

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

December 4, 2024

[REDACTED], ADMINISTRATOR  
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 08/15/2024 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: 03/26/2025  
 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-2 LP Date: 04/29/1999 Issued By: Department of Labor & Industry

**Staffing Hours**

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

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/15/2024

**Inspection Dates and Department Representative**

08/15/2024 - 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: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 5  
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 5  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

08/15/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2024

08/28/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/13/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2024

Inspections / Reviews *(continued)*

11/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/18/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2024

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 8/15/24 the home's most recent licensing inspection summary, dated 7/27/23, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed (█ - 11/07/2024)

The Administrartor posted the old plan with the inspector on to the post board. I will make sure the corrections are completed and posted. I posted the corrections on August 15th,

Proposed Overall Completion Date: 08/30/2024

[Directed]

The administrator posted the current license in a public and conspicuous place on 8/30/24.

The administrator will train staff by 12/1/24 to review the location of posted public information at least once per week to ensure that the required documents and present and available for review by residents, families and visitors. Documentation of training shall be kept and available for Department review.

Beginning 12/1/24, the administrator will audit the required public postings weekly to ensure they are present. Documentation of the audits shall be kept and available for Department review.

Directed Completion Date: 12/01/2024

Implemented (█ - 12/04/2024)

26a - Quality Management Plan

2. Requirements

2600.

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

Description of Violation

The home has not had a quality management periodic review since 4/4/23.

Plan of Correction

Directed (█ - 11/07/2024)

I The Administrartor & █ sat down on August 18. we review all the sites we acquired this Inspection. We are trying to come up with a plan on how to correct them. we plan to have another meeting on September 18th.

Proposed Overall Completion Date: 09/05/2024

[Directed]

A Quality management meeting was held on 9/18/24. The meeting notes and documentation of the review shall be kept and available for Department review.

26a Quality Management Plan (continued)

The Administrator will create a schedule for future quarterly quality management reviews by 12/1/24 and make this schedule available to the Department for review.

Directed Completion Date: 12/01/2024

Implemented ( ) - 12/04/2024)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member B hired on [redacted] does not have a Pennsylvania State Police background check completed and on file at the home.

Plan of Correction

Directed ( ) - 11/07/2024)

I the Administrator had a background check completed in 1996 under the name [redacted]. I lease the bossiness from [redacted] for a year. [redacted] completed a background check then. I know it must be displaced. I will complete a new one if need be.

Proposed Overall Completion Date: 09/05/2024

[Directed]

The administrator will complete a new background check by 12/1/24 and will provide evidence to the Department when it has been completed. When the results are provided by the Pennsylvania State Police, that document will be provided to the Dept.

The administrator will audit all staff files by 12/1/24 to ensure that the required background checks are present. Any missing background checks will be requested by 12/1/24 and will be available for Department review.

Directed Completion Date: 12/01/2024

Implemented ( ) - 12/04/2024)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

No staff in the home have a current and valid CPR/First Aid certification.

Plan of Correction

Directed ( ) - 11/07/2024)

I the Administrator and [redacted] have CPR and First Aid training. I will Print off the Cards.

Proposed Overall Completion Date: 09/05/2024

63a - First Aid/CPR Training (continued)

[Directed]

All staff who provide direct care services during an independent shift will receive CPR/First Aid Training by 12/1/24. The home will retain training documentation for Department review.

Beginning 12/1/24, the Administrator will review staff records quarterly to ensure that CPR/First Aid Training remains current and present. Documentation of these audits shall be kept.

Directed Completion Date: 12/01/2024

Implemented (████ - 12/04/2024)

64c - Annual Training

5. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, ██████████, did not complete any training hours of Department-approved training in the training year 2023.

Plan of Correction

Directed (████ - 11/07/2024)

I the Administrator will obtain my taring hours that all required by the state. I understand that I broke a regulation that is required.

Proposed Overall Completion Date: 08/30/2024

[Directed]

The administrator will create a training plan by 12/1/24 that includes 24 hours of Department-approved training in 2025. The training plan shall be available for Department review and will be completed annually in perpetuity. The administrator should contact the Department if assistance with training sources is required.

