



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [Isones@mariajosephccc.org](mailto:Isones@mariajosephccc.org)  
MAILING DATE: June 18, 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 Public Welfare's licensing inspection on April 24, 2015, April 27, 2015 and April 28, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20032 - 04/24/2015 - Dumas, Gerald  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 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**

The R.A.S.P. for resident # 1 dated 11/12/14, does not address any behavior history. On 4/7/15, the incident report noted resident # 1 had experienced "an increase of behaviors."

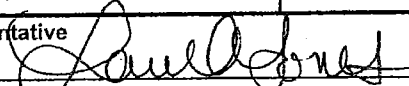
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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.*

Plan of care updated to include behaviors and behavior history. Education to staff on updating behaviors for diagnosis and behaviors that occur. Education attached.

Resident # 1 updated POC related to behaviors attached. Administrator will monitor ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Jones Date 5/26/15

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

The above plan of correction is approved as of 6-10-15 (Date)

Plan of correction implementation status as of 6-10-15 (Date)

The above plan of correction was approved by  (Initials)

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