



Sent via e-mail [stephaniemartin6909@gmail.com]

MAILING DATE: July 7, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on December 19, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MARTIN'S CARE HOME*

Address: *522 WEST MAIN STREET,, ROCKWOOD, PA 15557*

County: *SOMERSET*

Region: *CENTRAL*

License Number: *32154*

Administrator

Name: *Stephanie Martin*

Phone: *8149263062*

Email: *W.MARTIN35@YAHOO.COM*

Legal Entity

Name: *MARTINS CARE HOME INC*

Address: *522 WEST MAIN STREET, ROCKWOOD, PA, 15557*

Certificate(s) of Occupancy

01/04/2002

C-3

L & I

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *16*

Waking Staff: *12*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal,Complaint*

Inspection Dates and Department Representative

12/19/2019 - On-Site: Kellie Cargile, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18*

Residents Served: *16*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *12*

Are 60 Years of Age or Older: *14*

Diagnosed with Mental Illness: *11*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *0*

Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/19/19, the narcotic count book and staff communication log were found on top of the medication cart in the kitchen; unlocked, unattended, and accessible to both residents and visitors of the home.

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 Bought Filing Cabinets That Locks
 I will send a pictures.

The identified records will be stored in the locked filing cabinets. The administrator shall monitor the filing cabinets during daily walk-throughs of the home to ensure that confidential information is properly stored. - GE, 4/10/20

Legal Entity Representative *Martin's Care Home Inc.*
522 Main Street Rockwood, PA. 15557

Signature *Stephanie martin*

Printed Name and Title *Stephanie martin*
Administrator

Date *1/16/2020*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *4/10/20*
 (Date)

Plan of correction implementation status as of *4/10/20*
 (Date)

Implemented

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

Not Implemented

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The shared resident bathroom located across from the kitchen is not equipped with a locking mechanism on the door.

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.)

NEW DOOR KNOBS W LOCKS WERE INSTALLED FOR PRIVACY.

The home will ensure that the right to privacy of self and possessions is protected. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc,
522 main Street
Rockwood, PA 15354

Signature

Stephanie Martin

Printed Name and Title

Stephanie Martin
Administrator

Date

1/6/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

4/10/20
(Date)

Plan of correction implementation status as of

4/10/20
(Date)

XX Implemented

Not Implemented

The above plan of correction was approved by

GE
(Initials)

43b - Resident Rights Rewarded

Regulations

2600.

43.b. A resident's rights may not be used as a reward or sanction.

Description of Violation

On 12/19/19, a sign on the wall in the dining room listed the smoking times as 7 am, 9 am, 11 am, 1 pm, 3 pm, 5 pm, and 7 pm. The sign stated, "Not before times. If keep going, smoking revoked if caught." The home's smoking policy and home rules do not mention designated smoking times.

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 House Rules did indicate were designated smoking area. The smoking times was removed.

Staff will be provided with a review of Resident Rights. Administrator immediately notified residents of changes in House Rules. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc.
527 main Street Rockwood
PA. 15557

Signature

Stephanie martin

Printed Name and Title

Stephanie martin
Administrator

Date

1/6/2020

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(Date)

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4/10/20
(Date)

XX Implemented

Not Implemented

The above plan of correction was approved by

GE
(Initials)

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 11:00 am, Resident #1 was observed using her glucometer to test her blood sugar at the dining room table in front of other residents. The area was not disinfected prior to, or upon completion of the testing.

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.)

Blood sugars will be taken at med cart & disinfected prior to and after blood sugars are completed.

All staff and residents conducting blood sugar testing will be re-educated on checking the area used for blood sugar testing for sanitary conditions within 30 days of receiving this plan. Staff will be instructed to assist residents in practicing universal precautions when completing the testing. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 Main Street
Rockwood PA 15551

Stephanie Martin
Administrator

Signature

Stephanie Martin

Printed Name and Title

Date

1/6/2020

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The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)
XX Implemented

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

Not Implemented

101j2 - Bedroom Chairs

Regulations

2600.

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

Description of Violation

The bedroom with access to the attic, that is occupied by 2 residents, only contained 1 chair.
 The bedroom at the top of the stairs, that is occupied by 3 residents, only contained 2 chairs.

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 bedroom access to the attic there was a chair added.

The bedroom access at the top of the stairs. A chair was added.

