



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: May 8, 2017

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' licensing inspection on March 29, 2017 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21521 - 03/29/2017 - Novak, Ryan

PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 2/22/17 Direct care staff person A did not place the medication in the resident's hand, mouth or other route as ordered by the prescriber. Resident #1's Tylenol at 10pm was left in a medication cup in the residents 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.

Direct Care staff person has retaken the med administration written test and been observed while passing meds.. ALL staff have signed – or will sign when they come to work – the attached reminders for proper med administration and care.

Weekend staff have also signed by 5-8-17. QP

The Director of Resident Care will periodically check for proper med administration. *5-8-17*

Adm will oversee to ensure ongoing compliance

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
(Required on EVERY Page) **SISTER M. PHILOTHEA, FABIAN** ADMINISTRATOR
Date **04-27-2017**

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

The above plan of correction is approved as of <u>5-6-17</u> (Date)	Plan of correction implementation status as of <u>5-8-17</u> (Date)
The above plan of correction was approved by <u>QP</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: 21521 - 03/29/2017 - Novak, Ryan
 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's atorvastatin was not initialed as administered on 3/7/17 at 8pm.

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 staff who administer meds have signed the attached reminders for proper med administration. In addition, they were reminded to look over the boxes at the end of each shift, as well as look at the preceding shift. The Director of Resident Care will periodically check the MAR for accuracy and completeness.

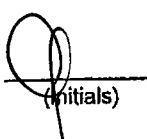
Adm will oversee to ensure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>07/13/2016</u>	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Sister M. Philothea, Fabian</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SISTER M. PHILOTHEA, FABIAN ADMINISTRATOR	04-27-2017

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Violation Report: 21521 - 03/29/2017 - Novak, Ryan
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A initialed the MAR for Resident #1's Tylenol at 10pm on 2/22/17. The medication was left in Resident #1's room and was not administered.

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.

Direct Care staff person has retaken the med administration written test and been observed while passing meds.. ALL staff have signed – or will sign when they come to work – the attached reminders for proper med administration and care.

The Director of Resident Care will periodically check for proper med administration.

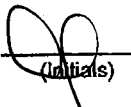
Adm will oversee to ensure ongoing compliance
Q.

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 *04-27-2017*

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Violation Report: 21521 - 03/29/2017 - Novak, Ryan
PCH Name: MARIA HALL

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

2a. DESCRIPTION OF VIOLATION
Resident #1's Tylenol was not administered on 2/22/17 at 10pm.

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.

Direct Care staff person has retaken the med administration written test and been observed while passing meds.. ALL staff have signed – or will sign when they come to work – the attached reminders for proper med administration and care.

Weekend staff have all been trained by 05-08-17 as well - Q

The Director of Resident Care will periodically check for proper med administration.

*Adm will oversee to ensure ongoing compliance.
ag. 5-8-17*

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 *04-27-2017*

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented