



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

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

RE: Martha's Manor, Inc.  
License #: 322940

Dear Ms. Bowser:

As a result of the Department of Human Services' annual licensing inspection on March 8, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: MARTHA S MANOR INC		License Number: 322940
Address: 124 COSEY LANE, LILLY, PA 15938		County: Cambria
Administrator: Martha Bowser		Region: CENTRAL
Legal Entity Name: MARTHAS MANOR INC		
Legal Entity Address: 124 COSEY LANE, LILLY, PA 15938		
<b>Certificate(s) of Occupancy</b>		
C-3 SP 04/11/1995 labor and industry	C-2 LP 04/15/1999 labor and industry	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 20	Waking Staff: 15
Type of Inspection: full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/08/2017: Comstock, Kelly; Bomberger, Cybil		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p>RECEIVED</p> <p>JUN 05 2017</p> <p>CENTRAL REGION FIELD OFFICE          Human Services Unit</p>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25 Number of Residents Served: 18 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	<b>Number of Residents who:</b> Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 15 Have Mental Illness: 8 Have an Intellectual Disability: 6 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 32294 - 03/08/2017 - Comstock, Kelly  
PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600  
2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
During the inspection, live bed bugs were found in Rooms #1, #2 and #4.

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.

*Professional exterminator has exterminated entire facility twice since March 8, 2017. We continue to spray and as of April 27, 2017, we have not seen any live bugs. We will continue to use professional exterminator services and continue to spray ourselves, we will observe for any future problems*

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 *5-10-17*

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

The above plan of correction is approved as of 6-6-17  
(Date)

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

Plan of correction implementation status as of 6-6-17  
(Date)

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

Violation Report: 32294 - 03/08/2017 - Comstock, Kelly

PCH Name: MARTHA S MANOR INC

**1. REGULATION 55 Pa.Code §2600**

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

The drawer fronts and handles on the vanity of the "short" hall bathroom were loose and falling off.

**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 drawer fronts and handles will be repaired by July 1, 2017. (Short hall bathroom). We will observe and take care of repairs quicker in future to ensure that all furniture is clean, in good repair and free of hazards. -BE

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

5-10-17

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BE  
(Initials)

Violation Report: 32294 - 03/08/2017 - Comstock, Kelly  
PCH Name: MARTHA S MANOR INC

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #1, dated 7/13/16, did not include weight, pulse rate, blood pressure and temperature at the time of the evaluation.

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.

*(Administrator or designee)*  
We will check medical evaluations to ensure they include weight, pulse rate, blood pressure and temperature are included on evaluations, following physician appointments to ensure forms are complete. The date of completion starts immediately.

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 5-10-17

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