



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 30 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 Swayze:

As a result of the Department of Human Services' annual licensing inspection on July 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, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: MARIA JOSEPH MANOR		License Number: 20032
Address: 875 MONTOUR BLVD, DANVILLE, PA 17821		County: Montour
Administrator: Laura Sonas		Region: NORTHEAST
Legal Entity Name: SISTERS OF SAINTS CYRIL AND METHODIUS		
Legal Entity Address: 875 MONTOUR BLVD., DANVILLE, PA 17821		
Certificate(s) of Occupancy C-1 04/21/1983 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/16/2015: Rushin, Jullenne; Dumas, Gerald		
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: 95	Number of Residents who:	Receive Supplemental Security Income: 8
Number of Residents Served: 65		Are 60 Years of Age or Older: 63
Secured Dementia Care Unit In Home: No		Have Mental Illness: 4
Area:		Have an Intellectual Disability: 1
Secured Dementia Unit Capacity, if Applicable:		Have a Mobility Need: 5
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Physical Disability: 1
Number of Current Hospice Residents: 0		
Number of Hospice Residents In past year: 1		

*Laura Jones*  
8/3/2015

Violation Report: 20032 - 07/16/2015 - Rushin, Julienne  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The emergency exit from the 1st floor auditorium was blocked by two rocking chairs.

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.

To remove any obstructions from Fire exits immediately, Staff will monitor ongoing compliance with visual checks of stairways, hallways, doorways, passageways, and egress routes from rooms and from building. Administrator and Facility Director will monitor through random spot checks compliance of the same.

*The administrator shall monitor and assure ongoing compliance.*  
*m*  
*8/5/15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lauren A. Sorens*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lauren A Sorens, Administrator*      Date *8/3/15*

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

The above plan of correction is approved as of 8/5/15  
 (Date)

Plan of correction implementation status as of 8/5/15  
 (Date)

The above plan of correction was approved by m  
 (Initials)

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

*Lauren A. Sorens 8/3/2015*

Violation Report: 20032 - 07/16/2015 - Rushin, Jullenne  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2500**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

Based on an interview with staff person "A" who conducts the fire drills, some residents are evacuated to internal areas and some are evacuated to the exterior of the home. The home does not have a letter from the fire safety inspector which designates the internal fire safe areas and determines the maximum amount of time for residents to get to the internal areas or to evacuate outside. The home's fire drill logs indicate that from 08/08/14 to 05/08/15, residents took over 2.5 minutes to evacuate the home.

**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.*

Facility Director will obtain written report for fire safe areas and evacuation times specific for our facility. Report will be written by a fire-safety expert and completed annually to maintain regulation.

Attached written letter.

- Administrator to 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) *Laura A. Jones*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Laura A. Jones* Date *8/3/15*

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

The above plan of correction is approved as of *8/5/15*  
 (Date)

Plan of correction implementation status as of *8/5/15*  
 (Date)

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

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

*Laura A. Jones 8/3/2015*

Violation Report: 20032 - 07/16/2015 - Rushin, Julienne  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2800  
 2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The most current DME for resident #1 dated 11/7/14 is missing the following elements: the date the form was completed and the resident's pulse rate, blood pressure and temperature.

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.

Designee will record the vital signs and date with completion of DME. Another staff person will check entries on DME for completeness. Education to be completed with nursing staff.  
 Administrator will monitor for ongoing compliance.

The administrator shall monitor and assure ongoing compliance.

*M*  
8/5/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Paul DeStefano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura A. Somes, Administrator*      Date *8/3/15*

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The above plan of correction is approved as of 8/5/15 (Date)

Plan of correction implementation status as of 8/5/15 (Date)

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

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

*Paul DeStefano*

Violation Report: 20032 - 07/16/2015 - Rushin, Julienne  
 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

On 7/14/15 at 4:39pm, resident #2's glucometer indicates a blood sugar level (BSL) reading of 124; a BSL of 175 was documented on the MAR.  
 On 7/12/15 at 5:22am, resident #3's glucometer indicates a BSL of 121; a BSL of 124 was documented on the MAR.  
 On 7/14/15 at 4:38pm, resident #3's glucometer indicates a BSL of 148; a BSL of 145 was documented on the MAR.  
 Resident #6 managed his/ her glucometer testing. Resident is on a sliding scale to be tested at 7:00 a.m., 11:00 a.m., 4:00 p.m., and 8:00 p.m. The resident tested his/her blood glucose and then informed the med tech staff of his/her findings. The following dates were recorded in the resident's glucometer: 7/14/15 at 11:39 a.m. the glucometer read 127, the M.A.R. was blank on this date. On 7/3/15 at 1:28 p.m. the glucometer read 349, the MAR recorded 149. On 5/14/15 at 12:45 p.m. the glucometer read 133, the M.A.R. was blank on this date. On 5/3/15 at 5:07 p.m. the glucometer read 192, the M.A.R. recorded 125. On 5/3/15 at 1:44 p.m. the glucometer read 169, the M.A.R. was blank on this date and on 4/19/15 at 1:06 p.m., the glucometer read 139, unable to distinguished recorded number.

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 will be educated on documenting blood glucose results immediately after testing and print clearly on MAR's to reflect the results. Resident #6 no longer does self check blood glucose levels. DME updated by physician to reflect this change. Care plan updated.
- Administrator will monitor ongoing compliance.

• Staff shall be re-educated by 8/28/15. Documentation of the re-education shall be maintained by the home's administrator

Repeat Violation: No      Date(s) of Previous Violation(s): and available for review

Signature of Legal Entity Representative (Required on EVERY Page) *Paul Jones* by the department.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura A. Jones, Administrator*      Date *8/3/15* <sup>W</sup> *8/5/15*

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

The above plan of correction is approved as of 8/5/15 (Date)      Plan of correction implementation status as of 8/5/15 (Date)

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

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

*L. all over 8/3/2015*

Violation Report: 20032 - 07/16/2015 - Rushin, Juliette  
 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 #2 is prescribed Novolog with a sliding scale. On 7/10/15 at 8:27pm, resident #4's glucometer indicates a blood sugar level of 228; 1 unit of insulin was needed; 0 units were given.  
 Resident #6 is prescribed to have blood glucose readings 4 times a day at 7:00 a.m. 11:00 a.m. 4:00 p.m. and 8:00 p.m. This resident would report the insulin reading to the medication technician and based on the insulin reading, staff would administer the required units accordingly. On 5/3/15 at 5:07 p.m. the glucometer reading read 192 at which time the resident would needed to have received 2 units of insulin, 0 Units were administered. On 7/3/15 at 1:28 p.m. the glucometer read 349, 8 units of insulin were required, 0 Units were administered. On 5/3/15 at 1:44 p.m. the glucometer read 169, 1 Unit of insulin was required, however 0 Units were given.

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 will be educated on documenting blood glucose results immediately after testing and administering proper insulin dose according to sliding insulin scale prescribed by residents' physician.  
 Resident #4 does not have an insulin order.
- Administrator will monitor ongoing compliance.

• Staff shall be re-educated by 8/28/15. Documentation of the re-education shall be maintained by the home's administrator and available for review by the department.  
 (m 8/5/15)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura A. Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura A. Jones, Administrator*      Date *8/3/15*

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The above plan of correction is approved as of *8/5/15* (Date)      Plan of correction Implementation status as of *8/5/15* (Date)

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

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

*R... 8/3/2015*

Violation Report: 20032 - 07/16/2015 - Rushin, Julianne  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 The Pre-Admission Screen for resident #1 dated [redacted] 14 is not marked to indicate whether the resident can safely use and avoid poisonous materials.  
 The Pre-Admission Screen for resident #4 dated [redacted] 15 does not specify who the screening source was.  
 Records for resident #5, admitted [redacted] 14, do not contain a pre-admission screening.  
 Records for resident #6, admitted [redacted] 12, do not contain a pre-admission screening.

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.*

Reviewed that for resident #1 and #4 that every section is completed and check marks filled in on the pre-admission screening. Corrections were made to any missing items on day of inspection. Education completed with admissions team and designees. Review of admissions paperwork will be completed day of admission for residents. Letters of missing screens were noted in resident records, see attachments. 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) *Lawrence*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lawrence A. Sonos, Administrator* Date *8/3/15*

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The above plan of correction is approved as of <u>8/5/15</u> (Date)	Plan of correction implementation status as of <u>8/5/15</u> (Date)
The above plan of correction was approved by <u><i>m</i></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

*Sharon A. Linnell* 8/3/15



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Plan of correction education for 224 (a) and 224 (c).

Admissions and/or designee will review upon completion of admission, day of admission that all sections of the Pre-admission screen is complete, all check marks and sections are filled in. This includes boxes designating the screening source. This includes signing the person whom completed the screening.

Following this, the administrator will review the pre-screen for completeness the day of admission.

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8/5/15

Janae  
8/3/2015

Violation Report: 20032 - 07/16/2015 - Rushin, Julianne  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION  
 The Pre-Admission Screen for resident #1 dated 10/9/14 was not signed by the person who completed the screening.

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.*  
 Noted that the person who completed pre-admission screening on resident #1 has deceased, therefore error and correction was noted on the Pre-admission screening on the day of the inspection. Education was completed to admissions and designee. Administrator to monitor for ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Laura A Sones, Administrator*      Date *8/3/15*

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The above plan of correction is approved as of 8/5/15  
 (Date)

Plan of correction implementation status as of 8/5/15  
 (Date)

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

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

*Laura A Sones 8/2/15*