



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2017

Mr. Anthony J. Cooper, Executive Director/COO
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 Mr. Cooper:

As a result of the Department of Human Services' annual licensing inspection on October 12, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/12/2016, at 3:15pm, the 10/7/2015 Licensing Inspection Summaries was posted in a binder located in the front office area of the home. The resident privacy coding was attached to the Licensing Inspection Summary.

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.

Resident privacy coding was removed from all open and publically viewed locations, October 12, 2016.

Administrator/Designee will be responsible to remove all future Resident privacy coding from any & all forthcoming inspections/summaries.

Administrator will continue to monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jody F. Hummel Date 12/22/2016

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

The above plan of correction is approved as of <u>12/24/16</u> (Date)	Plan of correction implementation status as of <u>12/24/16</u> (Date)
The above plan of correction was approved by <u>m</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

Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

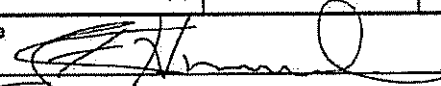
2a. DESCRIPTION OF VIOLATION
 Direct care person A did not receive training in fire safety during training year 2015.

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.
 Beginning January 2017, Fire Safety Trainings will be video recorded, in response to Regulation 2600.65(g).
 Administrative Staff, Personal Care Administrator &/or Designee will schedule all PRN/Flex staff members to view recordings, they may have been absent for during live facility trainings throughout the scheduled year, and will complete any compliance training questionnaires.

• Administrator to monitor and assure ongoing compliance.

The administrator shall assure that all staff persons including staff person A receive training in fire safety and all elements of 2600.65(g) for training years 2015 + 2016. Documentation shall be maintained by the home and available for review by the department. TRAINING FOR 2015-2016 shall be completed by 12/31/16.

Repeat Violation: No Date(s) of Previous Violation(s): 12/24/16


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Jody Hummel 12/22/2016

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

Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 Located in resident #1's bathroom cabinet that was unlocked and left open, contained Care One nail polish remover, Glade clean linen air freshener, Desitin rapid relief cream, Aveeno daily moisturizing lotion and Preparation H cream.

 Gentle Rain Extra Mild Sensitive Sking Moisturizing Body Wash Shampoo and Handwash with a MSDS sheet indicating "if ingested/swallowed: contact physician or poison control center" was located in the mens room on top of the plastic set of drawers and was also located on the shelf by the TV in the library/living room.

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.
 Letters to Residents and Family Members, (including POAs/Responsible Parties), will be mailed on or before January 5, 2017, to educate (and) in response to Regulation 2600.82(c).

 Staff educations are scheduled 01/05/2017 & 01/06/2017.

 Daily Audits will initiate 01/09/2017 & continue as ongoing standard operating procedure. Audits will be conducted daily by direct care staff, during Residents' waking hours.


 Administrator to monitor & assure ongoing compliance.

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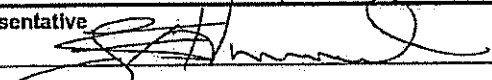
1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephones located in the home's dining room and in resident room #5 do not have emergency service numbers posted nearby.

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.
 Emergency service telephone numbers are currently posted near the phone mounts in every Resident room that has a phone, dining room and common area, available phone, for resident and public use.
 Memory center reception area staff members will visualize each common area telephone location and each resident room telephone to ensure emergency service labels are securely in place & intact, weekly.
 Administrator will monitor and assure ongoing compliance.

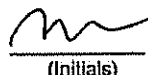
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's fire safety inspection was completed on 5/5/14 and then on 7/23/15. This was not completed timely.

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 correct and regain timely scheduled compliance for annual fire safety training by fire safety experts, the current environmental services designee and this Administrator contacted Croker Fire Safety Corporation, in an attempt to get on their annual fire safety training schedule/calander. We were advised, the 2017 Calendar would not be drafted until after January 1, 2017. We were requested to call back, at such time when we can secure a place on the 2017 calendar.

