

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

December 5, 2022

[REDACTED]
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 07/19/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MARTIN'S CARE HOME License #: 32154 License Expiration: 03/26/2023
Address: 522 WEST MAIN STREET, ROCKWOOD, PA 15557
County: SOMERSET Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: C-3 SP Date: 01/04/2022 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 07/19/2022

Inspection Dates and Department Representative

07/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 18	Residents Served: 12		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 11	Are 60 Years of Age or Older: 10		
Diagnosed with Mental Illness: 12	Diagnosed with Intellectual Disability: 7		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

07/19/2022 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/12/2022

11/01/2022 - POC Submission
Submitted By: [REDACTED] Date Submitted: 12/01/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/18/2022

Inspections / Reviews *(continued)*

12/05/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately [redacted] an incident of alleged abuse occurred between Staff Person A and Resident #1. An agent of the Department investigated a complaint at the home on 7/19/2022 and discovered this incident report was never submitted. The home did not send the report of this incident to the Department until 7/20/2022.

POC Submission

Directed (MD - 09/22/2022)

[redacted] submitted an Incident Report late, [redacted] send it in by mail.

Directed-

The Administrator will develop a reportable incident policy by 11/11/22.

The Administrator will review Appendix A: Reportable Incidents in the RCG and develop a Reportable Incident Policy and Procedure by 11/11/22. The Administrator will review the Policy and Procedure with all staff by 11/18/22.

All reportable incidents shall be included in the home's next Quality Management Plan review, which is to be held by 11/30/22.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

25a - Written Contract and Review

2. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [redacted], did not have a resident-home contract.

POC Submission

Directed (MD - 09/22/2022)

[redacted] did completed an Contract for Resident 1.

Directed-

The Administrator will develop a system (such as a new admission checklist) by 11/18/22 to track new admissions to ensure contracts are completed timely.

The Administrator will complete an audit of all current resident records by 11/30/22 to ensure all residents have a contract.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not include a statement, signed by the resident, acknowledging receipt of a copy of the resident rights and complaint procedures.

POC Submission

Directed (MD - 09/22/2022)

gave Resident 1. a copy in chart for the resident Rights and also the Complaint Procedures. The Resident Refused to sign.

(Directed)

Note: If a resident refuses to sign, or unable to sign or notate an "X", a notation must be made explaining the refusal.

If Resident #1 refuses to sign, the Administrator will make a notation of the date and note that the resident refused to sign on the form by 11/18/22.

The Administrator will complete an audit by 11/30/22 of all current resident files to ensure every resident has a signed resident rights and complaint procedure.

10/28/22 - MD

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On at approximately PM, Staff Person A found Resident #1 in the kitchen with a steak knife. In an attempt to remove the knife, Staff Person A grabbed Resident #1 by the hand and pulled the resident's head back by pulling the resident's hair.

POC Submission

Directed (MD - 09/22/2022)

submitted a plan of correction by mail.. Written by staff person person wrote a report to what exactly happened.

Directed -

All staff will be educated on abuse and neglect by a Department approved educator by 11/18/22.

The Administrator will retain a copy of all training documents.

The Administrator discussed the incident with Staff Person A on 5/30/22.

All incidents of abuse/neglect as well as all training needs will be addressed at the next Quality Management Plan meeting, which is to be held by 11/30/22.

42b - Abuse (continued)

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [REDACTED] did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

POC Submission

Directed (MD - 09/22/2022)

[REDACTED] submit a plan of correction by mail where staff person was trained. This staff person worked for [REDACTED] before. [REDACTED] was trained.

Directed -

The Administrator will complete an audit of all current employee records by 11/30/22 to ensure all staff have received the proper training.

The Administrator shall develop a system (such as a new hire check list) by 11/18/22 to ensure all training is completed.

All staff training needs will be addressed at the next Quality Management Review to be held by 11/30/22.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A completed his/her 40th scheduled work hour, however, this staff person did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

POC Submission

Directed (MD - 09/22/2022)

This staff person was trained in all of these procedures. When [redacted] worked for [redacted] before. It was sent by mail.

