



MAY 08 2014

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

RE: Martin's Care Home
License #: 321540

Dear Ms. Martin:

As a result of the Department of Public Welfare's licensing inspection on December 11, 2013 and December 12, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 26, 2014 to March 26, 2015 was issued on December 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
 PCH Name: MARTIN S CARE HOME

APR 11 2014
 NATION SERVICES INCORPORATED

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 performs labor on behalf of the home by routinely folding other resident's clothes ^{gathering} and the dirty dishes from the dining table after meals and fills and empties the home's dishwasher. Resident #1 is not compensated in accordance with State and Federal labor laws for performing this labor on the behalf 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.

Resident #1 is no longer performing any labor in the home of any resident performing labor in the home we will compensate them in accordance w/ State and Federal law.

The administrator will educate staff on this subject.

The administrator will monitor weekly to see that no labor is being performed and if it is they will be compensated following State and Federal law.

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)		Date	3/30/14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4-16-14</u> (Date)		Plan of correction implementation status as of <u>4-16-14</u> (Date)	
The above plan of correction was approved by <u>W</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>4-16-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Immediately - Any resident performing labor on behalf of the home shall meet all regulatory requirements of a staff person in accordance with the chapter 2600 regulations 4-16-14
 5-15-14 - all staff persons will be educated on resident rights and the home's policy on residents performing labor on behalf of the home. Documentation of education will be kept. 4-16-14

RECEIVED

Violation Report: 32164 - 12/11/2013 - McConnell, Deb

PCH Name: MARTIN S CARE HOME

APR 13 2014

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

WEST REGION FIELD OFFICE
Human Services Planning

2a. DESCRIPTION OF VIOLATION
The home did not develop a staff training plan for 2013.

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 will Develop a 2014 Training Plan
The administrator will monitor
monthly to see that the training
are done in a timely manner
During my quality management review
I will also review the Training Plan
and the staffs monthly training/edu.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Marklin

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

Wendy D. MARKLIN

Date 3/30/14

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The above plan of correction is approved as of 4-16-14
(Date)

Plan of correction implementation status as of 4-16-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 4-16-14
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 11 2014

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN'S CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident #2 and resident #3 reside in a shared bedroom. On 12/11/13 there was only one chair available in the bedroom for both residents to use.

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 Direct care staff person will check all rooms weekly to ensure proper # of chairs in each room. The administrator will check the rooms monthly to check the number of chairs in each room.

12-11-13 - An additional chair was placed in the resident room. 4-16-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Markler

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

Wendy D. Markler

Date

3/30/14

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The above plan of correction is approved as of

4-16-14
(Date)

Plan of correction implementation status as of

4-16-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-16-14

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by.

J
(Initials)

Violation Report: 32184 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

On 12/11/13, there was no grab bar, hand rail or assist bar for the shower in the second floor common bathroom

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 the administrator added a new grab bar to the second floor bathroom

I the administrator will check all bathrooms to see that all grab bars are in place.

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 *3/30/14*

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The above plan of correction is approved as of

4-16-14
(Date)

Plan of correction implementation status as of

4-16-14
(Date)

- Fully Implemented *4-16-14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa. Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 12/11/13, at approximately 4:30 p.m., there was no thermometer in the home's kitchen refrigerator or standup freezer.
On 12/12/13, at 12:26 p.m., the temperature in the kitchen's standup freezer measured 9 degrees Fahrenheit.

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 thermometer fell underneath the drawer I put it back in place.
The administrator adjusted the freezer temperature, and temperature is regulated to -10°
I will have direct care staff check all refrigerators, freezers daily to ensure that food is stored at safe temp.
The administrator will check weekly

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy N. Markin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy N. Markin* Date *3/30/14*

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

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

Plan of correction implementation status as of 4-16-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-16-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

5-16-14 - All STAFF persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education will be kept. 4-16-14

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

APR 11 2014

PAGE 7 OF 14

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.132(b) - 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.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill conducted by a fire safety expert was on 11/16/12.

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.

On 3/8/14 a fire drill & fire safety inspection were conducted by fire safety expert.