Susquehanna Fire Safety is also currently scheduled April 19th for hands-on fire extinguisher training & safety videos.

All shifts will attend. Reasonable accommodations will be made by the Administrator in the event of unavoidable circumstances by the facility, it's scheduled vendors & absent staff to reschedule &/or make-up any missed training in a 30 day window.

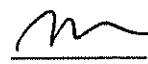
Administrator will monitor for completeness.

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Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli	
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH	
1. REGULATION 55 Pa.Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)	
2a. DESCRIPTION OF VIOLATION The medical evaluation for resident #2 dated 7/13/16 did not indicate body positioning.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> A letter to all attending physicians, requiring the Documentation of Medical Evaluation (DME) form be completed in it's entirety and no area of the standardized DME be allowed to be left blank. Nursing staff will review each signed/returned DME for completeness, and will expedite corrections from a physician, should any area be missed, from the time of Resident's return from the annual appointment. ♦ The Administrator and Clinical Care Coordinator will monitor and assure ongoing compliance. Please see attached sample letter to provide direction to all attending physicians.	
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Violation Report: 21115 - 10/12/2016 - Fouikes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The current medical evaluation in the record of resident #2 (dated 7/13/16) was completed more than 12 months and 15-day flex or grace period after the previous medical evaluation completed on 4/15/15 and was therefore not completed in a timely manner.

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 spread sheet/schedule for tracking the timely completion of all DMEs & RASPs has been developed, to ensure all are completed timely, completeness, and signed correctly by the physician.

Staff education & implementation of the form's usage will be January 5, 2017. Staff educations are scheduled 01/05-01/06/2017. Tracking tool will then be implemented 01/09/2017.

ℓ Audits of the tracking tool and correct paperwork will be conducted the first week of every new month, by 3rd shift.

ℓ Administrator/Designee &/or Resident Care Coordinator will monitor these audits monthly to assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Jody F. Hummel

Date

12/22/2016

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Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident #1 had Nystatin Powder 100,00units, Preparation H cream, Desitin rapid relief cream and Alka Seltzer in an unlocked cabinet located in the bathroom of the resident's room. The medications were not secured and were accessible to other residents.

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.

Letters to Residents and Family Members, (Including POAs/Responsible Parties), will be mailed on or before January 5, 2017, to educate (and) in response to Regulation 2600.82(c).

Staff educations are scheduled 01/05/2017 & 01/06/2017.

Daily Audits will initiate 01/09/2017 & continue as ongoing standard operating procedure. Audits will be conducted daily by direct care staff, during Residents' waking hours.

➤ Administrator to monitor & assure ongoing compliance.

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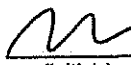
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Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli	
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION Acetaminophen ES 500mg and Maalox prescribed to resident #2 to be administered as needed, were not on-hand at the time of the inspection.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> A spread sheet has been created to identify and track Non-in-house pharmacy PRN-OTCs, to ensure Residents' "as needed" items are always readily available & not expired. Each Resident's current physical PRN-OTCs shall be audited monthly, as well as upon each new &/or return admission to the facility. These audits will be conducted by PM shift. Discrepancies will be corrected immediately. Staff educations are scheduled 01/05/2017 & 01/06/2017. Administrator to monitor & assure ongoing compliance.	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jody F. Hummel</i>	
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Violation Report: 21115 - 10/12/2016 - Fouikes, Kimberli
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

- 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 #3 has a physician's order for blood glucose monitoring before meals and at bedtime, 7:30am, 11:30am, 4:30pm, and 8:30pm. On 10/10/16 the 4:30pm blood glucose reading in the glucometer was 180. This was not documented on the medication administration record (MAR). On 10/11/16 the 11:30am blood glucose reading in the glucometer was 279. This was not documented on the MAR. On 10/12/16 the 7:30am blood glucose reading in the glucometer was 235. This was documented on the MAR as 249.

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.
 See attached sample of Diabetic Record, (glucometer documentation worksheet), which Staff will implement as a primary record.

