

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

August 1, 2023

[REDACTED], ADMINISTRATOR
MARTHAS MANOR INC
124 COSEY LANE
LILLY, PA, 15938

RE: MARTHA'S MANOR, INC.
124 COSEY LANE
LILLY, PA, 15938
LICENSE/COC#: 32294

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2023 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: MARTHA'S MANOR, INC	License #: 32294	License Expiration: 06/03/2023
Address: 124 COSEY LANE, LILLY, PA 15938		
County: CAMBRIA	Region: CENTRAL	

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

Legal Entity		
Name: MARTHA'S MANOR INC		
Address: 124 COSEY LANE, LILLY, PA, 15938		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C 2 LP	Date: 03/17/1995	Issued By: Labor and Industry

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 17	Waking Staff: 13

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal	Exit Conference Date: 05/24/2023	

Inspection Dates and Department Representative	
05/24/2023	On Site [REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 25		Residents Served: 17	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 12		Are 60 Years of Age or Older: 14	
Diagnosed with Mental Illness: 6		Diagnosed with Intellectual Disability: 2	
Have Mobility Need: 0		Have Physical Disability: 0	

Inspections / Reviews		
05/24/2023 - Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/15/2023
07/06/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 07/31/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 07/14/2023

Inspections / Reviews *(continued)*

07/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/31/2023

08/01/2023 - Document Submission

Submitted: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/24/23, there was no licensing inspection summary (LIS) for the home found on either bulletin board in the home. The most recent LIS was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 07/18/2023)

On 05/24/2023 the Administrator posted the LIS in common area in the shadow box.

On 07/19/2023 the Administrator will educate staff on the regulation concerning the LIS at the next staff meeting.

To ensure violation does not reoccur. starting 06/19/2023 a weekly checklist will be created and completed by administrator ensuring LIS is posted in shadow box where it is accessible. On 07/24/2023 administrator will complete checklist every other week until 08/28/2023 when checklist will be done monthly to ensure that the required postings are visible in a conspicuous and public place.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented [redacted] - 08/01/2023)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's written policy regarding a quality management plan review states that they shall have a "periodic review to look at systems in order to look at areas to improve". The dates of the last five meeting minutes were 8/15/13, 8/15/14, 5/6/16, 8/27/16, and 9/1/18. The minutes from the last Quality Management Plan review show that they have not had a review since 9/1/2018.

Plan of Correction

Accept [redacted] - 07/24/2023)

On 06/13/2023 a Quality Management Meeting was held and minutes were recorded.

To ensure that violation does not reoccur, a monthly checklist will be completed by administrator verifying Quality Management Meeting is not due, and a reminder will be placed two months prior to the year.

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented [redacted] - 08/01/2023)

85a - Sanitary Conditions

3. Requirements

85a - Sanitary Conditions (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/24/23 at approximately 9:15 am, there was a large section of what appears to be black mold covering the majority of the interior of a storage closet located inside a common area bathroom in the basement used by residents. This area covered the walls and a portion of the ceiling and measured approximately 2.5 feet by 7 feet along the wall and an approximately 2.5 feet square section of the ceiling.

Plan of Correction

Accept [redacted] 07/18/2023)

On 05/24/2023 the administrator locked the bathroom door and placed a sign on it notifying residents not to enter. o prevent them from being exposed to mold.

On 07/11/2023 all damaged items were removed from bathroom and currently there are no signs of mold.

On 07/19/2023 the Administrator will educate staff and discuss the need for ALL staff to report any instances of unsafe/unsanitary conditions immediately to administrator or med tech on duty.

On 07/31/2023 Administrator will perform weekly walk throughs of the building. On 09/25/2023 administrator will perform monthly checks until 07/25/2024 to verify that there are no instances of additional unsanitary conditions present in the home and that staff notify Administrator immediately upon finding anything note worthy.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented [redacted] - 08/01/2023)

89b - Hot Water Temperature

4. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/24/23 between approximately 2:30 pm and 3:05 pm, the hot water temperature at the sink in the basement bathroom measured 125.9 degrees Fahrenheit. In addition, the sink in the main bathroom outside of the living room measured 125.4 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 07/18/2023)

On 05/24/2023 the maintenance man adjusted the thermostat for the water temperature.

o ensure violation does not reoccur, starting 05/25/2023 a checklist was created and being completed weekly by administrator until 07/17/2023 when administrator will conduct checks every other week until 08/07/2023 where checks will only be conducted monthly. To ensure water temperature does not exceed 120 F.

