



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 08 2018

Sr. Michael Ann Orlik
President
Sisters of Saints Cyril and Methodius
1707 Montour Boulevard
Danville, Pennsylvania 17821

RE: Maria Joseph Manor
License #: 200320

Dear Sr. Orlik:


As a result of the Department of Human Services' (Department) annual licensing inspection on September 13, 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.

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: MARIA JOSEPH MANOR		License Number: 20032
Address: 875 MONTOUR BLVD, DANVILLE, PA 17821		County: Montour
Administrator: Jody Hummel		Region: NORTHEAST
Legal Entity Name: SISTERS OF SAINTS CYRIL AND METHODIUS		
Legal Entity Address: 875 MONTOUR BLVD., DANVILLE, PA 17821		
Certificate(s) of Occupancy		
C-1 04/21/1983 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/13/2017: Harvey, Jason; OHaire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 55 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 54 Have Mental Illness: 24 Have an Intellectual Disability: 1 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The facility has not posted the Influenza Awareness Act poster in a public and conspicuous place in the facility as required by the Influenza Awareness Act.

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 Influenza Awareness Act poster (REGULATION 55 Pa.Code §2600.18) was immediately placed in a public and conspicuous place in 2 different common areas in the facility after the exit interview on the date of this inspection.

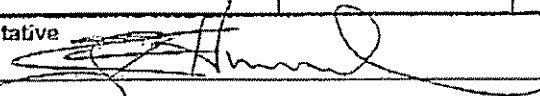
The Leadership Team of this facility will continue to monitor these areas throughout each business day, to assure this posting stays in the designated common areas & will alert the Administrator, if the poster becomes absent, or in any type of disrepair, so that the Administrator's Office, can reprint & repost a new one, from the Department of Human Services' website, in a timely manner.

Administrator will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

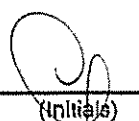
Jody F. Hummel

Date 11/13/2017

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

The above plan of correction is approved as of 11-14-17
(Date)

Plan of correction implementation status as of 12-29-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

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 (hired 7/11/17) did not receive the training required to be completed on or before the first day of work.

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 checklist for Personal Care Facilities (REGULATION 55 Pa-Code 52600.65(a)) Staff Orientation Plan has been reintegrated into the MJMCCC-Orientation Classes, for all New Hire-employees, related to Personal Care.

The Check List will be followed days 1 through day 7, of the New Hire's 40 hour shadowing program. The New Hire will initial/sign off every item on the check list & require the employee they shadow with, throughout each day, to initial/sign off on each item as well. Every participant will date each item, on the dates the item is taught, in those 40 hours of shadowing/training the New Hire.

Upon completion of the 40 shadowing hours required, the New Hire will turn in these documents to the Employee Scheduler or Designee. The Scheduler/designee will review each page of the checklists, to ensure completion, prior to the documents getting turned in to the Human Resource Office.

Administrator will monitor for ongoing compliance

documents sent

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

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 11/13/2017

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

The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 12-28-17 (Date)

The above plan of correction was approved by (Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(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 A, hired on 7/11/17, did not complete training on the home's Emergency Medical Plan within the first 40 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.

REGULATION 55 Pa.Code §2600 2600.65(b) A checklist for Personal Care Facilities Staff Orientation Plan has been reintegrated into the MJMCCC Orientation Classes, for all New Hire employees, related to Personal Care.

The Check List will be followed days 1 through day 7, of the New Hire's 40 hour shadowing program. The New Hire will initial/sign off every item on the check list & require the employee they shadow with, throughout each day, to initial/sign off one each item as well. Every participant will date each item, on the dates the item is taught, in those 40 hours of shadowing/training the New Hire.

Upon completion of the 40 shadowing hours required, the New Hire will turn in these documents to the Employee Scheduler or Designee. The Scheduler/designee will review each page of the checklists, to ensure completion, prior to the documents getting turned in to the Human Resources Office.

Administrator will monitor for ongoing compliance.

documents sent. e1

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

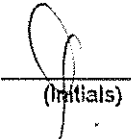
Jody F Hummel

Date 11/13/2017

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(Date)

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(Initials)

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Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff members B and C received only 10 of the required 12 hours of annual training related to their job duties in 2016.

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.

REGULATION 55 Pa.Code §26002600.65(e) MJMCCC - Internet Technology Support Department has reintegrated the 2 hours of education, back into the campus-wide software program, Relias.

The IT Support Office will monitor/review Relias completion reports monthly & send them to the PC Administrator's Office.

