



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 11, 2015

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 Public Welfare's licensing inspection on March 3, 2015 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,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 211150 - 03/03/2015 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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

An incident report dated 2/28/2015 was received by this Department's regional office involving an altercation between staff person "A" and residents # 1 and # 2, the home however, omitted a third resident # 3 who was also involved in the altercation with the same staff person "A" on 2/28/2015. According to the nursing notes dated 2/28/2015, resident # 3 was looking at a box of gloves on the window sill and staff person "A" yelled at resident # 3 to leave the dining room pulling her arm. When resident # 3 wouldn't leave, staff person "A" threw the box of gloves on the ground and pulled/push resident # 3 towards the door. Resident # 3 then complied with staff person "A" without further incident. Resident # 3 did not sustain any injuries.

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 was immediately removed from care, suspended pending outcome of investigation. Incident report was completed to DPW. Nursing notes identified a 3rd resident, an addendum was forwarded to DPW. All 3 residents' responsible parties and physicians were notified. ADA was aware of the incident with Act B Mandatory Report filed. Conclusion of investigation completed, found abuse substantiated and terminated. ^{employee A.} DPW was called and made aware via message of incident/investigation on 2/28/15, on complaint Administrator will monitor ongoing compliance. ^{notice.} and report as appropriate

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lauren Jones

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

Lauren Jones, Administrator

Date

3/30/15

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

The above plan of correction is approved as of

6-9-15
(Date)

Plan of correction implementation status as of

6-9-15
(Date)

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

The above plan of correction was approved by

ep
(Initials)

Violation Report: 24446 - 03/03/2015 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 2/28/2015, Staff person "A" yelled aggressively at resident # 1 while the resident was walking in circles, confused and walking around the dining room table attempting to find her chair. Staff person "A" then grabbed resident # 1's right arm/shoulder and pulled her forcibly back into her chair. Resident # 1 reportedly yelled when Staff person "A" was forced in the chair.

At the same time, Resident # 2 sat in the wrong dining room seat, staff person "A" grabbed resident # 2's chair yelling at him for sitting in the wrong chair. Resident # 2 then grabbed staff person's "A's" arms and the table. Staff person "A" pulled resident # 2's hand off the table and started pulling the resident to his spot.

On 3/13/15, the Licensing Representative learned of another incident involving the same employee. Resident # 3 was resisting direction from Staff Member A on the way to the Dining Room. Staff Member A pulled/pushed Resident # 3 towards the door, yelling at the resident at the same time.

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 was immediately removed from care, suspended pending outcome of investigation. Incident report was completed to DPW. Nursing notes identified a 3rd resident, an addendum was forwarded to DPW. All 3 residents' responsible parties and physicians were notified. AAA was aware of incident with Act 13 Mandatory Report filed. Conclusion of investigation completed, found abuse substantiated and terminated staff person A. DPW was called and made aware on 2/28/15 via message on complaint hotline regarding incident/investigation.

Administrator will monitor ongoing compliance and report as appropriate.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Adams, Administrator* Date *3/30/15*

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

The above plan of correction is approved as of 6-9-15 (Date)

Plan of correction implementation status as of 6-9-15 (Date)

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

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