



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: October 3, 2016

Sr. Sara Swayze, Treasurer
Sisters of Saints Cyril and Methodius
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Maria Joseph Manor
License #: 200320

Dear Sr. Swayze:

As a result of the Department of Human Services' licensing inspection on August 31, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20032 - 08/31/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 07-24-16 at 11:30 AM, the home used Resident #1's glucometer to test Resident #2's blood glucose level.

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 education on Glucometer Policy took place 9/22/16 and 9/23/16
 Glucometer Policy effective 9/20/16 (attached)

Each resident of this facility will have their own glucometer
 Proper notification will be made by nursing staff to the resident/physician. Contaminated glucometers will be replaced as soon possible, record of replaced glucometer will be kept with the incident report. The physicians will be asked by nursing in the notification report to indicate if the parties involved are free and clear of communicable diseases. Once all this information is obtained it should be included in the final documentation on the Reportable incident and sent to DPH. It will be documented in the nursing notes by nursing that the resident/physician were notified and what steps were being taken by nursing staff for all parties involved.

Physicians were faxed regarding 7/24/16 incident and asked to indicated if residents are free and clear of communicable disease (see attached)

Nurse Supervisor will monitor for ongoing compliance
 Administrator will review when signing off on the reportable incident all steps per the policy were done

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Casey East

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Casey East Designee Date 9/28/16

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The above plan of correction is approved as of 9/29/16
 (Date)

Plan of correction implementation status as of 9/29/16
 (Date)

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

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

Violation Report: 20032 - 08/31/2016 - O'Haire, Anne
 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, on 08-21-16, at 6:00AM, his/her glucometer had a glucose reading of 222 and 202 was documented on the MAR.
 Resident #2, on 08-26-16, the glucometer had a glucose reading of 296 and 269 was documented on the MAR. On 08-30-16 at 11:00AM the glucometer had a reading of 243 and the MAR was documented as 156.
 Resident #3's blood glucose meter had a reading of 119 at 6:00 AM on 08-28-16 and the resident's MAR was documented as 129.

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 education of Glucometer Policy took place 9/22/16 and 9/23/16
 Glucometer Policy effective 9/26/16 (attached)
 Glucometer readings will be recorded in the resident record (MARs) from their personal glucometer as indicated by the physician orders by assigned nursing staff, they have been instructed to be sure they are recording numbers correctly.
 MARs for residents receiving glucometer checks will be checked weekly by reviewing the MARs to the stored memory readings in each glucometer by nursing (see attached audit) started week of 9/19/16
 Nurse Supervisor or charge Nurse will monitor for ongoing compliance*

Repeat Violation: Yes	Date(s) of Previous Violation(s)	08/04/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy East*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cathy East Designee</i>	Date <i>9/28/16</i>
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The above plan of correction is approved as of <u>9/29/16</u> (Date) The above plan of correction was approved by <u><i>M</i></u> (Initials)	Plan of correction implementation status as of <u>9/29/16</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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