Directed Completion Date: 08/30/2024

Implemented (████ - 12/04/2024)

65e - 12 Hours Annual Training

6. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B did not complete any annual training hours in training year 2023.

Plan of Correction

Directed (████ - 11/07/2024)

I know I am the Administartor it's my responsibility to make sure ████████ had ████████ taring hours. ████████ agreed to having

65e - 12 Hours Annual Training (continued)

█ hours completed. I know that we broke regulation that is why we got the site.

Proposed Overall Completion Date: 09/10/2024

[Directed]

The administrator will create a training plan for Direct Care Staff Person B by 12/1/24 that includes 24 hours of Department-approved training in 2025. The training plan shall be available for Department review and will be completed annually in perpetuity. The administrator should contact the Department if assistance with training sources is required.

Directed Completion Date: 12/01/2024

Implemented (█ - 12/04/2024)

107d - Procedure Emergency Management Agency Submission

9. 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 does not have documentation of written notification to the local emergency management agency.

Plan of Correction

Directed (█ - 11/07/2024)

I administrator have documentation of written notification to the local emergency management agency.

Proposed Overall Completion Date: 09/03/2024

[Directed]

The administrator will provide notification to the local emergency management agency by 12/1/24 of the home's emergency procedures. Documentation of this notification shall be kept and available for Department review.

By 12/1/24, the administrator will create a reminder document-- whether paper or electronic-- to ensure that this notification is done annually as required. The reminder document shall be kept and available for Department review.

Directed Completion Date: 12/01/2024

Implemented (█ 12/04/2024)

124 - Notice to Fire Department

10. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department to include the address of

124 - Notice to Fire Department (continued)

the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

**Plan of Correction**

**Directed** (████) - 11/07/2024)

I the Administrator will obtain a written notification to the local fire department. I will send copy.

Proposed Overall Completion Date: 11/05/2024

[Directed]

The administrator will provide notification to the local fire department by 12/1/24 of the home's address, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of this notification shall be kept and available for Department review.

By 12/1/24, the administrator will create a reminder document-- whether paper or electronic-- to ensure that this notification is done as required when the census or needs of the residents change. The reminder document shall be kept and available for Department review.

**Directed Completion Date:** 12/01/2024

**Implemented** (████) - 12/04/2024)

132b - Safety Inspection/Fire Drill

**11. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The last observed fire drill and safety inspection by a fire safety expert was conducted on 7/19/23.

**Plan of Correction**

**Directed** (████) - 11/07/2024)

I will notify the local fire department we need a fire drill. I will keep all documents to show annually. I do keep documentations needed in my Mannal. I try to keep every document needed. I will scan documents in when fire inspection is completed.

Proposed Overall Completion Date: 09/10/2024

[Directed]

The administrator will schedule a fire drill and safety inspection by 12/1/24. Documentation of correspondence with the fire safety expert shall be kept and available for Department review.

By 12/1/24, the administrator will create a reminder document-- whether paper or electronic-- to ensure that this drill and inspection is done annually as required. The reminder document shall be kept and available for Department review.

**Directed Completion Date:** 12/01/2024

**Implemented** (████) - 12/04/2024)

141b1 - Annual Medical Evaluation

12. Requirements

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 [redacted]  
Resident 2's most recent medical evaluation was completed on [redacted]

Plan of Correction

Directed [redacted] - 11/07/2024)

I the Administrator will pick the medical evaluations up at the DR'S office at [redacted] Family Practice They were completed. I will send a copy of them.

Proposed Overall Completion Date: 08/30/2024

[Directed]

Medical evaluations were completed for Residents #1 and #2 by 8/30/24. The administrator will provide this documentation to the Department by 12/1/24.

By 12/1/24, the administrator will audit all resident records to ensure that current medical evaluations are in place. Documentation of this audit shall be kept and available for Department review.

By 12/1/24, the administrator will create a reminder document-- whether paper or electronic-- to ensure that medical evaluations are completed timely for all residents living in the home. The reminder document shall be kept and available for Department review.

Directed Completion Date: 08/30/2024

Implemented [redacted] - 12/04/2024)

185a - Implement Storage Procedures

15. 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

On [redacted] at [redacted], the glucometer reading for Resident #3 was [redacted], however reading was not documented on the medication administration record (MAR).

