



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 2 1 2013

Sr. M. Michael Ann Orlik, President
Maria Hall, Inc.
580 Railroad Street
Danville, Pennsylvania 17821

RE: Maria Hall
One Maria Hall Drive, 3rd Floor
Danville, Pennsylvania 17821

Dear Sr. Orlik

As a result of the Department of Public Welfare's licensing inspection on August 13, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period September 30, 2013 to September 30, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 21621 - 08/21/2013 - Dumas, Gerald
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home did not notify the local fire department in writing of the address of the home, the location of the residents bedrooms or the assistance that would be needed to evacuate in the event of an emergency.

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.

- A) The required letter to the local fire department was mailed 8/14/2013 the day of inspection. (Attachment 1)
- B) Cause of Violation: The facility has historically relied on the practice of annually inviting the local fire department for a site visit where the points of information required by 2600.124 are conveyed. The PCH Admin has a better understanding of how to comply with this regulation because of the Inspectors' technical assistance.
- C) A new policy has been added to the facility's Policy and Procedure Manual, within the Facility section. (Attachment 2)
- D) The facility's Mobility policy has been amended. (Attachment 3)
- E) Status Recommendation: Plan of Correction Fully Implemented as of 9/2/2013.

The administrator shall monitor and be responsible for ongoing compliance.
m
9/4/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Gelber*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Gelber Personal Care Home Administrator	Date 9/2/2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/4/13
 (Date)

The above plan of correction was approved by *m*
 (Initials)

Plan of correction implementation status as of 9/4/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21621 - 08/27/2013 - Dumas, Gerald
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On the follow dates, not all resident's evacuated the home during a fire drill.

Dates of fire drill:	Number of residents evacuated:
08/22/2012	20 residents evacuated out of 21 residents
10/24/2012	21 residents evacuated out of 22 residents
11/11/2012	20 residents evacuated out of 21 residents
12/28/2012	18 residents evacuated out of 21 residents
04/23/2013	17 residents evacuated out of 18 residents
06/15/2013	12 residents evacuated out of 17 residents

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.

- A) August 2013 fire drill, 19 residents evacuated out of 19 residents.
- B) Cause of Violation: PCH Admin better informed through Inspectors' technical assistance that 100% resident evacuation compliance is required for a successful monthly fire drill.
- C) Responding to Alarm policy amended. (Attachment 4)
- D) Written notification to all residents, direct care and ancillary staff with receipt confirmed by dated signature that: every fire drill, all residents present must participate or else additional unannounced fire drills must be conducted during the month until full participation is reached. (Attachment 5)
- E) Status Recommendation: Partially Implemented - Adequate Progress (Notice currently being circulated for signatures.)

The administrator shall monitor and be responsible for ongoing compliance m 9/4/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Gelber*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Gelber Personal Care Home Administrator Date 9/2/2013

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The above plan of correction is approved as of 9/4/13 (Date)

Plan of correction implementation status as of 9/4/13 (Date)

The above plan of correction was approved by *m* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21621 - 08/21/2013 - Dumas, Gerald
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1's medication of Advair 250/50 inhaler was not dated when opened. The medication expires 30 days after opening.

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.

- A) Investigation into the undated/opened Advair inhaler revealed that date the medication arrived to the facility was the same date it was first administered and that "open date" was documented on the item.
- B) Cause of Violation: Staff lapse of compliance with established facility practices pertaining to medication administration.
- C) medication Administration policy and procedure updated. (Attachment 6)
- D) Written notification to all staff with medication administration duties with receipt confirmed by dated signature that: eye drops, inhalers, ointments, nasal sprays are to be documented with the date when first opened. (Attachment 7)
- E) Status Recommendation: Partially Implemented - Adequate Progress (Notice currently being circulated for signatures.)

The administrator shall maintain and be responsible for ongoing compliance in 9/4/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Gelber*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Gelber Personal Care Home Administrator Date 9/2/3012

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The above plan of correction was approved by M
 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 21621 - 08/21/2013 - Dumas, Gerald
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

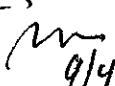
2a. DESCRIPTION OF VIOLATION

The initial medication training for staff person A is incomplete as the required medication observations were not completed. In addition, the initial training passed date and trainers signature were omitted.

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.

- A) Day of inspection, staff person A was re-administered and passed the competency test and also successfully passed the required medication observations. These requirements were documented on the proper forms. (Attachment 8)
- B) Cause of Violation: Train-the-Trainer's lapse in conforming to documentation standards in that the annual review forms were mistakenly used to record staff person A's initial training.
- C) Establish facility policy utilizing DPW's Train-the-Trainer materials to ensure future standardization and conformity to requirements.
- D) PCH Admin to perform quality assurance audit of Medication Technician credentials semi-annually.
- E) Status Recommendation: Partially Implemented - Adequate Progress (Facility policy under development.)

The administrator shall monitor and be responsible for ongoing compliance.

 9/4/13

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

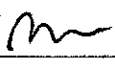
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Gelber Personal Care Home Administrator Date 9/2/2013

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