



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 1 2 2016

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

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

Dear Sr. Orlik:

As a result of the Department of Human Services' annual licensing inspection on July 13, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21521 - 07/13/2016 - Rushin, Julienne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Staff Person A, date of hire [redacted] 16, completed the 1st day orientation on their second day of work, [redacted] 16.
 Staff Person B, date of hire [redacted] 14, did not complete the required 1st day orientation.

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 Person A started paperwork for hire (counted as work, got paid), on the date of hire, worked on completing paperwork for 1.75 hours, then had a medical appointment. She returned the next day, [redacted] 16, completed paperwork and orientation, stayed 1.25 hours. She did not do work "on the floor" until [redacted] when she started training for direct care.

When Staff Person B was hired, Human Relations and the Administrator at the facility were experiencing physical illnesses, and some things did not get documented appropriately. Since then the facility has instituted a checklist for new employees, and is following it conscientiously. HR and the Director of Resident Care are directly involved; the Administrator oversees it. Because Staff Person B is prn (works only as needed) and will not be in to work until [redacted] the documentation for her orientation (65(a)) cannot be completed until then. It will be done as soon as possible when she is here. In the meantime, repeated attempts to contact her have met with failure - she has not returned calls or texts. Documentation of her orientation will be sent no later than [redacted] 2016 (she works [redacted]). Because we now have a checklist for orientation and are following it, this situation should not recur.

The administrator shall monitor and assure ongoing compliance - M 8/23/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **SISTER M. PHILOTHEA, FABIAN ADMINISTRATOR** Date **AUG. 19, 2016**

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

The above plan of correction is approved as of <u>8/23/16</u> (Date) The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>8/23/16</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
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Violation Report: 21521 - 07/13/2016 - Rushin, Julienne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff Person B, date of hire [redacted]-14, did not complete the required training within the first 40 scheduled working 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.

Staff Person B completed this orientation online with Relias on [redacted]-15. Documentation is attached. The Relias transcript had not been included in her file, but now it is.

The administrator shall monitor and assure ongoing compliance.

M 8/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Sister M. Philothea, Fabian

Printed Name and Title of Legal Entity Representative
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SISTER M. PHILOTHEA, FABIAN
 ADMINISTRATOR

Date AUG. 19, 2016

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 (Initials)

Violation Report: 21521 - 07/13/2016 - Rushin, Julieanne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Person B, is missing the following required elements in their annual training for 2015: medication self-administration, personal care services, care for residents with a mental illness and/or an intellectual disability, care for residents with dementia and cognitive impairments, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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 Person B has not been in because she is prn (as needed), and has not replied to phone calls or texts in the meantime (since Aug. 12). When she comes to work on Aug. 22 and 23, she will complete the required elements, and BHS will be notified.

ⓐ Administrator will assure these elements are included in annual training. for both
2015 and ongoing.

M
 8/23/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Sister M. Philothea Fabian

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) SISTER M. PHILOTHEA, FABIAN Date AUG. 19, 2016
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Violation Report: 21521 - 07/13/2016 - Rushin, Julienne
PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Resident # 1 had a bed cane without a cover. The opening of the bed cane (approximately 6" x 10") could pose a hazard to the resident.

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.

Bed cane was covered by the end of the day on 7/13/2016. New policy is in place specifying that when a bed cane is installed it get covered immediately. Director of Resident Care will inspect.

The administrator shall monitor and assure ongoing compliance
m
8/23/16

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Violation Report: 21521 - 07/13/2016 - Rushin, Julianne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not have a light at their bedside.

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.

A lamp was attached to the bed the following day, 7/14/2016. When a room is prepared for a new Resident, both the Administrator and Director of Resident Care will verify it has all the necessary furnishings.

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Report: 21521 - 07/13/2016 - Rushin, Julienne

PCN Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person(s) D, E, F, and G, who currently are administering medications to residents, have not completed their annual practicum for medication administration. The medication administration trainer did not complete the paperwork with the necessary signatures.

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 person D was on sick leave, but completed her practicum on August 7, 2016.

Staff person E completed her practicum on August 15, 2016.

Staff person F completed her practicum on July 15, 2016.

Staff person G completed her practicum on July 14, 2016.

Documentation for all is attached, as well as the certification for the trainers. The "in-house" trainer now has annual practicum on her calendar, and will do it in a timely fashion.

The administrator is responsible for monitoring and ongoing compliance - m 8/23/16

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Violation Report: 21521 - 07/13/2016 - Rushin, Julienne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Octave eye drops PRN. The medication was not available for administration.
 Resident #4 is prescribed Genteal eye drops PRN. The medication was not available for administration.

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.

Both Resident 3 and Resident 4 had said they no longer wanted to use the eye drops that had been prescribed, and had not been taking them. Nursing had notified the respective physicians, and had requested a discontinue order. After 7/13/16 the discontinue arrived, and is in the MAR.

All Nursing staff who administer meds have been retrained in keeping records up to date.

• The administrator shall monitor and assure ongoing compliance.

M
 8/23/16

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 PCH Name: MARIA HALL

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 #2 is prescribed Coumadin 2.5mg. There is no diagnosis or purpose indicated on the MAR.

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:

The missing diagnosis was put in the MAR on 7/14/2016.

Staff have been reeducated, and are checking all documentation for each medication as they administer it.

The administrator shall monitor and assure ongoing compliance. m 8/23/16

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