognitive, and social/recreational needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

For resident #1 I will be sure to complete assessments support plans in a timely fashion I did not have the chart completed at the time of inspection, I have included a copy of the assessment & support plan I will be sure to complete these items in a timely fashion as they are due.

As the same for resident #4 I have included a copy of these items I will be sure to fill those items in soon now on.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Maletta

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Wendy Maletta

Date *2/11/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented