

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIA JOSEPH MANOR INC
LEGAL ENTITY

To operate NAZARETH MEMORY CENTER AT MARIA JOSEPH
NAME OF FACILITY OR AGENCY

Located at 610 SCHOOLHOUSE ROAD, DANVILLE, PA 17821
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 24
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

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 January 31, 2013 until January 31, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 211150

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 3 1 2013

Sister Marcine Klocko, Treasurer
Maria Joseph Manor, Inc.
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Nazareth Memory Center at Maria Joseph
610 Schoolhouse Road
Danville, Pennsylvania 17821

Dear Sister Klocko:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 3, 2012 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 Human Services 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 black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21115 - 12/03/2012 - Hummel, Jesse
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate the number of residents that were in the facility at the time the fire alarm was sounded for the fire drill conducted on 4/25/12 at 11:35am

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Re-in serviced on regulation 2600.132c was conducted on 12-17-2012 by the administrator do to a documentation oversight of the number of residents that were in the facility. This re-in service was held with all required personnel that conduct fire drills in attendance. Administrator/designee will review the required Department of Public Welfare fire drill log.

The administrator will monitor and assure ongoing compliance.
M
12/27/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Marcine Klocko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sister Marcine Klocko</i>	Date <i>12/19/2012</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/27/12</u> (Date)	Plan of correction implementation status as of <u>12/27/12</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

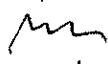
Violation Report: 21115 - 12/03/2012 - Hummel, Jesse
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

- 1. REGULATION 55 Pa.Code §2600**
 2600.202 - The following procedures are prohibited:
- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
 - (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 - (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 - (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 - (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
 - (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Alprazolam .25mg. Take one tablet orally every six hours needed for Anxiety and Behaviors. The resident was administered this medication for Anxiety and Behaviors on 11/4/12 at 6:20pm, 11/7/12 at 5:30pm, 11/11/12 at 3:05pm, 11/11/12 at 5:30pm, 11/13/12 at 6:15pm, 11/15/12 at 7:00pm and 11/17/12 at 7:00pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Re-in-serviced LPN/Med Techs on regulation 2600.202 (4). This took place on 2-8-2012 by LPN/Designee [redacted] Notification to the Physician of the regulation to adjust the diagnosis of the behavior on the PRN medication. Physician corrected the diagnosis for the PRN medication (See attached physicians order) Currently when a medication order is received from the physician the LPN/Med techs staff reviews the prescription/diagnosis before submitting to pharmacy to be filled. If the diagnosis is improper suited for resident per regulation 2600.202 (4) physician will be notified to reassess the resident diagnosis.

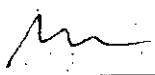
The administrator will monitor and assure ongoing compliance.

 12/27/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Sister Maraine Klocko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sister Maraine Klocko* Date *12/19/2012*

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