



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 16 2014

Ms. Martha Bowser, Administrator
Marthas Manor, Inc.
124 Cosey Lane
Lilly, Pennsylvania 15938

RE: Marthas Manor, Inc.
License #: 322940

Dear Ms. Bowser:

As a result of the Department of Public Welfare's licensing inspection on February 28, 2014, 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 June 3, 2014 to June 3, 2015 was issued on March 10, 2014. 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: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 21 hours of approved annual training in training year 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.

Instead of taking trainers word that training is DRW approved, I, Martha Bowser, will check DPW's website of approved trainings in future. I will make up the three unapproved hours I had with approved hours from DPW's website.

Withdrawn 5/7/14 J&E

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARTHA BOWSER, ADMINISTRATOR* Date *3-24-14*

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: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff members B and C did not receive training in medication self-administration; meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; personal care service needs and safe management techniques for the 2013 training year.

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.

Martha's Manor direct care staff shall be trained in medication self administration; meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan; personal care service needs and safe management techniques from now on. We have received appropriate training and created binder to keep organized. We will complete training by ^{June} May 2014.

Staff members B and C are required to receive training in the required topics for 2013 and also receive the required training for 2014. LK

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARTHA BOWSER ADMINISTRATOR* Date *3-24-14*

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

The above plan of correction is approved as of 4.24.14 (Date) Plan of correction implementation status as of 4.24.14 (Date)

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

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

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

- 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

Direct care staff members B and C did not receive training in fire safety, emergency preparedness and falls/accident prevention for the training year 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.

Martha's Manor direct care staff shall receive training in fire safety, emergency preparedness and falls/accidents prevention.

Two staff members will complete a course in fire safety train the trainer on April 29, 2014 They will then qualify to come and train Martha's Manor staff.

Our goal is to have all this completed by June May 2014.

We have also set up trainings for emergency preparedness and falls/accidents prevention.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARTHA BOWSER, ADMINISTRATOR* Date *3-24-14*

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

The above plan of correction is approved as of 4.24.14
 (Date)

Plan of correction implementation status as of 4.24.14
 (Date)

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

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

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600

2600.87 - 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.

2a. DESCRIPTION OF VIOLATION

There was no outside lighting for the downstairs exit door under the deck.

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.

*Outside lighting will be installed to downstairs exit door under the deck
 An outside lighting will be provided by May 2014*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Martha Bowser

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

MARTHA BOWSER, ADMINISTRATOR

Date *3-24-14*

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

The above plan of correction is approved as of

4/15/13
 (Date)

Plan of correction implementation status as of

4/15/14
 (Date)

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

The above plan of correction was approved by

gc
 (Initials)

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

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
 There was a 2 by 2 foot hole in the drywall behind the door in the bathroom across from the entrance to 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.

The hole in drywall was repaired 3-1-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTHA BOWSER, ADMINISTRATOR</i>	Date <i>3-24-14</i>
---	---------------------

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

The above plan of correction is approved as of <u>4-15-14</u> (Date)	Plan of correction implementation status as of <u>4-15-14</u> (Date)
---	---

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

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

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas

PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record did not specify the time for drills conducted on 3/17/13, 4/12/13, 5/9/13, 6/14/13 and 7/18/13.

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 shall include the time for drills from this time forward.
 We disposed of form that was used
 We are ^{now} using PDW's current form.
 We have received technical assistance and appreciate both inspectors time and insight
 Staff persons have been retrained.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Martha Bouser

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

MARTHA BOUSER, ADMINISTRATOR

Date 3-24-14

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

The above plan of correction is approved as of

4.15.14
 (Date)

Plan of correction implementation status as of 4.15.14
 (Date)

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

The above plan of correction was approved by

JB
 (Initials)

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home did not have documentation from a fire-safety expert on fire safe areas within the home, if any, or evacuation to a public thoroughfare.

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 safety expert will document evacuation to a public thoroughfare or to a fire safe area within the home on annual fire inspection report. We received technical assistance on proper farm to use, and will do so in future.