Administrator will monitor through quality management to ensure its conducted annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy N. Marlon

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

Wendy N. MARLON

Date

3/30/14

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(Date)

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4-16-14
(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented 4-16-14
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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MAR 30 2014

Violation Report: 32164 - 12/11/2013 - McConnell, Deb

PCH Name: MARTIN S CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The front porch exit was the only exit used to evacuate residents during seven consecutive fire drills conducted from 5/21/13 through 11/15/13.

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.

Fire drills are now being conducted using alternate exits as of 12/11/13

All staff persons will be educated on using alternate exits during fire drills

The administrator will ensure that all staff will monitor to see that alternate exits are used during fire drills.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Marklin

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

Wendy D. Marklin

Date

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(Date)

Plan of correction implementation status as of 4-16-14
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAR 30 2014

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted into the home on 11/5/13. A medical evaluation has not been completed for resident #2.

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 administrator will check all resident medicals to see that they are done and current on each one's chart (residents) chart

The administrator is responsible for medical evaluations. will check all new residents charts to ensure a medical eval. is completed within 60 days prior to admission or within 30 days after adm.

I have made myself a checklist to ensure that the medical evals are completed on time.

Resident #2 had a medical evaluation completed on 12/13/13.

4-16-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/11/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy D. Markin Date

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Plan of correction implementation status as of 4-16-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 4-16-14
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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MAR 30 2014

Violation Report: 32164 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Milk of Magnesia. On 12/12/13 the resident's Milk of Magnesia had a manufacturer's label indicating the expiration date of 8/2013.

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.

Send back milk of magnesia

Direct Care Staff will check med cart to ensure there are no out dated medications

Direct Care Staff will check med monthly to ensure there is no out dated or expired medication.

5-15-14 - All staff persons qualified to administer medications will be re-educated on the requirements of regulation 2600.183(f) including expired medications will be destroyed in a safe manner according to the Department of Environmental Protection, Federal and State regulations. Documentation of education will be kept. 4-16-14g

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Mauer

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

Wendy D. Mauer

Date

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The above plan of correction is approved as of

4-16-14
(Date)

Plan of correction implementation status as of

4-16-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-16-14

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

W
(Initials)

Violation Report: 32154 - 12/11/2013 - McConnell, Deb

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5's prescription of Byetta was opened. The manufacturer's label states to throw away 30 days after first use. The medication was not dated as to the date opened and first used.

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.

with date
 12/11/13
 Deb

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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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 - 12/11/2013 - McConnell, Deb
 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.

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APR 1 2014

WEST PENNSYLVANIA OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #7's December medication record did not include the prescribed Lorazepam .5mg 1/2 tab 2 times a day as needed for anxiety.

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.

Handwritten:
 JMM administrator added the medication to the resident's #7's MAR.
 The adm will check all MAR's for accuracy and completion.
 The adm. + Direct Care Staff will check all resident MAR's monthly for accuracy + completion

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/11/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy A. Marken*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy A. Marken* Date 3/30/14

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

The above plan of correction is approved as of <u>4-16-14</u> (Date)	Plan of correction implementation status as of <u>4-16-14</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>4-16-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Handwritten: 5-15-14 - All staff persons qualified to administer medications will be educated by a certified medication train the trainer on the required documentation of MARs in accordance with regulation 2600.187(A). Documentation of education will be kept. 4-16-14

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person A administered insulin injections to resident #2 on 11/6/13 at 8:00 a.m. and 11/7/13 at 12:00 p.m.; however, staff person A did not complete a Department - approved diabetic patient education program until 11/20/13.

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 administrator will review all staff records to ensure that all staff have their Diabetic Training so they may give insulin.

The administrator will review staff Trainings each mth/yr. to ensure that all staff be qualified to administer insulin.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy M. Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy N. Miller* Date *3/30/14*

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

The above plan of correction is approved as of 4-16-14 (Date)

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

Plan of correction implementation status as of 4-16-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-16-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 12/11/2013 - McConnell, Deb
PCH Name: MARTIN S CARE HOME

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #2's and #5's records do not include a photograph of either 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.

Residents photographs were placed on resident #2 resident #5 charts
The administrator will review all resident charts to ensure all required documentation is in the residents records.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy D. Mallin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy D. Mallin* Date *3/30/14*

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

The above plan of correction is approved as of 4-16-14
(Date)

Plan of correction implementation status as of 4-8-14
(Date)

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

- Fully Implemented *4-16-14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented