Pennsylvania
Department of Human Services

June 11, 2026

[redacted]
MARTIN'S 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 Services Licensing, (Department) review on April 22, 2026 of the above facility, we have determined that your submitted plan of correction not implemented.

Sincerely,

[redacted]

Enclosure
<Licensing Inspection Summary>

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

Facility Information

Name: *MARTIN'S CARE HOME* **License #**: *32154* **License Expiration**: *03/26/2027*

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

County: *SOMERSET* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *MARTINS CARE HOME INC*

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

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/29/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *16* **Waking Staff**: *12*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *04/22/2026*

Inspection Dates and Department Representative

04/22/2026 On Site: [redacted]

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: *1*

Number of Residents Who:

Receive Supplemental Security Income: *16* **Are 60 Years of Age or Older**: *11*

Diagnosed with Mental Illness: *16* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

04/22/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *Document Submission* **Follow Up Date**: *06/05/2026*

Inspections / Reviews *(continued)*

06/11/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Exception*

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]/26, Resident #1 was sent to the hospital via ambulance due to continued refusals to eat. Resident #1 was admitted for treatment and had not yet returned to the home as of 4/22/26. The home did not report this incident to the Department.

Plan of Correction ***Directed ([redacted] - 05/21/2026)***

- *The administrator or designee will complete and submit a reportable to the Department for the incident identified in the violation by 6/5/26.*
- *Education will be provided to all staff, including the administrator, on incidents that are to be reported to the Department by 6/5/26.*
- *Beginning no later than 6/1/26, the administrator or designee will interview staff within 24 hours of each shift to identify any incidents that would need to be reported to the Department for 1 month and then weekly for 3 months. Daily interviews will be documented to include if an incident report was needed to be submitted to the Department and the date the reportable was submitted to the Department.*
- *Documentation of completed education and staff interviews will be kept by the home and available for review by the Department.*

Directed Completion Date: *06/05/2026*

Not Implemented [redacted] - 06/11/2026)

187b - Date/Time of Medication Admin.

2. 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

Resident #1's April 2026 Medication Administration Record (MAR) did include the staff member's names or initials who attempted to administer the following prescribed medications:

Atorvastatin TAB 40 MG, on 4/1/26, 4/2/26 and 4/4/26 at 8:00 PM
Constulose SOL 10/15 ML, on 4/1/26 and 4/2/26 at 8:00 AM
Flutic/SALME AER 250/50, on 4/1/26 and 4/2/26 at 8:00 AM
Ondansetron TAB 4 MG, on 4/4/26 at 8:00 PM
Quetiapine TAB 400 MG, on 4/4/26 at 8:00 PM

Repeated Violation - 8/1/25, et al.

Plan of Correction ***Directed [redacted] - 05/21/2026)***

- *Education will be provided to all staff, including the administrator, on regulation 2600.187(b) and how to properly document the administration or refusals on each resident's Medication Administration Record (MAR) by 6/5/26.*
- *Beginning 6/1/26, the administrator or designee will complete weekly audits on at least 5 resident MARs for*

187b - Date/Time of Medication Admin. (continued)

at least 3 months to ensure staff are signing off on medication administration at the time the medication is being administered.

- *Documentation of completed audits and education will be kept by the home and available for re view by the Department.*

Directed Completion Date: *06/05/2026* **Not Implemented [redacted] - 06/11/2026)**

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated [redacted]/25, indicated Resident #1 requires no assistance with eating or drinking. However, in February 2026, Resident #1 began eating only the junk food [redacted] purchased and refused to eat meals or alternatives offered at the home. Resident #1 chewed [redacted] food and spit it out onto the plate. Resident #1 lost a significant amount of wait due to continued refusals during mealtime. The resident's assessment was not updated to reflect the change in need.

Plan of Correction ***Directed ([redacted] - 05/21/2026)***

- *Education will be provided to all staff, including the administrator, on updating a resident's assessment when the condition changes prior to the annual assessment by 6/5/26.*
- *Resident #1's assessment will be updated by [redacted]/26 by the administrator or designee.*
- *An initial audit will be completed for all resident assessments to ensure they accurately reflect each resident's current need(s) by 6/1/26. Updates found to be needed will be completed by 6/5/26.*
- *Beginning no later than 6/1/26, the administrator or designee will complete quarterly audits of all resident assessments to ensure each assessment has been updated as the resident's needs have changed, as applicable.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *06/05/2026* **Not Implemented ([redacted] - 06/11/2026)**