Administrator or designee will ensure that the required number of chairs are in every room during monthly walk-throughs. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc.
 522 Main Street
 Rockwood PA 15551

Stephanie Martin
 Administrator

Signature

Stephanie Martin

Printed Name and Title

Date

1/6/2020

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Implemented
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132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of October and November 2019.

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 missed Having an unannounced Fire Drill
In October & November 2019.

I did have ~~had~~^{error} a sleeping Fire DRILL
on 12/30/2019 at 12^{30pm} Time to evaluate
was 2 mins & 10 secs.

I will Review The Fire Drill Log every
month so there is no missed months not
doing a Fire ~~Drill~~^{drill} Drill.

The home will hold an unannounced fire drill in accordance with 2600.132a-j. The review of the logs will be included in the home's quality management meetings, held every 3 months.- GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 Main Street
Rockwood. PA 15557

Stephanie Martin
Administrative

Signature

Stephanie Martin

Printed Name and Title

Date

6/1/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

4/10/20
(Date)

Plan of correction implementation status as of

4/10/20
(Date)

XX Implemented

Not Implemented

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(Initials)

132c - Fire Drill Records

Regulations

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.

Description of Violation

The fire drill record for the drills conducted from February 2019 to September 2019 does not include the specific dates that the fire drills were held.

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.)

That was the Administrator Fault
Forgot to put specific times & dates
on the Fire Drill Logs.

I will have another staff member
double check the Fire Book.

Administrator and/ or designee will review fire drill records on a monthly basis to ensure that all the required information is recorded correctly. The review of the logs will be included in the home's quality management meetings, held every 3 months. GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 Main Street
Rockwood, PA 15355

Stephanie Martin
Administrator

Signature

Stephanie Martin

Printed Name and Title

Date

1/6/2020

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4/10/20
(Date)

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4/10/20
(Date)

XX Implemented

The above plan of correction was approved by

GE
(Initials)

Not Implemented

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was held in May 2019 at 5:00 am.

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.)

This Administrator did not conduct A Fire Drill in a six months period.

The Administrator & staff will be checking the Fire Drill Books to make sure a sleeping fire drill is done every six months.

The monthly fire drills will be discussed at the home's periodic quality management meetings, held every 3 months. - GE, 4/10/20.

Legal Entity Representative

Martin's Care Home Inc
522 main street
Rockwood PA 15557

Stephanie Martin
Administrator

Signature *Stephanie Martin*

Printed Name and Title

Date

1/6/2020

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Plan of correction implementation status as of 4/10/20 (Date)

XX Implemented

Not Implemented

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132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has not held a fire drill between the hours of 2:00 pm and 11:00 pm in the last 12 months.

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.)

We will conduct fire drills between the times of 2:00pm & 11:00pm in 12 months on different days of the week.

The monthly fire drills will be discussed at the home's quality management meetings, held every 3 months. - GE, 4/10/20.

Legal Entity Representative

Martin's Care Home Inc
522 main street
Rockwood, PA 15557

Stephanie Martin
Administrator

Signature

Stephanie Martin

Printed Name and Title

Date
1/16/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)

XX Implemented

Not Implemented

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133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the door on the second floor, leading down the main stairway to the front door. The home currently serves 16 residents.

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.)

We installed Three Exit Sign. one above the entry going out to Front Door. One on Second Floor Leading down the main stairway. There is one above Bedroom door Leading Fire escape.

Legal Entity Representative

Martin's Care Home Inc.
522 main Street
Rockwood PA 15557

Stephanie Martin
Administrator

Signature: Stephanie Martin

Printed Name and Title

Date

1/6/2020

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4/10/20
(Date)

Plan of correction implementation status as of

4/10/20
(Date)

XX Implemented

Not Implemented

The above plan of correction was approved by

GE
(Initials)

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

- Resident #2's medical evaluation, dated 6/4/19, was missing the first page that documents medical diagnoses, mobility needs, the ability to self-administer medications, body positioning, health status and cognitive functioning, and the general examination that includes height, weight, pulse rate, and temperature.
- Resident #3's medical evaluation, dated 8/23/19, does not include the resident's temperature, ability to self-administer medications, health status, cognitive functioning, mobility needs, and body positioning.

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 2# medical taken care of.
 Resident 3# medical evaluation was in chart & completed.*

The administrator will ensure that physicians perform all of the required actions during medical evaluations by reviewing DMEs.-GE 4/10/20.