PC Administrator & Employee Scheduler (or Designee) will alert staff members, if they are deficient in completely monthly trainings & will issue a deadline the delinquent employee needs to be current.

Administrator will monitor for ongoing compliance

documents sent CP

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

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

11/13/2017

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The above plan of correction is approved as of *11-14-17*
(Date)

Plan of correction implementation status as of *12-29-17*
(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 - 09/13/2017 - Harvey, Jason

PCH Name: MARIA JOSEPH MANOR

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

Direct care staff members B and C did not receive the following required annual training topic for the 2016 training year:

*Medication self-administration training

*Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments 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.

REGULATION 55 Pa-Code 52600 2600.65(f) A checklist for Personal Care Facilities Staff Orientation Plan has been reintegrated into the MJMCCC-Orientation Classes, for all New Hire-employees, related to Personal Care. The Check List will be followed days 1 through day 7, of the New Hire's 40 hour shadowing program. The New Hire will initial/sign off every item on the check list & require the employee they shadow with, throughout each day, to initial/sign off one each item as well. Every participant will date each item, on the dates the item is taught, in those 40 hours of shadowing/training the New Hire.

Upon completion of the 40 shadowing hours required, the New Hire will turn in these documents to the Employee Scheduler or Designee. The Scheduler/designee will review each page of the checklists, to ensure completion, prior to the documents getting turned in to the Human Resources Office.

Also, the Internet Technology Support Department has reintegrated the medication of self-administration training education, back into the campus-wide software program, Relias. The IT Support Office will monitor/review Relias completion reports monthly & send them to the PC Administrator's Office.

PC Administrator & Employee Scheduler (or Designee) will alert staff members, if they are deficient in completely monthly trainings & will issue a deadline the delinquent employee needs to be current.

Administrator will monitor for ongoing compliance

documents sent [Signature]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Signature]

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

Jody F Hummel

Date 11/13/2017

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The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 12-29-17 (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 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.66(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

Staff member D did not attend Fire Safety, Emergency Preparedness, Resident Rights, Older Adult Protective Services Act and falls and accident prevention for the year 2016.

Staff members B and C did not receive the following required annual training topic for the 2016 training year:

- * Resident Rights

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.

REGULATION 55 Pa.Code 52600 2600.65(g)

Fire Safety & Emergency Preparedness classes are conducted annually, with a live, certified trainer. Residents Rights Trainings are conducted by the local Ombudsman & through the Relias on-line training program in this facility.

The I.T. department and Employee Scheduler/designee is responsible to ensure these trainings are scheduled, as mandatory. In the event an employee chooses to miss the live trainings (or provides an excuse of absence from a physician) on the original training dates scheduled, it will be up to that employee & the scheduler to schedule a new time with the certified trainers to make up & complete the training within the required annual survey time frame. Adm will oversee training progress by reviewing monthly reports provided by IT Support office. Administrator will monitor for ongoing compliance

documents sent AD

CP 11-14-17

Repeat Violation: No

Date(s) of Previous Violation(s):

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 11/13/2017

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

The above plan of correction is approved as of 11-14-17
(Date)

Plan of correction Implementation status as of 12-21-17
(Date)

The above plan of correction was approved by
(Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
 PCH Name: MARIA JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION

The fan mounted to the wall in the third floor shared shower room had a thick layer of dust and grime on the surface of the blades and screen of the fan.

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.


REGULATION 55 Pa.Code §2600 2600.85(a)

The Environmental Supervisor for this facility has developed a quality assurance scale to rate resident related rooms, such as shared shower rooms. Rating 1 through 5. 1 = needs significant attention/deep cleaning followed by routine audits. 5 = Thorough, with no need for improvements. The supervisor will audit each staff member's work, one time weekly, but a random, so the employee cannot predict when they will be audited.

These results will be maintained & then summarized, in the facility's Q.A. meetings & reports.

Administrator will monitor for ongoing compliance

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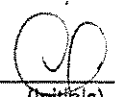
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jody F Hummel	Date 11/13/2017
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 (Date)

Plan of correction implementation status as of 12-29-17
 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

The commercial dryer located in the ground level of the facility had a thick layer of lint contained on the lint trap.

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.

REGULATION 55 Pa.Code §2600 2600.105(g)(1)

This commercial dryer has been removed and replaced with a residential dryer, so as to afford easier ability to comply with the policy already in place to empty the lint trap after each use.

Dryer Audit Schedule is in place and will be conducted by the Housekeeping Department.

