



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]

MAILING DATE: April 18, 2014

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
License #215210

Dear Sr. Orlik:

As a result of the Department of Public Welfare's licensing inspection on March 17, 2014 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 - 03/17/2014 - Dumas, Gerald
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 2/20/14, "the odor from a slice of soft, sweet bread" in a toaster located on the 2nd floor of the North Lounge Room, activated the buildings fire alarm system. East End Fire company responded. Interviews indicated that there was no smoke. The home did not submit an incident report within 24 hours to The Northeast Regional Office.

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.

- (1) The non-compliance situation was caused by a misinterpretation of reportable incident regulations. It has been resolved that the arrival of East End Fire company was the reason this incident is reportable. During the monthly QA meeting (March) facility management staff questioned the handling of the situation. This resulted in the report submitted to DPW, self disclosing the circumstances--albeit, overdue.
- (2) The facility's reportable incident policy is updated. Also, an informational memo regarding how to handle false alarms is currently being circulated to all personal care staff with charge nurse and management duties. The leadership team associated with the convent building (not staff of the personal care home) are also included.
- (3) The in-service training is currently in circulation. It requires dated signature of identified staff, once accomplished.
- (4) A report regarding completion of this training will be given at the April Quality Assurance Meeting.

Attachments:

- (A) Reportable Incident Policy
- (B) In-Service Minute - Alarm Activation

Implementation Status Recommendation: Partially Implemented Adequate Progress

The administrator shall monitor and assure ongoing compliance. M 4/17/14

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 Admin	Date April 2, 2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/17/14</u> (Date)	Plan of correction implementation status as of <u>4/17/14</u> (Date)
The above plan of correction was approved by <u>M</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 - 03/17/2014 - Dumas, Gerald
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

An overnight fire drill was conducted on 4/22/13 at 11:22 p.m. The home did not conduct a subsequent overnight fire drill six months later.

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.

(1) The non-compliance situation was caused by a misinterpretation of the time frames that qualify as an overnight fire alarm. While the 4/23/2013 alarm at 11:22 pm was determined to qualify, the 8/4/2013 alarm at 7:35 am was judged by the inspector not to qualify. Thus, the next overnight alarm 11/15/2013 @ 5:59 am is determined to be a month over due.

(2) The fire drill log will be monitored by the Personal Care Home Administrator to ensure the overnight drills are conducted within 6 months of each other. These alarms will be conducted between the hours of 11:00 pm and 6:00 am. The next overnight alarm will be conducted at an undisclosed day and time during the month of April 2014.

(3) A report regarding compliance with the overnight alarm standard will be given at the April Quality Assurance Meeting.

Attachment: Fire Drill Record 2013 and 2014

Implementation Status Recommendation: Partially Implemented - Adequate Progress

The administrator shall monitor and assure ongoing compliance.

M
4/17/14

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 Admin	Date April 2, 2014
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