Legal Entity Representative

*Martin's Care Home Inc
 522 main street
 Rockwood, PA 15557*

*Stephanie Martin
 Administrator*

Signature

Stephanie Martin

Printed Name and Title

11/9/2020 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)
 Implemented

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

Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 4/2/19. The resident's previous medical evaluation was completed on 12/11/17.

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 put the wrong date on [redacted] support plan.

I did correct it. I will from now on watch what date I'm putting on the support plans.

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.-GE. 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 main street
Rocky wood, PA 15687
Stephanie Martin

Stephanie Martin

Printed Name and Title

Administrator, 4/18/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)

XX Implemented

Not Implemented

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

183a - Original Containers and Injections

Regulations

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 12/19/19, at approximately 11:20 am, two plastic bins each containing 16 labeled, 1-ounce medication cups with all routine prescribed medications for the residents of the home were located in the medication cart. These medications were not to be administered until 8 pm on 12/19/19 and 8 am on 12/20/19. Per Staff Member A, the medications are regularly prepared a full day in advance.

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 Did R.erpimand [redacted] for pre pouring of medications for the day. I did medication Training to her & also ^{effort} watch supervise her for one week on pouring & passing medications.

All staff administering medications will be re-educated within 30 days of the receipt of this plan, regarding the home's procedures to not remove medications from their original labeled containers prior to administering the medication to residents.- GE.4/10/20

Legal Entity Representative

Martin's Care Home
522 Main Street
Rockwood PA 15557

Signature

Stephanie Martin

Printed Name and Title

Stephanie Martin
Administrator

Date

1/8/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)

XX Implemented

Not Implemented

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

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 12/19/19, at approximately 10:00 am, Megestrol 625mg oral suspension prescribed to Resident #5, was unlocked, unattended, and accessible on top of the medication cart in the kitchen.

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 was on duty Stephanie martin and did not realized that [redacted] did not put [redacted] medication away. I did put it in the med cart lock it up when inspector pointed it out. The med cart was locked. I did advise [redacted] to make sure all medications are locked up from now on.

Administrator immediately reviewed the home's procedures on securing medications with staff responsible for administration. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 main Street Rockwood PA. 15557

Signature Stephanie martin

Printed Name and Title

Stephanie martin
Administrator

Date 1/8/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)

XX Implemented

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

Not Implemented

183d - Prescription Current

Regulations

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 is prescribed Novolin 100 ml/unit. According to the manufacturer's instructions, this medication is to be discarded 42 days after opening. Resident #1's vial of insulin stored in the medication cart is currently in use and does not indicate the date it was opened.

Repeated Violation, 3/6/19

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 did advise my staff to put a date on all insulin bottles upon opening so when 45 days is up it can be disposed of or reorder & send back to the pharmacy. The vial of Novolin 100/ml unit was just got out on the 18th so I instructed staff person [redacted] to date the insulin vial.

Administrator or designee will conduct a medication audit monthly to ensure that all medications are current. The results of the audits will be reviewed during the quality management meetings, held every 3 months. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
322 Main Street
Rockwood PA 15557

Stephanie Martin
Administrator

Signature

Stephanie Martin

Printed Name and Title

Date

1/8/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/10/20 (Date)

Plan of correction implementation status as of 4/10/20 (Date)

XX Implemented

Not Implemented

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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

- The home has not implemented procedures for the safe use and record of narcotics as evidenced by narcotic counts not being completed at the end of each shift according to the residents' narcotic count book for the month of December, 2019.
- The home's narcotic count log does not include the full name of the resident, the name of the medication, dosage of medication, route of administration, frequency of administration, and time of administration.

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 sent a copie of the narcotics How we keep track of them. If you have a better way please let me know. They counted every shift being and end of shift also on Colomputer.

The Administrator will monitor the MAR's and Narcotic log for dates/times/ signatures of administration by staff. The results of the monitoring will be included in the home's quality management meetings, held every 3 months.

