



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 16 2014

Sister Sara Swayze, Treasurer
Maria Joseph Manor Inc.
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Nazareth Memory Center at Maria Joseph
610 Schoolhouse Road
Danville, Pennsylvania 17821
License #: 211150


Dear Sister Swayze:

As a result of the Department of Human Services' licensing inspection on October 24, 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 January 31, 2015 to January 31, 2016 was issued on October 9, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{SH}

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PGH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH		License Number: 21115
Address: 610 SCHOOLHOUSE ROAD, DANVILLE, PA 17821		County: Montour
Administrator: MARY LUTZ		Region: NORTHEAST
Legal Entity Name: MARIA JOSEPH MANOR INC		
Legal Entity Address: 875 MONTOUR BLVD., DANVILLE, PA 17821		
Certificate(s) of Occupancy C-1 03/04/2003 PA DEPT HEALTH		
Staffing Hours Resident Support: 0 Total Daily Staff: 48 Waking Staff: 36		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/24/2014: OHaire, Anna; Valence, Duane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 24 Secured Dementia Care Unit in Home: Yes Area: Nazareth Memory Center Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0

Mary Lutz 11/24/14

Violation Report: 21115 - 10/24/2014 - O'Haire, Anne
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa. Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was kicked and struck by resident #2 on 10-09-14. Resident #1 suffered a skin tear on their wrist. This resident to resident altercation was not reported to Montour Co. Area Agency on Aging as required.

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.

LPNs and medtechs were given a lecture and handouts on how to properly fill out (A) accident/incident forms
 (B) Incident reporting form to DPW
 (C) Act 13 mandatory abuse report form

Attached is the record of training, showing that all LPN's/medtechs were retrained in filling out these forms.

This administrator shall monitor weekly to assure ongoing compliance.

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) *Mary K. Lutz, Administrator* Date *11/24/14*

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

The above plan of correction is approved as of <u>11/25/14</u> (Date)	Plan of correction implementation status as of <u>11/25/14</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: 21115 - 10/24/2014 - O'Haire, Anne
 PGH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code 52600
 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
 Resident #1 was kicked and struck by resident #2 on 10-08-14. Resident #1 suffered a skin tear on her wrist. This resident to resident altercation was not reported to the Department.

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.

LPN's and medtechs were given a lecture and handouts on how to properly fill out:
 (A) accident/incident forms
 (B) Incident reporting form to DPW
 (C) ACT 13 mandatory abuse report form

Attached is the record of training, showing that all LPN's / medtechs were retrained in filling out these forms

This administrator shall monitor weekly to assure ongoing compliance.

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, Administrator* Date *11-24-14*

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

Plan of correction implementation status as of 11/25/14
 (Date)

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

Violation Report: 21115 - 10/24/2014 - O'Haire, Anne
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill record indicates that on 12/4/13, 19 residents were in the building and only 10 residents evacuated. Based on a telephone conversation on 10/28/14 with the administrator and maintenance director, the remaining 9 residents were evacuated from their rooms into the hallway near exit #1. The fire drill for 12/4/13 was not recorded correctly.

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.

Retrained maintenance director on how to properly fill out the fire drill log.

This administrator will monitor ongoing compliance monthly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/25/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Lutz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Lutz, administrator* Date *11-24-14*

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Violation Report: 21115 - 10/24/2014 - O'Haire, Anne
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs indicate that only 2 of the 4 possible fire exit routes (Exits #1 and #2) are utilized a majority of the time during fire drills. Exit #2 where used on 1/31/14, 2/28/14, and 4/30/14. Exits #1 and #2 where utilized on 7/15/14, 8/1/14, and 9/3/14. Exit #3 was used on only two occasions; 5/19/14 and 6/30/14. Exit #4 has not been utilized for any fire drills from 12/4/13 through 9/3/14.

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.

All four exits will be used alternatively during our fire drills

Maintenance director was retrained on how to properly alternate these exits during a fire drill.

See attached record of training

This administrator will be responsible for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/25/2013

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, Administrator* Date *11-24-14*

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Violation Report: 21115 - 10/24/2014 - O'Haire, Anne
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 Risperdal 0.5 mg tab. taken by mouth every 8 hours as needed did not have a diagnosis listed for this medication.
 Resident # 4 Levotractam Sol. 100 mg/mL give 5ml (500mg) given orally every 12 hours was not initialed as given on 10-07-14 at 8:00am.

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.

[Redacted], Keystone pharmacy, was made aware, on 11/19/14 of diagnosis not listed on MAR. They will be doing a drug utilization on each person, each month, to afford this from happening in the future.

- LPN's / medtechs were retrained on signing the MAR's.
- This administrator will monitor weekly to assure ongoing compliance.

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) *Mary K Lutz, Administrator* Date *11-24-14*

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Violation Report: 21115 - 10/24/2014 - O'Haire, Anne
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa. Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #2's Haldol 0.5 mg tab. to be taken by mouth 2 times a day for agitation as needed. Medication given for agitation can potentially be used as a chemical restraint.
 Resident #5's Lorazepam Tab. 0.5 mg is to be given by mouth every 8 hours as needed for agitation. Medication given for agitation has the potential use as a chemical restraint.

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.

Notified (resident #2 and resident #5) physicians of need to change diagnosis from agitation to anxiety

- The administrator shall assure medication are not used as a chemical restraint used to control acute or episodic aggressive behavior.
- This administrator will monitor weekly to assure ongoing compliance.

[Signature]
11/25/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

Mary Lutz - Administrator

Date

11-24-14

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(Date)

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(Date)

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(Initials)

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