Administrator will monitor for ongoing compliance

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


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 11/13/2017

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

The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 12-29-17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place in the home.

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.

REGULATION 55 Pa.Code 52600 2600.123(b)

The Emergency Preparedness Procedures/Policies Manual was placed in a common area, on the ground floor of the facility, immediately after the exit interview, on the day of this inspection.

The Leadership Team of this facility will continue to monitor this area throughout each business day, to assure this manual stays in the designated common area & will alert the Administrator, if the manual becomes absent, or in any type of disrepair, so that the Administrator's Office, can reprint & repost a new manual as needed.

Administrator will monitor for 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 11/13/2017

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

The above plan of correction is approved as of 11-14-17
(Date)

Plan of correction implementation status as of 12-29-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

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 #1 dated 10/24/16 did not indicate the resident's temperature.

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.

REGULATION 55 Pa.Code §2600 2600.141(a)(2)

A DME-Audit has been developed, to ensure that every item on a DME gets address. The audit-tool will be use when each DME comes back to the nursing staff, when a resident returns from a physician's appointment &/or with a new admissions' paperwork, to follow a checks & balance system that includes items such as: proper dates, resident's height, weight, temperature, blood pressure, pulse, etc. The staff member using the audit will then sign/initial on the tool that all items were actually marked. If any items are found to be unmarked the staff member will return it to the PCP for correction.

The nursing-supervisor will maintain audits for review.

The Resident Care Coordinator will conduct a weekly review of the audit, for at least 3 months. Then titrate to a random audit, monthly.

Administrator will monitor for ongoing compliance.

documents sent. 

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/04/2016


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 11/13/2017

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

The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 12-09-17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home does not have an emergency medical 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.

REGULATION 55 Pa-Code 52600 2600.143(a)

The Emergency Preparedness Procedures/Policies Manual was placed in a common area, on the ground floor of the facility, immediately after the exit interview, on the day of this inspection. This plan does identify:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the Resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

The Leadership Team of this facility will continue to monitor this area throughout each business day, to assure this manual stays in the designated common area & will alert the Administrator, if the manual becomes absent, or in any type of disrepair, so that the Administrator's Office, can reprint & repost a new manual as needed.

Administrator will monitor for ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

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 11/13/2017

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

The above plan of correction is approved as of

11-14-17
(Date)

Plan of correction implementation status as of

12-21-17
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home only posted the current week's menu.

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.

REGULATION 55 Pa.Code §2600.162(c) The Dietary Department Manager placed 2 weeks of approved menus in every pre-approved/regularly assigned common area immediately after the exit interview, on the day of this inspection.

Dietary Department Manager updated all related policy & procedure manuals to reflect the permanent changes to meet the needs of this standard of operation, related to this regulation code. Dietary Department Manager conducts regular staff educations, as needed. & with each new hire.

Administrator will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 11/13/2017

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

The above plan of correction is approved as of

11-14-17
(Date)

Plan of correction implementation status as of

12-29-17
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Advair 500/50 inhaler. The manufacturer directions indicate the Advair is to be used within 30 days of the package being opened. The home did not have documentation when the Advair Diskus was opened.

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.

REGULATION 55 Pa.Code §2600 2600.183(d)

The facility has designed/ordered stickers to adhere to new containers, such as bottles, vessels, inhalers, etc... (other than punch cards), when a new medication arrives & is actually opened for the first dose used. The new stickers will identify "DATE OPENED/DATE TO DISCARD".

Resident Care Coordinator to conduct routine Staff Educations, on proper utilization of stickers & reordering of stickers, ongoing.

Administrator will monitor for ongoing compliance

documents sent

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

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 11/13/2017

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

The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 12-27-17 (Date)

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

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

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 #2 has a physician's order Soothe eye drops 0.6% as needed. This medication was not available in the home for 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.

REGULATION 55 Pa.Code 52600 600.185(a)

An audit tool has been developed to ensure the facility orders PRN eye drops timely, while assuring the PRN eye drop is maintained, in the facility at all times. This audit-tool identifies: Resident Name, date weekly audit was used, if the medication was ordered, date order was placed & initials of the staff member that placed the order & completed the audit.

Staff administering any PRN eye drop medication, will visually inspect the medication container at each administration. When the container approaches the "half-full" measurement, the staff will complete the above identified audit.

The nursing-supervisor will maintain audits for review.

The Resident Care Coordinator will conduct a weekly review of the audit, for at least 3 months. Then titrate to a random audit, monthly.

