



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: August 5, 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 May 6, 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: 20032 - 05/06/2015 - Hummel, Jesse
 PCH Name: MARIA JOSEPH MANOR

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 is prescribed Culturelle Caps, Sotolol 80mg, and Systane Solution. The resident's Medication Administration Record does not indicate a diagnosis for these medications.

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.

Education completed with medication administering staff. See attached.

Administrator will monitor for compliance.

Admin/Designee will ensure that at a minimum once per month the home's MARs will be reviewed for completion. CP. 8-4-15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/22/2014	
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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 *6/3/15*

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

The above plan of correction is approved as of <u>8-4-15</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>8-4-15</u> (Date) <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 <i>[Signature]</i>
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P2A 83

When resident returns from a hospital admission a diagnosis must be written on all medications listed on the MARs.

Anne Grayson 8-4-15

Violation Report: 20032 - 05/06/2015 - Hummel, Jesse
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Oxycodone 5mg - one tablet every 4 to 6 Hours as needed for pain. On 3/28/15 at 5:15pm the resident received this medication for pain. The resident later received this medication at 9:00pm, which was less than 4 Hours after the previous dose was administered. On 3/31/15 at 4:30pm the resident received this medication for pain. The resident later received this medication at 8:00pm, which was less than 4 Hours after the previous dose was administered. The facility is not following prescribers orders in administering this narcotic medication as needed every 4 to 6 Hours.

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.

Education to all medication administration staff. To be completed within 30 days, for staff that work occasionally to be included.

Documentation of training will be retained, in addition to crosschecking necessary rights of med administration.

Administrator will monitor for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/20/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Sinos*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Sinos, Administrator* Date *6/3/15*

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

The above plan of correction is approved as of 8-4-15 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 8-4-15 (Date)

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

Laura Sinos

PO 3453

When administering prn medications you must follow physician's orders exactly i.e. Ativan 0.5mg give one tablet every 4 hours for anxiety you must wait the full 4 hours to administer another dose. When administering prn meds there is no one hour leeway before medication administration times. You must follow administration times exactly as ordered.

Anne Stogard 8-475.