*Withdrawn
 5/2/14*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTHA BOWSER ADMINISTRATOR</i>	Date <i>3-24-14</i>
--	---------------------

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: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 1/9/13 at 6:05 am.

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 drill shall be conducted during sleeping hours every 6 months. We conducted sleeping hours fire drill on 2-28-14 @ 10:45 PM. another followed 3-7-14 11:30 AM. We have implemented a system in which we will highlight every 6 months on fire drill log so is not forgotten.

Administrator will check fire drill log every month to ensure procedures are being followed.

I have enclosed fire drill log

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARTHA BOWSER, ADMINISTRATOR* Date *3-24-14*

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

The above plan of correction is approved as of 4-15-14
 (Date)

Plan of correction implementation status as of 4-15-14
 (Date)

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

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

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

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
 The home has not implemented procedures for the security of narcotic medications.
 There were 22 pills of **Alprazolam, 0.25 mg.** in the blister pack for resident #1 however, the narcotic count sheet documented 21 pills.
 There were 25 pills of **Lorazepam, 1 mg.** in the blister pack for resident #2 however, the narcotic count sheet documented 30 pills.
 There were 12 pills of **Lorazepam, 2 mg.** in the blister pack for resident #3 however, the narcotic count sheet documented 13 pills.

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 direct care staff administering medications have been retrained in administering medications, policies and procedures for the safe storage, access security distribution and use of medication and medical equipment.

Proper procedures are being followed to ensure this does not occur again

It was determined that staff were not recording when narcotics were removed from the locked drawer. Staff were only recording when the narcotics were administered to the residents. All ^{med} staff were retrained on 3/5/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARTHA BOWSER, ADMINISTRATOR* Date *3-24-14*

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

The above plan of correction is approved as of <u>4-24-14</u> (Date)	Plan of correction implementation status as of <u>4-24-14</u> (Date)
The above plan of correction was approved by <u><i>JB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home did not have any record of training for medication administration for staff person A,D and E. There was no documentation on the date, source and successful course completion.

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 direct care staff administering medications have been retrained. Documentation on the date, source & successful course completion have been documented.

Staff were retrained with emphasis on recording the removal of a narcotic on the inventory sheet. Followed by recording the administration of the narcotic to the resident on the MAR. All med staff were retrained on 3/5/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTHA BOWSER, ADMINISTRATOR</i>	Date <i>3-24-14</i>
---	---------------------

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

The above plan of correction is approved as of <u>4.15.14</u> (Date)	Plan of correction implementation status as of <u>4.15.14</u> (Date)
The above plan of correction was approved by <u><i>JB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

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

The annual assessment for resident #4, dated 11/15/13, was signed but not fully completed. This was confirmed by direct care staff members' A and D.

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.

Annual assessments for residents will be completed before signed by whomever participates at time assessments are completed

We have also received technical assistance to aide us in proper completion of form.

The administrator or designee will audit resident records for all current residents to ensure assessment are complete and up to date by May 31, 2014. ML

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTHA BOWSER, ADMINISTRATOR</i>	Date <i>3-24-14</i>
---	---------------------

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

The above plan of correction is approved as of 4.15.14
 (Date)

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

Plan of correction implementation status as of 4.15.14
 (Date)

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

Violation Report: 32294 - 02/28/2014 - Hoover, Douglas
 PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The support plan for resident #4, dated 11/15/13, was signed but not fully completed after the assessment, dated 11/15/13. This was confirmed by direct care staff members' A and D.

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.

Support plan will be completed before signed by whomever participates in creating support plan. We also received technical assistance to clear up our confusion. We appreciate all help offered Thank You!

The administrator or designee will audit records for all current residents to ensure support plans are complete and up to date by May 31, 2014. AC

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha Bowser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTHA BOWSER, ADMINISTRATOR</i>	Date <i>3-24-14</i>
---	------------------------

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

The above plan of correction is approved as of <u>4.15.14</u> (Date)	Plan of correction implementation status as of <u>4.15.14</u> (Date)
The above plan of correction was approved by <u><i>AC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented