



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 01 2015

Sr. Michael Ann Orlik, President  
Maria Hall, Inc.  
580 Railroad Street  
Danville, Pennsylvania 17821

RE: Maria Hall  
One Maria Hall Drive, 3<sup>rd</sup> Floor  
Danville, Pennsylvania 17821  
License #: 215210

Dear Sr. Orlik:

As a result of the Department of Human Services' licensing inspection on August 4, 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.

Your regular license for the period September 30, 2015 to September 30, 2016 was issued on June 15, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director

BA

Enclosure  
License Inspection Summary



Violation Report: 21521 - 08/04/2015 - Dumas, Gerald  
PCH Name: MARIA HALL

1. REGULATION 65 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

The glucometer reading for resident # 1 on 8/3/15 at 9:00 p.m. read 184. The reading was incorrectly transcribed in resident # 1's medication administration record as 183.

The glucometer reading for resident # 2 on 8/3/15 at noon read 185. The reading was incorrectly transcribed in resident # 2's medication administration record as 186.

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.

All Nursing staff (LPN's and Med Techs) who administer meds have been inserviced on the importance of reading and transcribing numbers, especially glucometer readings, accurately.

The 2 staff members involved have been counseled individually by the Director of Resident Care.

The Director of Resident Care will spot check glucometer readings and compare them with the MAR every two weeks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sister M. Philothea Fabian*

Printed Name and Title of Legal Entity Representative ADMINISTRATOR  
(Required on EVERY Page) SISTER M. PHILOTHEA FABIAN Date August 12, 2015

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

The above plan of correction is approved as of 9-4-15  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 9-4-15  
(Date)

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