Legal Entity Representative

*Martin's Care Home Inc
522 Main Street
Rockwood, PA 15357*

Signature

Stephanie Martin

Printed Name and Title

*Stephanie Martin
Administrator*

Date

1/9/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *4/10/20*
(Date)

Plan of correction implementation status as of *4/10/20*
(Date)

Implemented
 Not Implemented

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Blood sugar readings in Resident #1's glucometer do not match readings documented on the medication administration record (MAR), as follows:

- On 12/19/19, at 8 am, the reading on the glucometer was 160. The reading recorded on the MAR was 130.
- On 12/18/19, at 5 pm, the reading on the glucometer was 161. The reading recorded on the MAR was 162.
- On 12/17/19, at 5 pm, the reading on the glucometer was 109. The reading recorded on the MAR was 105.
- On 12/12/19, at 12 pm, the reading on the glucometer was 150. The reading recorded on the MAR was 155.

Repeated Violation, 3/6/19, 3/6/18

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.)

We will maintained to keep med locked at all times. We are doing glucometer cart and is clean before & after.

We are glucometer audits weekly.

All staff conducting blood sugar testing will be re-educated on the use of glucometers, testing equipment and documenting accurate information on the MAR's within 30 days of receiving this plan. The Administrator or designee will conduct weekly audits of the actual readings on the residents' glucometers as compared with the documented readings on the MAR's for a period of 3 months. The findings of the audits will be addressed at the home's Quality Management meetings, held every 3 months. -GE, 4/10/20

Legal Entity Representative

*Martin's Care Home Inc
500 main street Rockwood, PA 15557*

*Stephanie Martin
Administree*

Signature *Stephanie Martin*

Printed Name and Title

Date *1/8/2020*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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Plan of correction implementation status as of 4/10/20 (Date)

Implemented

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

Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.
- 8. Frequency of administration.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

-Resident #2's medication administration record (MAR) does not include the dosage for the prescribed Trazodone at 8 am.

-Resident #2's MAR does not document the correct frequency for the administration of Diltiazem 24 120mg. The MAR indicates the medication is to be given daily at 8 am. According to the blister packs and physician's order, this medication is to be administered every other day.

-Resident #2's MAR did not include the diagnosis or purpose for the prescribed Diltiazem 24 120mg, Furosemide 20mg, Amlodipine Besylate 5mg, Metoprolol 25mg, Amitriptyline HCL 25mg, Atorvastatin 10mg, Donepezil HCL 10mg, Prazosin 1mg, and Omeprazole 20mg.

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 Stephanie martin requested this mar to be printed up by the pharmacy so we had correct med medication & times & administration. [redacted] is now at our pharmacy & also in computer system.

The home will perform an audit of all MARs to ensure that the documentation on the MAR matches the physician's order for the medication, and that each medication on the MAR includes documentation of its purpose or related diagnosis. This audit shall be completed within 30 days from the date of this plan's receipt. - GE, 4/10/20

Legal Entity Representative

*Martin's Care Home Inc
522 main street Rockwell
MA 01557*

Signature

Stephanie martin

*Stephanie martin
Administrator*

Printed Name and Title

1/8/2020 Date

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Plan of correction implementation status as of 4/10/20 (Date)

Implemented

Not Implemented

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

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

-All routine medications prescribed for Resident #2 were initialed by staff on the medication administration record (MAR) as administered for 12/1/19 to 12/31/19. The current date was 12/19/19.

-Resident #2 is prescribed Acetaminophen 500mg pro re nata for pain. The MAR showed staff initials for the administration for 12/6/19 to 12/25/19. The current date was 12/19/19.

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 reprimand [redacted] for marking the medications off from 12/31/19 & 12/31/19. I retained her on meal passing & documentation. I did explain to her if this happens again she will loose her job. I told [redacted] this a serious mistake. The Resident #2 IO with are Pharmacy now on computer so this will not happen again.

The administrator will develop and implement a system which will include a weekly audit of the MARs to identify medication errors. Documentation of training of staff persons regarding missing information will be kept. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 main street Rockwood PA 15357

Signature: Stephanie Marten

Printed Name and Title

Stephanie Marten
Administrator

Date

11/8/2020

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XX Implemented
Not Implemented

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

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

-On 12/19/19, at 8 am, the blood sugar reading on Resident #1's glucometer was 160, requiring 3 additional units of Novolin 100u/ml to be administered, per sliding scale. The reading recorded on the medication administration record (MAR) for that date and time was 130 and no additional units of insulin were administered.

-On 12/12/19, at 12 pm, Resident #1's blood sugar reading on their glucometer was 150, requiring 0 additional units of insulin. However, a reading of 155 was recorded on the MAR for that date and time, and 3 additional units of insulin were administered.

