



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

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 Human Services' annual licensing inspection on October 7, 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,


Matthew J. Jones
Director *(SN)*

Enclosure
License Inspection Summary

Violation Report: 21115 - 10/07/2015 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the home's nursing station did not contain a thermometer.

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.

Thermometer is replaced in first aide kit. Administrator will monitor for ongoing compliance.

Including making sure a review of the First Aid Kit is completed after every use. Q. 1-20-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lawrence Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lawrence Jones, Administrator* Date *11/10/15*

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

The above plan of correction is approved as of 1-20-16
 (Date)

Plan of correction implementation status as of 1-20-16
 (Date)

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

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

Violation Report: 21115 - 10/07/2015 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill record indicates that on 5/28/2015, 5 residents were in the building and only 3 residents evacuated and on 6/18/2015, 20 residents were in the building only 19 evacuated. Based on an interview with the maintenance director he indicated that the home used the resident daily census not the actual residents in the home at the time of the fire drill. The drills held on 5/28/15 and 6/18/15 were not recorded correctly.

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 will be provided on the Fire drill forms to drill instructor for proper documentation. Example will be attached to the fire drill education. Administrator will monitor ongoing compliance. - by reviewing

the home's fire drill log after every monthly fire drill. Q. 1-20-16.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/24/2014
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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)	Date
Laura Jones, Administrator	11/10/15

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 (Initials)

Violation Report: 21115 - 10/07/2015 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 56 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 Medication Administration Record (M.A.R.), for resident #1's Lantus Inject 18 units subcutaneously at bedtime was incorrectly initiated for 9/11/15 at 9:00 p.m. by medication technician A. Resident #1 did not receive this prescribed Lantus injection at this 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.

Education was provided to Medication technician A via online Relias training and verbally by Resident Care Coordinator (LPN) in person. Staff continue to review previous shift MARs to check proper documentation. Administrator will monitor for ongoing compliance.

— by performing random periodic checks of the home's MARs. CP. 1-20-16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/24/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

Laura Sones, Administrator

Date

11/10/15

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Violation Report: 21115 - 10/07/2015 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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

2a. DESCRIPTION OF VIOLATION

On 9/11/15 at 5:00p.m, resident #1 did not receive the prescribed 18 units of Novolog at bedtime. The following day, on 9/12/15, another staff person found a needle belonging to resident #1 with 18 units in the medication room marked 108 at 9p.m.

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 was provided to Medication technician A via online Rellax training and verbally by Resident Care Coordinator in person. The six rights of medication administration and protocol of follow-up with prescriber when error is made were reviewed with Medication Technician A. Administrator will monitor for ongoing compliance. - by

performing, a minimum, cart audits monthly, cross checked w/ the MARs' physician orders to insure prescriber orders are being followed. J.
 1-20-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Laura Jones, Administrator</i>	Date <i>1/10/16</i>
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Violation Report: 21115 - 10/07/2015 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism was not posted at the main door leading out of building.

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.

Picture frame with conspicuous directions was immediately replaced at main door leading out of building. Administrator will monitor for ongoing compliance. - including periodic reviews to ensure security remains in place to prevent residents from exploiting the secure unit. Op. 1-20-16

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

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 *11/10/15*

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