



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: January 22, 2015

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

RE: Maria Joseph Manor  
License: #200320

Dear Sister Sara Swayze:

As a result of the Department of Human Services' licensing inspection on October 20, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20032 - 10/20/2014 - Yellenic, Cindy  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 56 Pa. Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

On 10/9/14, Resident #1 refused the medication Methadone at 10:00pm. The medication was placed in the top drawer, which is for eye drops, by Staff Person A. According to the home's medication storage policy, a narcotic is to be double locked. All the appropriate people were notified and the proper documentation was followed. The resident did not suffer any ill effects.

**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.

Staff Person A reeducated on the proper disposal of all refused medications

Reviewed with staff person A the facilities medication storage policy which states all narcotics are to be double locked.

The administrator shall monitor and assure ongoing compliance.

M  
1/21/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

Laura Sores Designated Administrator

Date

1/16/15

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

The above plan of correction is approved as of

1/21/15  
 (Date)

Plan of correction implementation status as of

1/21/15  
 (Date)

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

The above plan of correction was approved by

M  
 (Initials)

Violation Report: 20032 - 10/20/2014 - Yellenic, Cindy  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 56 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Staff Person B did not administer Resident #2's medication Verapamil, 120mg on 10/10/14. When the staff person discovered the mistake it was too late to give the medication. Resident #3 requested the PRN medication Tramadol 50mg take two tabs (100 mg). The resident only received 1 tablet. Staff Person C gave the resident one tab rather than two. The mistake was realized during the narcotic count on 10/13/14 at 7:00am.

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.

Staff person B reeducated on proper medication administration

observed staff member C during 4/5pm medpass on 10-28-14

The administrator shall monitor and assure ongoing compliance.

M  
1/21/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Jones Designated Administrator*      Date *1/16/15*

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

The above plan of correction is approved as of 1/21/15 (Date)

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

Plan of correction implementation status as of 1/21/15 (Date)

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

Violation Report: 20032 - 10/20/2014 - Yellenic, Cindy  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 56 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  
 Resident #4 had 10 falls previous to 8/18/14 resulting in no injuries however the home had not put into place any fall prevention practices. The Resident Assessment and Support Plan was not updated with the fall history or ways to help prevent falls.

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.

Reeducated staff the necessity of keeping care plans up to date.  
 Review possibility of increase in level of care when needed.  
 Resident #4 - was a level 2 at time of fall.  
 Assess resident for PT + OT needs.  
 The administrator shall monitor and assure ongoing compliance. M, 1/21/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laurea Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laurea Jones Designated Administrator*      Date *1/16/15*

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

The above plan of correction is approved as of <u>1/21/15</u> (Date)	Plan of correction implementation status as of <u>1/21/15</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