-On 12/11/19, the hospice agency providing care to Resident #2 wrote an order to discontinue Aricept, Simvastatin, and Diltiazem. As of 12/19/19, Resident #2 was still receiving these medications.

Repeated Violation, 3/6/19

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.)

That we took Resident 1# she told us that the reading was 160. Which would required 3 units of Novolin 100u/ml. Which the reading was showing reading of 130 when staff checked.

The same Resident 1# told us it was 150 but in reality it was 155 which she would have needed 3 units of Novolin 100u/ml on 12/11/19. The Hospice agency providing care for Resident 2# wrote order to stop the medications. The PA was here that day and explain the mix up to the pharmacy.

Legal Entity Representative

Martin's Care Home Inc 502 Main Street Rockwood, PA 15553

The Administrator will complete weekly audits of the medications. The results of the audits will be discussed at the Quality Management Meetings, held every 3 months. - GE, 4/10/20

Stephanie Martin

Signature

Printed Name and Title

Date

Stephanie Martin

Administrator

1/8/2020

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XX Implemented

The above plan of correction was approved by

GE (Initials)

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident's #2, #3, and #4 have not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

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 make a copy of Residents Education that will explain Right to refuse a medication, or if ^{they} there is a error. It will be kept in there charts. ^{#2 #3 #4} They Have Right to Question It.

Residents #2, #3 and #4 will receive a copy of the resident rights, including this right, effective immediately. Going forward, new residents will be educated on the right to refuse medication if the resident believes that there may be a medication error. Residents will sign documentation that will be kept in each resident's chart. - GE, 4/1020

Legal Entity Representative

Martin's Care Home Inc
522 Main Street
Rockwood, PA 15557

Stephanie Martin
Administrator

Signature

Stephanie Martin

Printed Name and Title

1/8/2020 Date

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(Date)

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(Date)

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

- The first page of Resident #2's pre-admission screening form was not included in the resident's record.
- Resident #3's pre-admission screening form, dated 8/1/19, does not include the resident's ability to safely avoid poisons, sensory needs, and medical, psychological and behavioral diagnoses.

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 2nd pre-admission IS completed
Residents 3rd is completed.

Moving forward, the home will ensure that all residents admitted have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form, and placed in each resident's record. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 Main Street
Rockwood PA 15357

Signature

Stephanie Martin

Printed Name and Title

Stephanie Martin
Administrator

1/19/2020 Date

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 XX Implemented
 Not Implemented
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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

- Resident #2 was admitted on 6/4/19. The resident's initial assessment was not completed until 7/1/19.
- An assessment was not completed for Resident #3, who was admitted to the home on 8/1/19.

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 2 is completed right date on it,
 Resident 3 is completed Right Date

Moving forward, the administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
 527 Main Street
 Rock Wagon PA 15557

Signature

Stephanie Martin

Printed Name and Title

Stephanie Martin
 Administrator

Date

1/9/2020

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 (Date)

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Not Implemented

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227a - Support Plan 30 Days

Regulations

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.

Description of Violation

Resident #1 was admitted to the home on 4/17/18. Her initial support plan was not completed until 7/26/18. Repeated Violation, 3/6/19

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 put The Wrong Date on Resident 1 Initial support plan. I redone a support plan on Resident 1 [redacted]. I will submit a need one.

Moving forward, the Administrator will develop a system to ensure that all support plans are done correctly, completely, and within the time frames required by this Chapter. - GE, 4/10/20

Legal Entity Representative

Martin's Care Home Inc
522 main street Rockwood PA 15553
Stephanie Martin

Signature

Printed Name and Title

Stephanie Martin

Date

1/8/2020

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254c - Records Storing

Regulations

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

Resident records are stored in 2 unlocked filing cabinets directly inside of the front door to the home.

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 just purchased 2 filing cabinets that do lock. I will send you pictures.

The Administrator will ensure that resident records are always stored in a confidential manner. The file cabinets will be monitored during daily walk-throughs of the home to ensure that confidential information is properly stored. - GE, 4/10/20

Legal Entity Representative

*Martin's Care Home Inc
527 Main Street Rockwood, PA 15557*

Signature

Stephanie Martin

Printed Name and Title

*Stephanie Martin
Administrator
1/8/2020*

Date

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