



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

SEP 11 2014

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

RE: Maria Hall  
One Maria Hall Drive, 3<sup>rd</sup> Floor  
Danville, Pennsylvania 17821  
License #: 215210

Dear Sr. Orlik:

As a result of the Department of Public Welfare's licensing inspection on August 12, 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 2, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary



Violation Report: 21621 - 08/12/2014 - O'Haire, Anne  
 PCH Name: MARIA HALL

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 home's quality management review is held monthly, but does not address reportable incidents and resident council meetings.

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.

During monthly Quality Management meetings, the Home will add Reportable Incidents and Resident Council Meeting minutes to the agenda. PCH Administrator will monitor that this practice is followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sister M. Philothea, Fabian*

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

PCH ADMINISTRATOR  
 SISTER M. PHILOTHEA, FABIAN

Date  
 AUG. 27, 2014

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

9-5-14  
 (Date)

Plan of correction implementation status as of

9-5-14  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

Violation Report: 21521 - 08/12/2014 - O'Haire, Anne  
 PCH Name: MARIA HALL

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person "A" (DOH 04-27-14), did not receive prior to or on their fist day orientation which covers fire safety, emergency preparedness and smoking procedures.

**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.*

During the change of Administrator, there was a miscommunication about how much of the orientation would be done by Human Relations and how much by the Administrator (Home). Staff person "A" did receive the enclosed packet, which covers (1), (2), (3), (4), and (7) of 2600.65(a). However, she had not signed the acknowledgement of having received and read it. A signed copy of said acknowledgement is enclosed. On 8/23/2014 (staff person is part-time only), staff person "A" received further orientation on (5), (6), and (7).

Human Relations, with the Home, has finalized a check list of material to be covered by all new employees, so that omission will not recur. PCH Administrator will monitor that all Orientation specified by 55 Pa. Code 2600 is followed.

*Adm or designee will audit existing employee files to insure current compliance.*

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


Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative PCH ADMINISTRATOR  
 (Required on EVERY Page) *SISTER M. PHILOTHEA, FABIAN*      Date *AUG. 27, 2014*

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Violation Report: 21521 - 08/12/2014 - O'Haire, Anne  
 PCH Name: MARIA HALL

**1. REGULATION 55 Pa.Code §2500**

2600.85(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff person "A" (DOH 04-27-14) did not successfully completed the initial direct care staff training as outlined in subsection part 3.

**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 home uses the enclosed checklist of responsibilities for all new employees to assure the required training is completed per DPW regulations. Certificate of Completion for Direct Care Staff Training for Staff person "A" is enclosed. Director of Resident Care is the primary monitor of this compliance. *Adm or designee will insure ongoing compliance via periodic reviewing employee files. 09-9-14*


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

Signature of Legal Entity Representative (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative PCH ADMINISTRATOR (Required on EVERY Page) *SISTER M. PHILOTHEA, FABIAN*      Date *AUG. 27, 2014*

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Violation Report: 21521 - 08/12/2014 - OHaire, Anne  
 PCH Name: MARIA HALL

**1. REGULATION 55 Pa.Code §2600**  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home's policy for the disposal of medications is not congruous with the actual way the medications are disposed of by the staff. The policy states, for the disposal of medications, is to dissolve the medication in water in a bottle, put the cap back on, and to discard in the trash. The staff stated that they dispose of medications by placing the loose pills in the sharps container.

**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.

Policy 14. b. in the Home's Policies and Procedures has been updated as follows:

*The solid drug (or contents of a capsule) is dissolved in a small amount of water. If the med is a liquid, it is diluted in a small amount of water. Then the solution is mixed with cat litter (kept in the Med Room for this purpose) and disposed of in the trash. Patches, e.g. Fentanyl, are cut into small pieces, put in a small amount of water for dilution, then mixed with cat litter and disposed of in the trash.*

The Director of Resident Care retrains staff according to the updated policy.

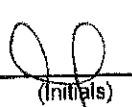
*Please retain the record of training in this policy update. QP. 9-5-14*

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Signature of Legal Entity Representative (Required on EVERY Page) *Sister M. Philothea, Fabian*

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Violation Report: 21521 - 08/12/2014 - O'Haire, Anne  
 PCH Name: MARIA HALL

**1. REGULATION 55 Pa.Code §2600**  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

**2a. DESCRIPTION OF VIOLATION**  
 The first page of Resident #2's contract, admitted 8-8-14, had correction fluid under what the resident or payer agrees to pay with the correct amount written over the correction fluid.

**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.

Administrator erred in filling in the amount, and used the correction fluid to correct her error. The Resident was aware of the correction. Administrator will be more careful in the future and check her figures before putting anything on the contract. <sup>9-5-14</sup>  
~~error~~

*In the event an error is made, cross out the mistake info - initial & date.*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

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