Administrator will monitor for ongoing compliance

documents sent

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/04/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 11/13/2017
Jody F Hummel

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

The above plan of correction is approved as of 11-14-17 (Date)

Plan of correction implementation status as of 12-28-17 (Date)

The above plan of correction was approved by (Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
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

The Medication Administration Record for resident #2 did not indicate a diagnosis or purpose for Coumadin 2mg and Keflex 500mg.

The Medication Administration Record for resident #5 did not indicate a diagnosis or purpose for Quetiapine Fumarate ER 50mg.

The Medication Administration Record for resident #6 did not indicate a diagnosis or purpose for Robitussin 10ml.

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.

REGULATION 55 Pa.Code 52600 2600.187(a) - A New Medications Audit-Tool has been developed to assure that every new medication for a given resident, matches to a proper diagnosis assigned by the physician when a medication is prescribed. When a new medication order is received, the audit tool will be utilized. If the audit tool identifies a diagnosis is missed, the nursing supervisor will immediately notify prescribing physician to address/clarify.

During the third week of the month, the audit tool will then be faxed to the pharmacy that generates new MARs for the upcoming month.

The Resident Care Coordinator or designee will conduct a weekly MARs review, to ensure all requirements are in place.

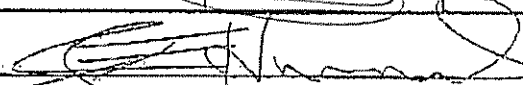
Administrator will monitor for ongoing compliance.

documents sent 

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/04/2016

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 11/13/2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11-14-17
(Date)

Plan of correction implementation status as of 12-29-17
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION

09/10/17 at 11:00 AM Resident #2 had a blood glucose level of 234 requiring 2 units of insulin to be administered per the resident's sliding scale. Resident #2's MAR's indicated 0 units of insulin was 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.

REGULATION 55 Pa.Code 52600 2600.187(d)

A New Sliding-Scale for Insulin Audit-Tool has been developed to assure insulin is provided at each time a resident is in need. The current month's audit tool is placed in front of each resident's MAR that requires a sliding scale regimen.

The nursing supervisor will monitor each individual's sliding scale daily.

The Resident Care Coordinator will conduct a weekly review of the audit, for at least 3 months. Then titrate to a random audit, monthly.

Administrator will monitor for ongoing compliance

documents sent. *Op*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jody F Hummel Date 11/13/2017

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

The above plan of correction is approved as of 11-17-17
(Date)

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

Plan of correction implementation status as of 12-27-17
(Date)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening in the record of resident #3 (DOA [redacted] 2017) did not indicate if the needs of the resident can be met by the services of the home.

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.

REGULATION 55 Pa-Code 52600 2600.224(a) The Admissions Department/Designee, completing the Pre-admission Screening within 30 days prior to an admission to the facility will ensure that the box in the section labeled Part-III - Determination, of the Pre-admission Screening is completed.

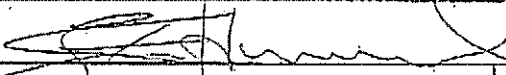
The completion of the Pre-admission Screening form will be reviewed by the Admissions Department/Designee, completing the proper portion of the DME Audit tool that identifies a Pre-admission Screen was completed, as it relates to Part III: Determination.

Nurse Supervisors, Resident Care Coordinators, Admissions Counselor/Designee will monitor for ongoing compliance when conducting regular chart reviews.

Administrator will monitor for ongoing compliance

documents sent CP

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

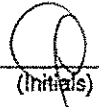
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jody F Hummel* Date *11/13/2017*

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(Date)

Plan of correction implementation status as of 12-29-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 20032 - 09/13/2017 - Harvey, Jason
PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
09/09/17 at 11:00 AM Resident #2 had a blood glucose level of 342. 6 units of insulin was required to be administered but, the MAR was not legible to determine the number of units of insulin administered to resident #2.

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.

REGULATION 55 Pa-Code 52600.2600.251 (b). This facility conducts bi-monthly staff education/communication meetings that are mandatory & require each staff member to sign an attendance roster, after staying for the full required meetings & trainings. These trainings are conducted by the PC Administrator, and several other leadership designees. Moving forward, the educators producing these meetings will always address legible writing on each meetings' written agenda & educate all attendees of the importance of clear & legible hand writing on medical forms, legal documents, all audit tools, etc.

Administrator will monitor for ongoing compliance

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

Signature of Legal Entity Representative
(Required on EVERY Page)


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

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(Date)

Plan of correction implementation status as of 12-28-17
(Date)

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

The above plan of correction was approved by 
(Initials)