



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

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's Bureau of Human Services Licensing's annual licensing inspection on March 6, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 32154 - 03/06/2019 - Heemer, Laura

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The public bathroom closest to the main entrance has an unlabeled towel for common 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.

- 1) Towel was removed according to Regulation.
- 2) Administrator educated staff on not putting towel in bathroom for common use.
- 3) We installed Hand Dryers in ALL Three Bathrooms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Stephanie Martin
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Martin's Care Home Inc	3/22/2019

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

The above plan of correction is approved as of <u>3/29/19</u> (Date)	Plan of correction implementation status as of <u>3/29/19</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" 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 - 03/06/2019 - Heemer, Laura

PCH Name: MARTIN S CARE HOME

**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 fire drill performed on 11/4/2018 took 2 minutes and 45 seconds. The home's designated evacuation time is 2 minutes 30 seconds.

**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.*

- 1) Completed fire drill on 3/19/2019 at 5<sup>AM</sup> 2 minutes & 28 secs 18 residences & 2 staff evacuated.
- 2) Did send letter to fire chief to let him know I need him to do a fire drill once a year.

The administrator will review the fire drill log during the last week of each month to ensure that a fire drill with a successful evacuation has been completed. In the event that an evacuation takes longer than the designated time, the administrator will investigate the cause, implement steps to address the cause, and hold another drill to ensure that the remedy was successful.

BAS 3/29/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Stephanie Martin*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Martin's Care Inc* Date *3/22/2019*

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(Initials)

Plan of correction implementation status as of 3/29/19  
(Date)

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

Violation Report: 32154 - 03/06/2019 - Heemer, Laura

PCH Name: MARTIN S CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 3/6/2019, a tube of erythromycin .5% eye ointment and a bottle of Arthritis Pain 650 Capsules prescribed to Resident 1 were stored in a cabinet in the home when these medications had been discontinued for Resident 1.

Administrator educated staff when we have discontinued medications. They are to be sent back to the pharmacy.

Administrator will make sure all medications are sent back to the pharmacy.

1)

The administrator, and/or a designated staff person, will audit the areas where medications are stored by the home. All expired and discontinued medications found during the audits shall immediately be removed and destroyed in an approved manner. These audits will be performed weekly for a period of four weeks and then monthly thereafter.

BAS 3/29/19

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Violation Report: 32154 - 03/06/2019 - Heemer, Laura

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 home did not implement its procedures for the safe storage of medications when on 3/6/2019 the narcotic count sheet for Hydrocodine-Acetamin 5-325, prescribed for Resident 2, indicated the home had 20 tablets on hand when the actual count was 22.

The home did not implement its procedures for the safe use of medical equipment when the glucometer measurements were incorrectly recorded on the Medication Administration Record (MAR) of Resident 3. On 3/3/2019 the MAR documented a reading of 126, but the actual measurement was 104. On 3/1/2019 the MAR documented a reading of 129, but the actual measurement was 140.

**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.*

1) The Administrator will do audit every week to make sure count is correct. ALSO that the count is being done with each shift & two signatures are present.

1) Administrator will retained staff on measurements of glucose readings & documentation on MARs.

2) The Administrator will do audits every week to make sure readings are correct.

3) The narcotics are double locked at all times.

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Violation Report: 32154 - 03/06/2019 - Heemer, Laura

PCH Name: MARTIN S CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The home did not follow the directions of the prescriber for Resident 4 on 3/1/2019 through 3/5/2019, when blood sugar measurements were only taken three times a day. The prescriber's orders are for blood sugar measurements to be taken four times per day.

**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.

- 1) [REDACTED] Refuses to obtain His blood sugar measurements 4x times A day.
- 2) Administrator called 3/22/2019 DR. Brennan To get a order for 2x a day to obtain His blood sugar readings.

\* The administrator, and/or a designated staff person, will complete an audit of the medication administration records for all residents as compared with the prescriber's orders to ensure all prescriber's orders are listed correctly in the records. The administrator, and/or a designated staff person, will audit the Medication Administration Records on a weekly basis for a period of four weeks to ensure that the prescriber's orders are being followed, and administrations and refusals are being recorded accurately.

BAS 3/29/19

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Violation Report: 32154 - 03/06/2019 - Heemer, Laura

PCH Name: MARTIN S CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident 1 was admitted to the home on 4/17/2018. The support plan for Resident 1 was not developed until 7/26/2018.

**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.*

1) Administrator will make sure that support plan is completed before the 30 days when the resident is admitted to the home.

Immediately: The administrator will complete an audit of all current resident files to ensure that a support plan has been completed as required by regulation. Any resident found to be in need of a support plan will have one developed within 10 days. BAS 3/29/19

The administrator will develop a system for tracking Resident Assessment and Support Plans, which will be reviewed on, at least, a monthly basis to identify those assessments and support plans that are coming due. BAS 3/29/19

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

*Stephanie Martin*

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

*Martin's Care Home Inc*

Date

*3/22/2019*

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