



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2018

Ms. Stephanie Martin,
Administrator
Martin's Care Home, Inc.
522 West Main Street
Rockwood, Pennsylvania 15557

RE: Martin's Care Home
Certificate #: 321540

Dear Ms. Martin:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on March 6, 2018 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.

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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32154 - 03/06/2018 - Showers, Michael

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

In the month of February, 2018, two residents of the home had confirmed cases of Influenza, and 14 other residents of the home had flu like symptoms. This outbreak of communicable disease was never reported to the Department of Human services.

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.

Administration and staff were educated and informed. Anytime there is a communicable disease outbreak, an incident report will be filed and we at Martin's will report to the Department of Human services.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Stephanie Martin Administrator

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

Stephanie Martin Administrator

Date *3/22/18*

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

The above plan of correction is approved as of

3/28/18
(Date)

Plan of correction implementation status as of

3/28/18
(Date)

The above plan of correction was approved by

BAT
(Initials)

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

Violation Report: 32154 - 03/06/2018 - Showers, Michael
 PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The boiler certificate expired on 12/10/2017. This certification is not in compliance with 34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations.

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 boiler will be inspected March 28, 2018 and we will keep the boiler inspected yearly and up to code in compliance with 34 Pa. code Chapter 3.

* Review of the boiler certificate certification will be reviewed during each Quality Management meeting to assure that inspections are scheduled and performed in a timely manner.

BAS 3/28/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephanie Martin Administrator* Date *3/28/18*

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Plan of correction implementation status as of 3/28/18 (Date)

- Fully Implemented
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Violation Report: 32154 - 03/06/2018 - Showers, Michael

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training does not include the date (day, month, and year), that the staff training was 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.

Staff was educated and will include the date (day, month, year) on their staff continuing education training.

* The administrator will review each staff member's training during each Quality Management meeting to assure that proper documentation is maintained and identify those trainings completed and still outstanding.

BRS
3/28/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Martin Administrator</i>	Date <i>3/22/18</i>
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(Initials)

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Violation Report: 32154 - 03/06/2018 - Showers, Michael
 PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

The wheelchair ramp in the front of the home and four steps leading to the front door do not have non-skid surfaces.

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.

Administration will buy and install nonskid surfaces on interior, exterior stairs and exterior wheel chair ramp. We will inspect the nonskid surface regularly and replace when needed.

* Repairs will be completed within 30 days from the receipt of this plan.

BOS 3/28/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Martin Administrator Date 3/22/18

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Violation Report: 32154 - 03/06/2018 - Showers, Michael

PCH Name: MARTIN S CARE HOME

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 maximum evacuation time for the home, as determined by a fire safety expert, is three minutes. The fire drill record for the drills conducted on 4/7/2017 and 10/7/2017 documented an evacuation time of three minutes. The administrator stated that these evacuation times were rounded to three minutes and do not represent the exact elapsed time for evacuation.

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 will document exact times of evacuation on fire drills.

* The administrator shall review the fire drill log during the last week of each month to assure that a fire drill has been completed and proper documentation has been completed. In the event that an evacuation extends beyond the specified time, the administrator will investigate the cause(s), implement corrective actions and perform another drill. These steps shall be continued until a successful drill, within the designated evacuation time, has been performed. Documentation of all drills and corrective actions shall be retained for Department review.

BMS 3/20/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Stephanie Martin Administrator

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

Stephanie Martin Administrator

Date

3/22/18

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(Initials)

Violation Report: 32154 - 03/06/2018 - Showers, Michael
 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.

2a. DESCRIPTION OF VIOLATION

Resident 1, admitted on [redacted] 2018 did not have a medical evaluation completed as of the date of the inspection, 3/6/2018.

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 took said resident to his physician for a proper medical evaluation. Copy is included. We will update medical evaluations yearly.

* On the date of a resident's admission, the administrator will review the admission documents. In the case that a DME has not been performed prior to admission, the administrator will immediately schedule an evaluation for the resident to occur within 30 days.

* The administrator will audit all resident records to ensure that each resident has a current medical evaluation documented on the form specified by the Dept. Any resident whose medical evaluation is overdue will have an evaluation completed as soon as can be scheduled with the physician and at least annually thereafter.

bas 3/28/18

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Violation Report: 32154 - 03/06/2018 - Showers, Michael
 PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

There are no designated smoking areas within the home. Smoking is only permitted outside, at an area located in the yard near the front of the home. On 3/6/18, cigarette ashes were observed on the floor of the home's basement and the area smelled of cigarette smoke.

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.

Staff was educated on smoking in designated areas only. They were told smoking can only happen outside in the designated areas.

* The administrator will perform daily checks throughout the home to assure that staff, visitors, or residents are not smoking in the home. In the case that evidence of smoking is found, the administrator will investigate to determine the cause and corrective actions will be initiated. Documentation of the investigation and corrective actions will be maintained by the home for Department review.

BMS 3/28/18

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Stephanie martin Administrator

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Violation Report: 32154 - 03/06/2018 - Showers, Michael
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

The following blood glucose measurements for Resident 2 were stored in the resident's glucometer but not documented in the home's Medication Administration Record:

Date	Measurement
3/2/18	210
3/5/18	183

The following blood glucose measurements for Resident 3 were stored in the resident's glucometer but not documented in the home's Medication Administration Record:

Date	Measurement
3/2/18	115
3/4/18	174
3/5/18	160

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.

Staff was educated and informed to fill out MAR properly and to include glucose measurements in their MAR documentation.

* The Administrator, and/or another designated staff person, will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for all residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of three weeks from the receipt of this plan. Corrective actions will be initiated for any problems found. Documentation of the audits and corrective actions will be maintained by the home for Department review.

BMS 3/28/18

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephanie Martin Administrator* Date *3/22/18*

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