pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 0 2 2013

Ms. Linda M. Sterthouse, CEO
Martins Run, Inc.
11 Martins Run
Media, Pennsylvania 19063

RE: Martins Run
The Pines, 11 Martins Run
Media, Pennsylvania 19063

Dear Ms. Sterthouse:

As a result of the Department of Public Welfare's licensing inspection on June 13, 2013, 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.

Your regular license for the period of September 11, 2013 to September 11, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

Ronald Melusky | MES

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: MARTINS RUN	License Number: 18280
Address: 11 MARTINS RUN, MEDIA, PA 19063	County: Delaware
Administrator: Theresa McKee	Region: SOUTHEAST
Legal Entity Name: MARTINS RUN INC	
Legal Entity Address: 11 MARTINS RUN, MEDIA, PA 19063	

Certificate(s) of Occupancy

I-2
12/16/2010
Marple Township

Staffing Hours

Resident Support: 0 | Total Daily Staff: 24 | Waking Staff: 18

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site

06/13/2013: Kazimer, Lauren; McHale, Christine

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: 59	Number of Residents who:
Number of Residents Served: 22	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 22
Area:	Have Mental Illness: 3
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2
Number of Current Hospice Residents: 4	Have a Physical Disability: 0
Number of Hospice Residents in past year: 5	

Violation Report: 18280 - 06/13/2013 - Kazimer, Lauren
PCH Name: MARTINS RUN

1. REGULATION 55 Pa.Code §2600
2600.86(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
A dumpster behind the home containing construction materials was not covered.

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.

All of the home's dumpsters do have lids, and stay closed at all times, except for the construction dumpster. Please note there is no food, clothing, anything except for construction trash that goes into this dumpster. It's classified as a temporary dumpster as we are doing construction on the apartments. A tarp has been ordered and is in place over the construction dumpster; it is bungee corded down securely. Any time anyone places any items into dumpster they are aware it must be covered & secured in place. All Maintenance staff & Security have been inserviced on the subject. Security will check the dumpsters to ensure they are all covered when they do their rounds twice a night to make sure the tarp is secure on the dumpster. It will be documented in their rounds sheet that they turn in daily to the Director of Maintenance.
The home's two main dumpsters you need a key to open, and the appropriate staff have a key.

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

Signature of Legal Entity Representative (Required on EVERY Page) Teri McKee RN PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Teri McKee RN PCA Date 7/9/13

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

The above plan of correction is approved as of 7/10/13 (Date)

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

Plan of correction implementation status as of 7/11/13 (Date)

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

Violation Report: 18260 - 06/13/2013 - Kazimer, Lauren
PCH Name: MARTINS RUN

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The bathroom rug in room # 103 did not have rubber backing and was not slip resistant. This poses a tripping or slipping hazard 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.

This resident had a non-slip rug in place, although it was worn. A replacement non-slip rug was immed put in place by the Supervisor. The PCA and Supervisor will continue to monitor each resident's bathroom rug to ensure resident safety on a weekly basis. The backings of the rugs will be examined carefully and will be replaced with a new non-slip rug if needed. All staff have been informed and inserviced on this issue. Staff are also to report to PCA and supervisor when a resident needs to have a non-slip rug.

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

Signature of Legal Entity Representative (Required on EVERY Page) Teri McKee RN PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Teri McKee RN PCA

Date 7/9/13

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Violation Report: 18280 - 06/13/2013 - Kazimer, Lauren
PCH Name: MARTINS RUN

1. REGULATION 55 Pa.Code §2600
2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION
The first aid kit located in the home's transportation car had a non-break away zip tie keeping it closed. The driver of the vehicle could not open the zip tie. A pair of scissors was retrieved from inside the home to cut it off. The first aid kit was therefore unaccessible to staff in the event of an emergency.

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.

A Acrylic tie was in place on the vehicle First Aid Kit. Tie was immed Removed from the Kit for accessibility. All Required items were contained in the First Aid Kit. PCA will continue to monitor First Aid Kits for Accessibility and contents on a monthly basis. Transportation staff as well as Dcs have been trained to inform PCA in the event an item is utilized from the First Aid Kit, so PCA may replace any necessary items. No First Aid Kits will have any closures in place per regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) Teri McKee RN PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Teri McKee RN PCA Date 7/9/13

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Violation Report: 18280 - 06/13/2013 - Kazimer, Lauren
PCH Name: MARTINS RUN

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
A box of frozen fish sticks, a box of chocolate chip cookie dough, and a bag of hot dog buns in the walk-in freezer were opened and unsealed.

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.

The Dietary Supervisor immed. Removed the 3 food items from the freezer, and disposed the items.
All dietary staff were verbally in serviced on the subject by the PCA, as well as the Director of Dietary.
The Dietary Supervisor will continue to monitor all items in the freezer. Checks will be completed twice a day, instead of once a day. These checks will be completed between 1st – 1:30pm as well as 7th – 7:30pm. A checklist by dietary staff will be completed to ensure compliance.
The Dietary Supervisor in serviced all dietary staff on labeling all food items that go in the freezer/fridge unit and place a expiration date as well.
PCA will also follow up with monitoring checklists, and communicate with Director of Dietary.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Teri McKee RN PCA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Teri McKee RN PCA	Date 7/9/13		

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