On [redacted] at [redacted], the glucometer reading for Resident #3 was [redacted], however this reading was not documented on the MAR.

On [redacted] at [redacted] Resident #3's glucometer showed a reading of [redacted], however this reading was not documented on the MAR.

Plan of Correction

Directed [redacted] - 11/07/2024)

The glucometer reading for resident #3. I had Dr, reorder a new Glucometer for Resident #3. the Glucometer was

**185a Implement Storage Procedures (continued)**

*not working correctly,*

*Proposed Overall Completion Date: 09/03/2024*

*[Directed]*

*The administrator ordered a new functional glucometer for Resident #3 by 9/3/24. The new glucometer will be present in the home and the readings will accurately match the tracking on the Medication Administration Record (MAR).*

*By 12/1/24, the administrator will train all staff who provide diabetic care on the proper use of glucometers and medication tracking. Documentation of this training shall be kept and available for Department review.*

*By 12/1/24, the administrator will audit all glucometers in the home to ensure that they are functional and that the readings match the MAR. Documentation of these audits shall be kept and available for Department review.*

**Directed Completion Date: 12/01/2024**

**Implemented (█) - 12/04/2024)**

**185b - Medication Procedures**

**16. Requirements**

2600.

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

**Description of Violation**

*The home is not completing documentation of controlled substance pill counts, administration of a controlled substances, or the receipt of controlled substance medications for any residents who receive controlled medications.*

**Plan of Correction**

**Directed (█) - 11/07/2024)**

*We have documentation of controlled substance pills count; we have documentation of who reservices the narcotics. I will send copy of the narcotics we do count every shift.*

*Proposed Overall Completion Date: 09/03/2024*

*[Directed]*

*The administrator will create a controlled substance count sheet by 12/1/24. This sheet will be kept and available for Department review.*

*The administrator will audit the controlled substance count sheet weekly beginning 12/1/24 to ensure that residents' meds are available and accurate.*

**Directed Completion Date: 12/01/2024**

**Implemented (█) - 12/04/2024)**

187d Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] every other day. This medication is present in the home's medication cart. However, the home has no record of this medication being administered to the resident.

Plan of Correction

Directed ([redacted] - 11/07/2024)

I will send copies of the [redacted] being given every other day. I called the Pharmacy the said on their end they see we document that medication was given. The documentation was not showing up on are computer that it was given. This was sent to me from our pharmacy.

Proposed Overall Completion Date: 09/04/2024

[Directed]

By 12/1/24, The administrator will audit the record for Resident #1 to ensure that all medications, both OTC and prescribed, are present and documented appropriately. Documentation of this audit shall be kept and available for Department review.

The administrator will audit all resident's medications weekly beginning 12/1/24 to ensure that medications are present, documented and administered as ordered. The documentation of these audits shall be kept and available for Department review.

Directed Completion Date: 12/01/2024

Implemented ([redacted] - 12/04/2024)

225c Additional Assessment

19. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident 1's most recent assessment was completed on [redacted].  
Resident 2's most recent assessment was completed on [redacted].

Repeated violation: 6/22/23

Plan of Correction

Directed ([redacted] - 11/07/2024)

I the administrator will see to that the assessment are completed and up to date. The administrator is making appointments right away. I will send copies as soon as I get them completed. I also am going to have a house DR; come in [redacted] offers I took her up on [redacted] offer.

Proposed Overall Completion Date: 09/04/2024

[Directed]

**225c Additional Assessment (continued)**

Medical evaluations were completed for Residents #1 and #2 by [REDACTED]. The administrator will provide this documentation to the Department by [REDACTED].

By 12/1/24, the administrator will audit all resident records to ensure that current medical evaluations are in place. Documentation of this audit shall be kept and available for Department review.

By 12/1/24, the administrator will create a reminder document whether paper or electronic to ensure that medical evaluations are completed timely for all residents living in the home. The reminder document shall be kept and available for Department review.

**Directed Completion Date: 12/01/2024**

**Implemented ([REDACTED]/04/2024)**