If there is a discrepancy, and any additional readings need to be taken, the additional reading will be identified on the back of the MAR, with an explanation for said occurrence.

Weekly glucometer audits will be conducted on third shift. Third shift will immediately correct any discrepancies at time of the audit.

Staff educations are scheduled 01/05/2017 & 01/06/2017.

Administrator will monitor & assure ongoing compliance.

The administrator shall be responsible for ongoing compliance - M - 12/24/16 - M

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

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Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
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1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order for blood glucose monitoring before meals and at bedtime, 7:30am, 11:30am, 4:30pm, and 8:30pm. On 10/5/16 the 11:30 am blood glucose level for the resident was documented on the medication administration record as 149. This blood glucose reading was not in the resident's glucometer.

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.

See attached sample of Diabetic Record, (glucometer documentation worksheet), which Staff will implement as a primary record.

If there is a discrepancy, and any additional readings need to be taken, the additional reading will be identified on the back of the MAR, with an explanation for said occurrence.

Weekly glucometer audits will be conducted on third shift (11P-7A). Third shift will immediately correct any discrepancies at time of the audit.

Staff educations are scheduled 01/05/2017 & 01/06/2017.

In the event of a recorded meter reading that does not appear on the glucometer, Staff members identified will be educated and begin a formal performance-review process.

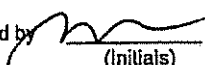
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Violation Report: 21115 - 10/12/2016 - Fouikes, Kimberli
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1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #2 dated 4/26/16 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

The support plan for resident #4 dated 6/23/16 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

The support plan for resident #5 dated 9/15/15 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the 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.

A spread sheet/schedule for tracking the timely completion of all DMEs & RASPs has been developed, to ensure all are completed timely, completeness, and signed correctly by the physician.

Staff education & implementation of the form's usage will be January 5, 2017. Staff educations are scheduled 01/05-01/06/2017. Tracking tool will then be implemented 01/09/2017.

Audits of the tracking tool and correct paperwork will be conducted the first week of every new month, by 3rd shift.

Administrator/Designee &/or Resident Care Coordinator will monitor these audits monthly to assure ongoing compliance.

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Date 12/22/2016

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 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home's secure dementia unit on [redacted] 16. The medical evaluation was completed on 6/20/16 and did not indicate that the resident requires the need to be served in a secure dementia unit.

Resident #5 was admitted to the home's secure dementia unit on [redacted] 13. The medical evaluation was completed on 7/12/16 and did not indicate that the resident requires the need to be served in a secure dementia unit.

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.

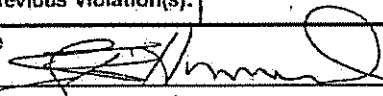
A letter to all attending physicians, requiring the Documentation of Medical Evaluation (DME) form be completed in it's entirety and no area of the standardized DME be allowed to be left blank.

Nursing staff will review each signed/returned DME for completeness, and will expedite corrections from a physician, should any area be missed, from the time of Resident's return from the annual appointment.

The Administrator and Clinical Care Coordinator will monitor and assure ongoing compliance.

Please see attached sample letter to provide direction to all attending physicians.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jody Hummel Date 12/22/2016

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

The above plan of correction is approved as of 12/24/16 (Date) Plan of correction implementation status as of 12/24/16 (Date)

- The above plan of correction was approved by  (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 21115 - 10/12/2016 - Foulkes, Kimberli
 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 at Exit 2 are not conspicuously posted near the door entering the SDCU and to exit the SCDU you need to enter the number then * and * is omitted.

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 directions to operate the home's locking mechanism at Exit #2 were conspicuously posted correctly near the door, post exit of the inspectors, 10.12/2016, as an immediate corrective action for the safety of the residents.

 Memory Care Center, reception area staff members will visualize each employee exit # 1 & # 2, daily to ensure correct postings remain in place.

 Administrator will monitor to assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jody F. Hummel	12/22/2016

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

The above plan of correction is approved as of <u>12/24/16</u> (Date)	Plan of correction implementation status as of <u>12/24/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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