



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2018

Ms. Jody F. Hummel
P.C. Administrator
Maria Joseph Manor Inc.
1707 Montour Boulevard
Danville, Pennsylvania 17821

RE: Nazareth Memory Center at Maria Joseph
15 School House Road
Danville, Pennsylvania 17821
License #: 211150

Dear Ms. Hummel:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 26, 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: 21115 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 10/26/17 the home's most recent annual Licensing Inspection Summary dated 11/8/2016 and Incident Investigation dated 2/23/17 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 2600.3(c): The 2016 annual licensing inspection summary, dated 11/18/2016 and the incident investigation dated 2/23/2017 are now available & posted in a three-ring binder, located on the lobby of Nazareth Memory Center. This is a conspicuous and public location. This author, (new administrator) was not aware that these reports were not in the correct designated place, at the time of annual inspection. The lobby is in direct line of sight with the P.C.Administrator's office and reception area. The reports will be maintained and monitored, by the administrative team. The Administrator will monitor for ongoing compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

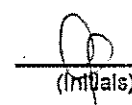
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jody Hummel Administrator P.C. Date 12/15/2017

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The above plan of correction is approved as of 1-4-18
(Date)

Plan of correction implementation status as of 1-4-18
(Date)

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

The above plan of correction was approved by 
(Initials)

Violation Report: 21115 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 10/26/2017 at approximately 9:30 a.m. Department representatives requested a list of staff and residents. Representatives are required to review a selected, stratified sampling of both staff and residents for compliance during an annual inspection. A list was not provided to the representatives until 10:15 a.m. (Residents) and 10:40 a.m (Staff).

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 2600.5(a)(1): The Department Representatives for annual inspection 10/26/2017 alerted this Administrator, the Resident Demographics Grid presented to them, needed to include all current resident's original dates of admission to the home. It took a bit of extra time to add the correct data to the template & return it to the inspectors by 10:15am. The Staffing data from the offsite Payroll Dept. & Human Resources, (in Minnesota) was delayed.

To resolve the timely request for resident data, the template has immediately been modified to permanently include the required admission dates for each resident. This demographics grid is maintained by the administrative team. The Administrator will monitor for ongoing compliance.

To resolve the timely request for staffing data, there is a new on-site Human Resource department director will house the requested data, in her office located in the rehab facility, adjoining Nazareth Memory Center. The H.R. Director will have a biweekly schedule to send updated data to this Administrator, & more, as needed. The Administrator will then monitor with the H.R. