



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]
Mailing Date: December 27, 2013

Sister 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
License #215210

Dear Sister Orlik:

As a result of the Department of Public Welfare's licensing inspection on November 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21521 - 11/13/2013 - Rushin, Julienne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The annual DME for resident #1 indicates that the resident was evaluated on 4/12/13; however the form was dated as being completed on 8/15/13 months past the allowable time frame.

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) Resident #1 has most recently been seen by her PCP 11/04/2013. The Director of Resident Care is actively pursuing PCPs return of the MA51 and DME documentation with a deadline of 12/4/2013 - 30 days after the medical evaluation date. Prior to this most recent PCP visit, Resident # 1 was seen by her PCP 4/12/13 with MA51 completed 8/15/13 and DME completed 8/26/13; this being the situation cited. Prior to 2013, Resident #1 was seen 9/24/12 with MA51 completed 9/27/12 and DME 9/27/12.

B) Cause of Violation: Miss-interpretation of RCG 141(a)(1) that the post PCP visit, 30 day time frame deadline for MA51/ DME documentation applies not only to initial admissions but is also the standard for change of condition and annual assessments.

C) Under development, a NEW facility policy and procedure addressing the medical evaluation requirements and the deadline time frames for MA51/DME documentation after the PCP encounter. (PCH Admin - Dec 31, 2013)

D) Under way, audit of health and business file records of all current Residents to identify any and all situations where completion of MA51/DME documentation exceeds 30 days from the PCP visit. Address all out of compliance situations before Jan 31, 2014. (Dir RC)

E) Status Recommendation Partially Implemented - Adequate Progress.

The administrator shall monitor for ongoing compliance

mm 12/24/13

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	Date Dec 8, 2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/24/13</u> (Date)	Plan of correction implementation status as of <u>12/24/13</u> (Date)
The above plan of correction was approved by <u><i>mm</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: 21521 - 11/13/2013 - Rushin, Julianne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plan for resident #1 dated 8/26/2013, has not been updated to indicate the following changes: the resident's frequent falls; the implementation of 1-1 direct care; the use of a bedside commode; the need for supervised transfers and her current participation in in-home physical therapy through VNA.

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 Resident Assessment and Support Plan for Resident #1 has been updated November 15, 2013 addressing increased fall risk and all fall preventions interventions attempted and currently in-place. (Dir RC) Attachment #1
- B) Cause of Violation: The Director of Resident Care had used progress note entries where need assessment and assigned supports were documented. While this approach documented Resident #1 evolving health status, care needs and the assignment of supports and that these efforts were accomplished in a responsive and timely manner, the approach has not formally modify RASP documentation.
- C) Under development, a RASP Addendum form. (Dir RC - Deadline Dec 15, 2013)
- D) Status Recommendation: Partially Implemented - Adequate Progress

The administrator shall monitor for ongoing compliance.

*cm
12/24/13*

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	Date Dec 8 2013
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The above plan of correction is approved as of 12/24/13
 (Date)

Plan of correction implementation status as of 12/24/13
 (Date)

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

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

Violation Report: 21521 - 11/13/2013 - Rushin, Julienne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1 participated in the development of their support plan on 8/26/13. The resident did not sign the support plan.

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 RASP dated 11/15/2013 is signed by the Resident.
- B) Cause of Violation: Breach of established procedure. Omission.
- C) Under way, Care Plan audit of all current Residents to identify any and all situations where a signature is missing. Address all out of compliance situations before Dec 31, 2013. (Dir RC)
- D) Status Recommendation: Partially Implemented - Adequate Progress.

The administrator shall monitor for ongoing compliance.

M
 12/24/13

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	Date Dec 8 2013
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