



AUG 28 2014

Sister Sara Swayze, Treasurer
Sisters of Saints Cyril and Methodius
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Maria Joseph Manor
License #: 200320

Dear Sister Swayze:

As a result of the Department of Public Welfare's licensing inspection on July 24, 2014 and July 31, 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.

Your regular license for the period September 30, 2014 to September 30, 2015 was issued on July 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style.

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

Violation Report: 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The facility's most recent quality management plan review held on 1/13/14 does not include staff person training.

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.

*The administrator will now use the DPW quality management plan for yearly meetings.
 (see attached form)*

• The administrator shall monitor and assure ongoing compliance.

*M
 8/18/14*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary K. Lutz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary K. Lutz PCHA</i>	Date <i>8/15/14</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>8/18/14</u> (Date)	Plan of correction implementation status as of <u>8/18/14</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: 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

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
 Department Representatives determined through interviews that resident # 1 requires physical assistance to stand out of bed and or a chair and resident # 2 and resident # 3 require some physical guidance to evacuate in an emergency. The facilities most recent letter to the Fire Department dated 11/25/13 states that the facility does not currently have any residents with mobility needs or that would require assistance 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.

*This administrator has sent the local fire department a letter stating which rooms our residents are in that require either physical assistance to stand and also which residents are legally blind.
 (see attached letter)*

The administrator shall monitor and assure ongoing compliance.

M
 8/18/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary K. Lutz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary K. Lutz PCHA* Date *8/15/14*

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 (Date)

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

Plan of correction implementation status as of 8/18/14
 (Date)

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

Violation Report: 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 On 7/24/14 Department Representatives observed a white cotton sock lying on top of the heat duct leading from the rear of the clothing dryer located in the second floor laundry room. This presents a fire safety hazard.

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.

MJM. has a log book documenting lint removal from the dryer after each use. Added to this log, is a section "checking perimeter around /behind washer/dryer for combustible and flammable materials. (clothing, socks, ect.)

(See attached sheet)

The administrator shall monitor and assure ongoing compliance.

MJM
 8/18/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/29/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary K Lutz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary K Lutz PCHA</i>	Date <i>8-15-14</i>
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Violation Report: 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The facility's policy in the event of an inoperable smoke detector does not include specific fire watch procedures including routine rounds being made throughout the facility.

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.

Enclosed is the MJM Emergency Procedures / Emergency Job tasks for: (A) Firewatch
 (B) technological Emergencies (Utility Outage)

This is the procedure we would follow in the event of an inoperable smoke detector.

The administrator shall monitor and assure ongoing compliance.

M
8/18/14

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary K Lutz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary K. Lutz PCHA</i>	Date <i>8/15/14</i>
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Violation Report: 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

1. REGULATION 56 Pa. Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through an interview with staff person A that the facility's sleeping hours are from 11:00pm through 6:00am. Department Representatives observed the facility's fire drill records and determined that the facility has not held a drill during sleeping hours from August 2013 through July 2014. This time period would have required 2 drills, one every 6 months.

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.

This administrator has made a plan of correction to hold a 3rd shift fire drill once every 3 months, between the times of 11pm and 6AM.

Maintenance department will hold these fire drills and keep record of fire drill logs.

The administrator shall monitor and assure ongoing compliance

M
 8/18/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary K. Lutz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary K. Lutz PCHA* Date *8/15/14*

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Violation Report: 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

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

Department Representatives observed Lantus Insulin prescribed for resident # 3. The insulin was located in the facility's medication refrigerator. The bottle was not labeled when it was opened. The medication manufacturer's instructions indicate that any unused medication shall be discarded 28 days after opening the container. Because the medication was not labeled when it was opened it cannot be determined if the medication has expired.

On 7/24/14, Department Representatives observed Humalog Insulin prescribed for resident # 4. The insulin was located in the facility's medication refrigerator. The bottle was opened on 6/22/14. The medication manufacturer's instructions indicate that any unused medication shall be discarded 28 days after opening the container. The medication is expired and should have been discarded.

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.

This administrator has had LPN's / medtechs retrained on dating insulin when opened and placing the expiration date of insulin (28 days after opening) on the medication being used.

(See attached sheet for retraining)

The administrator shall monitor and assure ongoing compliance.

*M
8/8/14*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary K. Lutz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary K. Lutz PCHA* Date *8-15-14*

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Violation Report; 20032 - 07/24/2014 - Dumas, Gerald
 PCH Name: MARIA JOSPEH MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The resident's assessment and support plan (R.A.S.P.) dated 9/9/13 for resident # 6 did not include wound care which began on 7/1/14 by a home health agency.

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.

This administrator had the LPN's/medtechs retrained on the R.A.S.P. They now know the importance of placing all home health agency admitting /discharge dates on the R.A.S.P. (See attached sheet with retraining)

The administrator shall monitor and assure ongoing compliance

*M
8/18/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary K. Lutz

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Mary K Lutz PCHA

Date 8-15-14

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