Directed -

The Administrator will complete an audit of all current employee records by 11/30/22 to ensure all staff have received the proper training.

The Administrator shall develop a system (such as a new hire check list) by 11/18/22 to ensure all training is completed.

All staff training needs will be addressed at the next Quality Management Review to be held by 11/30/22.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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 documentation of medical evaluation (DME) did not include the date that the resident was evaluated, nor the date the form was completed.

POC Submission

Directed (MD - 09/22/2022)

This Administrator did not document the date Resident 2 DME was completed. This Administrator did not complete the date but did take care of the date of the DME was completed. [REDACTED] will have to be more careful in the future.

Directed -

The Administrator will review the DME of newly admitted residents within 30 days of admission to ensure the DME is completed within 60 days prior to admission or within 30 days after admission.

The Administrator will develop a tracking system by 11/18/22 to identify due dates to ensure resident DME's are completed within the required time frames.

An audit of all resident records will be completed by the Administrator by 11/30/22 to ensure all resident records have a DME.

Any resident record found that does not have the completed paperwork will be referred to the physician for an initial DME.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

190a - Completion Medication Course

8. Requirements

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A's most recent Medication Administration Record (MAR) observation and review was on 2/1/20.

190a - Completion Medication Course (continued)

Staff Person B's most recent MAR review was on 12/2020 and the most recent MAR observation was on 3/12/21.

POC Submission

Directed (MD - 09/22/2022)

had staff person had do a couple MAR reviews and also completed a MAR observation right away.

Directed -

The Administrator will conduct an audit of all med techs by 11/30/22 to ensure all staff trainings are up to date. If any staff has not met the required training, all trainings, observations and reviews will be completed by 11/18/22. Training needs will be discussed at the next Quality Management Review to be held by 11/30/22.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

224a - Preadmission Screen Form

9. Requirements

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

Resident #1 was admitted to the home on ; however, the resident's preadmission screening form was not completed until

POC Submission

Directed (MD - 09/22/2022)

the Administrator redacted the preadmission Screening for the date

Directed -

Note: Dates and information on forms can not be backdated.

The Administrator will review all new resident records within 30 days of admission to ensure the prescreen was completed.

The Administrator will develop a system (such as an admission checklist) by 11/18/22 to ensure preadmission screenings are completed timely.

MD - 10/28/22

Directed Completion Date: 11/18/2022

Implemented (MD - 12/05/2022)

225c - Additional Assessment

10. Requirements

225c - Additional Assessment (*continued*)

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #3's most recent assessment was completed on [REDACTED].

POC Submission*Directed (MD - 09/23/2022)*

[REDACTED] the Administrator had a new Annually assessment completed.

Directed -

The Administrator will complete an annual assessment for Resident #3 and place in the resident's record by 11/18/22.

The Administrator will audit all current resident records by 11/30/22 to ensure all assessments are current and up to date.

The Administrator will develop a system (check list, calendar, etc) by 11/18/22 to ensure all resident assessments are completed timely per the regulation.

MD - 10/28/22

Directed Completion Date: 11/18/2022*Implemented (MD - 12/05/2022)*

227c - Support Plan Revision

11. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's most recent support plan was completed on [REDACTED].

POC Submission*Directed (MD - 09/23/2022)*

[REDACTED] the Administrator completed the support plan and redacted too the 30 days upon the Annual assessment.

Directed -

Note: Support plans can not be back dated, but notation can be made that the Department has already reviewed this record.

The Administrator will complete an annual support plan for Resident #3 and place in the resident's record by 11/18/22.

The Administrator will audit all current resident records by 11/30/22 to ensure all support plans are current and up to date.

The Administrator will develop a system (check list, calendar, etc) by 11/18/22 to ensure all resident support plans are completed timely per the regulation.

MD - 10/28/22

227c - Support Plan Revision (continued)

Directed Completion Date: 09/12/2022

Implemented (MD - 12/05/2022)