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented [redacted] - 08/01/2023)

103g - Storing Food

5. Requirements

103g - Storing Food (continued)

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A review of the refrigerator freezer in the kitchen found a one-gallon bag with what appeared to be approximately seven (7) freezer burnt chicken fingers, and a bag containing four (4) freezer burnt biscuit roll-ups. There was also a butter container containing approximately eight (8) freezer burnt hot dogs found in the same freezer. None of these items were labeled or dated.

Plan of Correction

Accept [REDACTED] - 07/18/2023)

On 05/24/2023 the administrator all items found in freezer not labeled or dated were removed and disposed.

o ensure violation does not reoccur, starting 06/19/2023 a weekly checklist will be created and completed by administrator ensuring there is not unlabeled or undated food in freezer.

On 07/19/2023 Administrator will educate (all staff/kitchen staff/cook) on food storage and preparation.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented [REDACTED] - 08/01/2023)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home s written emergency procedures have not been reviewed, updated or any changes submitted to the local emergency management agency since 2011.

Plan of Correction

Accept ([REDACTED] - 07/06/2023)

On 06/13/2023 a copy of the Emergency Procedure was faxed to the local emergency management agency.

To ensure violation does not reoccur, a topic was added to our Quality Management Meeting Minutes ensuring it will be sent annually.

Licensee's Proposed Overall Completion Date: 06/13/2023

Implemented [REDACTED] 08/01/2023)

125b - Combustible Restrictions

7. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

Upon entry to the home, two (2) large and four (4) smaller oxygen tanks were being stored on the front porch, within (six) 6 feet of a gas grill, and also within ten (10) feet of one of the designated smoking areas, where a resident was

125b - Combustible Restrictions (continued)

later seen smoking.

Plan of Correction

Accepted [redacted] 07/18/2023)

On 05/24/2023 the oxygen tanks were removed from the front porch and moved to a secure location by Administrator. Company has been contacted; they are scheduled for pickup on 07/18/2023.

07/19/2023 Administrator will educate (all staff/maintenance/care staff) on the storage of combustible/flammable materials in/around the property.

To ensure violation does not reoccur, starting 06/19/2023 a weekly checklist will be created and completed by administrator. ensuring there is no combustible materials that are accessible to residents.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented [redacted] - 08/01/2023)

132c - Fire Drill Records

8. Requirements

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 drill conducted on 2/15/23 does not include the time of when the drill occurred.

Plan of Correction

Accepted [redacted] - 07/18/2023)

On 05/24/2023 the administrator added the time which was 2pm for the fire drill conducted on 02/15/2023 to fire drill record.

To ensure violation does not reoccur, a monthly check will be conducted by administrator and initialed on fire drill record that all information has been added first check will be done on June 25, 2023.

On 07/19/2023 Administrator will re-educate ALL STAFF on the importance of fire safety, fire drills, and the required items in the fire drill log.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented (KB - 08/01/2023)

183e Storing Medications

9. Requirements

2600.

183e - Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted]/23 at approximately [redacted] pm, a white round pill, identified as [redacted] was found under the medication cart in the medication room.

Plan of Correction

Accept ([redacted] - 07/24/2023)

On 05/24/2023 the administrator disposed of the medication found under the medication cart by placing it in the sharp's container.

To ensure violation does not reoccur, on 06/19/2023 a training will be held by the administrator for all med techs reviewing proper medication administration and disposal.

On 07/17/2023 Administrator will perform daily checks around/under looking for cleanliness and organization of the medication cart and lose medications. Until 07/31/2023 when they will be checked weekly until 09/04/2023. Audit sheets will be reviewed at the next quality management meeting to be held no later than 9/11/2023.

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented ([redacted] - 08/01/2023)

185a - Implement Storage Procedures

10. Requirements

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

Glucometers must be calibrated to the correct date and time for each resident. At [redacted] pm on [redacted]/23, the glucometer for Resident #5 read [redacted] pm [redacted]/23. On [redacted]/23, the glucometer for Resident #4 read [redacted] pm, when the correct time was actually [redacted].

Plan of Correction

Accept ([redacted] - 07/24/2023)

On [redacted]/2023 Resident #4's and Resident #5's Glucometers were calibrated to the current date and time by Administrator.

