

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIA HALL, INC.

LEGAL ENTITY

To operate MARIA HALL

NAME OF FACILITY OR AGENCY

Located at ONE MARIA HALL DR., 3RD FLOOR, DANVILLE, PA 17821

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 29, 2010 until September 29, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215210

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 01 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Sister Linda Marie Bolinski, President  
Maria Hall, Inc.  
580 Railroad Street  
Danville, Pennsylvania 17821

RE: Maria Hall  
One Maria Hall Drive, 3<sup>rd</sup> Floor  
Danville, Pennsylvania 17821

Dear Sister Bolinski:

As a result of the Department of Public Welfare's licensing inspection on August 17, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Maria Hall, One Maria Hall Drive, 3 <sup>rd</sup> Floor, 380 Railroad Street, Danville Pennsylvania, 17821		CURRENT LICENSE NUMBER 215210	
INSPECTION DATE(S) (Include all dates of the inspection) August 17, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sister Margaret Marist</i>	DATE 9/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hovey</i>	DATE 9-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home did not post a copy of the Department of Public Welfare Chapter 2600. Personal Care Homes regulation book in a conspicuous and public place in the home.	8/17/10	The small pink copy of the regulations for personal care was placed on the bulletin-board in the third floor hallway--personal care section of the home.  <i>The administrator will ensure that the following documents in this Regulation are posted in a public place in the personal care home. Dth 9-22-10 Dth</i>	<i>9-22-10 Dth</i>

**RECEIVED**

SEP 20 2010

*Original*

SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Maria Hall, One Maria Hall Drive, 3 <sup>rd</sup> Floor, 380 Railroad Street, Danville Pennsylvania, 17821		<b>CURRENT LICENSE NUMBER</b> 215210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 17, 2010		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Florence Babiarz	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Sister Margaret Mary Frost</i>	<b>DATE</b> 9/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hawley</i>	<b>DATE</b> 9-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).  52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home did not have criminal history checks on hand for employees who were employed by Columbia-Montour Visiting Nurses and Hospice Care agency.	8/17/10	Home Health was notified on 8/17/10 that copies of criminal checks were needed for staff that visits PC residents on Hospice. Within a half hour copies were received and filed in facility's Hospice Binder.  <i>The Administrator will ensure that hiring and retention of staff, including out side agencies are completed in accordance with the Older Adult Protective Services Act. JH 9-22-10.</i>	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10 <i>AK</i> Date Initials (DPW)

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Maria Hall, One Maria Hall Drive, 3 <sup>rd</sup> Floor, 380 Railroad Street, Danville Pennsylvania, 17821		<b>CURRENT LICENSE NUMBER</b> 215210	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Sister Margaret Mary Fest</i>		<b>DATE</b> 9/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>
			<b>DATE</b> 9-22-10

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141a-2 The medical evaluation shall include the following:  (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	The medical evaluation for resident #1 dated 8/4/10 did not indicate temperature, pulse rate, immunization, emergency evacuation or ability to self-administer medication.  The medical evaluation for resident #2 dated 10/6/09 did not indicate immunization history.  The medical evaluation for resident #3 dated 12/7/09, indicated "see attached" for medications; the attachments were not signed or dated by the physician.  Resident #4 Medical Evaluation completed on 7/23 did not indicate the year.	8/17/10	A memo placed in Doctor's Office for Dr. [REDACTED] on filling out the medical evaluations—directions for completing them. (copy enclosed)  <i>The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on the Department's required medical evaluation form. Attachments will be added to the medical evaluation form to ensure that all actions are documented. 8/22/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <del>9-22-10</del> Date <i>AK</i> Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Maria Hall, One Maria Hall Drive, 3 <sup>rd</sup> Floor, 380 Railroad Street, Danville Pennsylvania, 17821		<b>CURRENT LICENSE NUMBER</b> 215210
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 17, 2010	<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Florence Babiarz	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Sister Margaret Mary Fest</i>	<b>DATE</b> 9/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Henry</i>
		<b>DATE</b> 9-22-10

