

Department of Human Services
Bureau of Human Service Licensing

August 23, 2021

[REDACTED], ADMINISTRATOR/OWNER
MARTINS CARE HOME INC
522 WEST MAIN STREET
ROCKWOOD, PA 15557

RE: MARTIN'S CARE HOME
522 WEST MAIN STREET
ROCKWOOD, PA, 15557
LICENSE/COC#: 32154

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *MARTIN'S CARE HOME* License #: *32154* License Expiration Date: *03/26/2022*
Address: *522 WEST MAIN STREET, ROCKWOOD, PA 15557*
County: *SOMERSET* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *8149263062* Email: [REDACTED]

Legal Entity

Name: *MARTINS CARE HOME INC*
Address: *522 WEST MAIN STREET, ROCKWOOD, PA, 15557*
Phone: *8149263062* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *15* Waking Staff: *11*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/09/2021*

Inspection Dates and Department Representative

04/06/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *15*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/06/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2021*

Inspections / Reviews *(continued)*

8/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/11/2021*

8/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home provides financial management for Residents 1, 2 and 3 but does not keep records of financial transactions including the dates, amounts of deposits, amounts of withdrawals and the current balance of these residents' funds.

Plan of Correction

Accept

I am not the REP-PAYEE for Resident 1. I am Re-Payee for Resident 2 and 3. I will use copies of the financial papers that I need to keep track of their money. Which I have been doing. I also have them sign and date. I also document Their deposits and withdraws and keep track of the current balance.

I, the administrator, will complete quarterly audits of resident funds to ensure accurate record-keeping, beginning August, 2021.

Completion Date: 05/08/2021

Document Submission

Implemented

All steps have been completed.

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides financial management services for Residents 1, 2 and 3 but does not obtain written receipts from the residents for cash disbursements at the time of those disbursements.

Plan of Correction

Accept

I have the client's sign when they received their cash disbursement of \$85.00 dollars. I also required a signature of any other cash they may receive or with draw out for their own use. When they also with draw any of their money they sign and date. I also sign.

I, the administrator, will complete quarterly audits of resident funds to ensure accurate record-keeping, beginning August, 2021.

Completion Date: 05/08/2021

Document Submission

Implemented

All steps are completed

20b5 - No Commingling

1. Requirements

2600.

20b5 - No Commingling (continued)

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

The home provides financial management services for Residents 1, 2, and 3. The funds of these residents are comingled with the home's funds when they are deposited into the home's business account.

Plan of Correction**Accept**

Their is no comingled of the residents funds. The social security set their checks up to go in to Martin's Care Home INC account. Their names appear under Martin's Care Home INC. Their money gets directly deposited in my Business account. I give my client's their Allowance their other money goes towards their rent and shelter and food.

The administrator will keep a record of how much money belongs to each resident whose funds are stored in the collective account. The account will be maintained such that all resident funds can be withdrawn and distributed at any time. The home will not draw from the second account or use those funds in any way that is not for the residents' benefit.

Completion Date: 05/08/2021

Document Submission**Implemented**

All steps completed

20b8 - Quarterly Account**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides financial management services to Residents 1, 2, and 3. The home has not provided itemized accounts of financial transactions made on behalf of these residents, neither to the residents nor the residents' designated persons, on a quarterly basis.

Plan of Correction**Accept**

I have received an email from the Department of the Quarterly Papers. I will start to Implement right away. The quarterly will be done on a quarterly basis. I will give a copied to my resident's power of attorney,

If no transactions are made, the administrator will give the resident/power of attorney a statement of monies held with the notice "no transactions made." A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account.

Completion Date: 05/08/2021

Document Submission**Implemented**

All steps completed

20b9 - Record Keeping**1. Requirements**

20b9 - Record Keeping (continued)

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

The home provides assistance with financial management for Residents 1, 2, and 3. The home does not keep a copy of the itemized account for any of these residents in the residents' records.

Plan of Correction

Accept

I am rep-payee for Resident 2 & 3. I, the administrator, will keep itemized accounts of financial records on the Department's forms. The papers will be part of the resident record keeping. This will be the patrol from now on.

Completion Date: 05/08/2021

Document Submission

Implemented

All steps completed