To ensure violation does not reoccur, on 05/24/2023 the administrator checked all other Glucometers to ensure that each one had the current date and time. Also, on 06/19/2023 a staff training will be held by the administrator, nstructing all DCS that before each time Glucometers is they must first conform that it has the current date and time.

Starting 7/17/2023, Administrator (or designee) will double check all glucometers for correct calibration twice weekly. Until 07/31/2023 when they will be checked weekly. Audit sheets for tracking purposes and their results will be discussed during the next quality management meeting to be held no later than 9/11/2023.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 07/17/2023

██████████ - 08/01/2023)

187b Date/Time of Medication Admin.

11. Requirements

2600.

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

Description of Violation

On ██████/23 at 9:00 am, Resident #1 is prescribed 1 tablet of ██████████. This dose was recorded on the Medication Administration Report (MAR) as administered. However, after contact with the pharmacy, it was determined that this dose was not administered to the resident, as it was not in the medicine cart, and was awaiting delivery from the pharmacy.

Plan of Correction

Accept (██████ - 07/24/2023)

On 05/24/2023 Resident ██████████ was administrated at 9am by med tech. And checked into medication cart by med tech when it was delivered by the pharmacy.

To ensure violation does not reoccur, on 06/19/2023 Administrator or designee will perform a Cart Audit to verify that all medications on the MAR are present and accounted for ALL Residents.

On 07/19/2023 a training will be held by the administrator for all med techs discussing the proper administration and recording steps for correct administration.

On 07/17/2023 a weekly check will be conducted by the administrator. Until 08/14/2023 when it will change to every other week to ensure all medications on the MAR are present and accounted for ALL Residents.

The results of these audits will be discussed at the next Quality Management Meeting to be held on 9/11/2023.

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented ██████ - 08/01/2023)

187d Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed ██████████ cream, as well as ██████████. However, none of these

187d - Follow Prescriber's Orders (continued)

medication treatments were administered to Resident #2 on [REDACTED]/23 because these medications were not available in the home.

Plan of Correction

Accept [REDACTED] 07/24/2023)

On 05/24/2023 Resident #2's was administered their [REDACTED] and Nystatin Powder by the Med Tech on duty. When reordered medications were delivered by the pharmacy the Med Tech on duty checked them in the medication cart.

To ensure violation does not reoccur, starting on 06/19/2023 the administrator will perform a weekly Cart Audit to erify that all medications on the MAR are present and accounted for ALL Residents. Until 07/17/2023 when it will be changed to every other week.

The results of these audits will be discussed at the next Quality Management Meeting to be held on 09/11/2023.

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented [REDACTED] - 08/01/2023)

227d - Support Plan Medical/Dental

14. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 has [REDACTED] with blood sugar checks three (3) times per week. However, the assessment for Resident #3, dated [REDACTED], does not indicate this diagnosis, nor any needs relating to it. Further, the resident's support plan, does not document how these needs will be met.

Plan of Correction

Accept [REDACTED] 07/24/2023)

On 05/24/2023 Resident #3's support plan was updated by administrator by adding they have the diagnosis of [REDACTED] with blood sugar checks three (3) times per week.

To ensure violation does not reoccur, an audit will be completed by the adminitrator 06/19/2023 of all current resident's support plans to ensure all diagnosis and the treatment needed to met the needs of it are record on support plan.

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented [REDACTED] - 08/01/2023)

227d - Support Plan Medical/Dental (continued)

227g -Support Plan Signatures

15. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan in [REDACTED]. However, neither the resident nor the home dated the support plan.

Resident #2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not date the support plan.

Plan of Correction

Accept [REDACTED] - 07/24/2023)

On [REDACTED]/2023 the administrator dated Resident #1 and Resident #2's support plan for [REDACTED]/2023.

To ensure violation does not reoccur, an audit will be completed by 06/19/2023 of all current resident's support plans to ensure all are dated by both person completing and resident. Administrator and Designee will both sign newly completed support plans to verify that they contain all required signatures and dates.

On 07/19/2023 the administrator will re-educate all clinical staff involved with the development and implementation of the Support Plans as to their requirements that the Assessment and Support Plans must be signed and dated by all participants. Documentation of this training will be kept.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented ([REDACTED] - 08/01/2023)