



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: February 17, 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 December 22, 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
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20032 - 12/22/2014 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR PERSONAL CARE HOME

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 12-2-14 Resident #1's MAR's indicates that on 12-02-14 the home accidently gave Resident #1's Ambien 5 mg. Tab. at 8:00am not 8:00pm as ordered. The home did not report this medication error 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.

When a medication error is found, an incident report is completed and forwarded to Department. The staff responsible will be re-educated on the 6 rights during medication administration. Administrator will continue to monitor compliance of reporting errors.
 Laurel Jones 2/10/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laurel A. Jones, Administrator* Date *2/10/15*

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

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|---|---|
| The above plan of correction is approved as of <u>2/12/15</u> (Date) | Plan of correction implementation status as of <u>2/12/15</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 |

Violation Report: 20032 - 12/22/2014 - O'Haire, Anne
PCH Name: MARIA JOSEPH MANOR PERSONAL CARE HOME

- 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 #1's December 2014 MAR's indicates that the staff did not initial when the resident received the following medications on the following dates: Zolpidem Tartrate Tab. 5mg. take one tab. orally, 12/10/14 at 8:00PM; Montelukast Sodium Tab 10, take 1 tab daily, 12-13-14 at 8:30 AM, Multivitamin/MV take 1 tab. orally daily, 12-13-14 8:30 AM; Humalog Inj. Inject 46 units subcutaneously 2 times a day, 8:00AM & 11AM on 12-13-14 at 8:00AM & 12-21-14 at 8:00AM & 11:00AM; Simvastatin Tab 20 mg tab. to be taken orally at bedtime on 12-10-14 at 8:30 PM; Clonazepam Tab 1 mg, take orally 3 times a day, on 12-9-14 at 8:30 pm, 12-15-14 at 8:30 PM and 12-20-14 2:30 PM.

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.

Reeducation on signing off medication to be completed with all staff/med tech's working on med carts, within 2 weeks. Weekly audit for 1 mo of MARs by Resident Care Coordinator to prevent similar violation. Continue to monitor by administrator Laura Jones 2/10/15

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 Administrator* Date *2/10/15*

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The above plan of correction is approved as of *2/12/15* (Date)

Plan of correction implementation status as of *2/12/15* (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: 20032 - 12/22/2014 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

The home MAR's indicated that on 12-02-14, the home accidentally administered resident #1's their Ambien 5 mg tab at 8:00AM not 8:00PM. The home did not report this error to the resident, the resident's designee and the prescriber.

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 resident, resident's designated person and prescriber will be notified of medication error when it occurs. The Administrator will continue to monitor compliance with reporting errors.

Laura A. Sones 2/10/15

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| Repeat Violation: No | Date(s) of Previous Violation(s): | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Laura A. Sones, Administrator | | 2/10/15 |

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