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home's First Aid Kit in the 1992 Ford van did not contain adhesive tape.	8/17/10	Adhesive Tape was replaced 8/17/10 in the Ford van/s first Aid Kit. Kits will be checked monthly.	<i>9-22-10 JH</i>

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following:  (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Staff Person # A medication training record was incomplete. The home had only the Annual Practicum forms from 11/01/07 until 12/1/09. The home did not have a copy of this individual's Student Examination data Summary sheet and initial annual Practicum.	8/17/10	8/17/10 a call was made to staff person/s former place of employment. Staff member/s records were faxed immediately.  copy enclosed  <i>The administrator will ensure that all staff providing medication administration will be trained annually and documentation of training be kept in a file.</i>  JH 9-22-10	Steps have been taken to correct violation; full compliance is not verified. <u>9-22-10</u> Date <i>JH</i> Initials (DPW)

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Sister Margaret Mary Test</i>	<b>DATE</b> 9/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 9-22-10

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183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	The home had pre-poured medications for three of the home's residents.	8/17/10	8/17/10 A memo placed in Med room directed to all nurses and the med-tech. After reading, sign and follow these directions daily.  copy enclosed	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10 <i>AK</i> Date Initials (DPW)

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			<b>DATE</b> 9-22-10

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<p>The home's First Aid Kit in the 1992 Ford van had the following expired medications:</p> <ul style="list-style-type: none"> <li>▪ Imodium expired 3/2003.</li> <li>▪ Antiseptic wipes expired 6/2003.</li> <li>▪ Povidone-Iodine Swabsticks expired 11/2005.</li> <li>▪ Vitamin A &amp; D ointment expired 11/2006.</li> <li>▪ Triple Antibiotic ointment expired 7/2008.</li> <li>▪ Bacitracin ointment expired 4/2005.</li> </ul> <p>The First Aid Kit located in the home's medication room had Bacitracin Antibiotic ointment that expired in June 2006.</p> <p align="center"><b>Repeat Violation- 5/19/09.</b></p>	8/18/10	Nursing staff will take responsibility for checking all First Aid Kits monthly for outdated meds and replacing with current dated meds and other needed supplies in the kits.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">9-22-10 <i>AK</i></p> <p>Date Initials (DPW)</p>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (14) Name and initials of the staff person administering the medication.	<p>The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Atenolol, Triamterene, Zocor, Synthroid, Plavix, Prednizone, Flonase, Bion Tears and Lidocaine.</p> <p>The Medication Administration Record for resident #3 did not indicate a diagnosis or purpose for Ciproflaxacin.</p> <p>The Medication Administration Record for resident #5 did not indicate a diagnosis or purpose for Cipro, Lopressor &amp; Potassium.</p> <p>The Medication Administration Record for resident #6 did not indicate a diagnosis or purpose for Norvasc, Dulcolax and Lisinopril.</p>	8/18/10	<p>The MAR will be completed with a diagnosis for each medication listed for a resident in Personal Care and signed by the nurse/med-tech before end of shift each day that it is needed as of 8/18/10.</p> <p><i>Covers pp. 8 &amp; 9</i></p> <p>copy enclosed</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>9-22-10</u> <i>AF</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sister Margaret Mary Ford</i>		DATE 9/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jasen Haney</i>
			DATE 9-22-10

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(Continued from previous page.)	<p>The Medication Administration Record for resident #7 did not indicate a diagnosis or purpose for Calcium antacid, Culturelle, Claritin, Plavix and Coumadin.</p> <p>Staff did not sign or initial the Medication Administration Record of resident #5 on 8/16/10 to indicate that .5mg of Resperidal had been administered at 8pm.</p>			<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-22-10 <i>AT</i></p> <p>Date Initials (DPW)</p>

**RECEIVED**  
SEP 20 2010

**SCRANTON FIELD OFFICE  
Adult Residential Licensing**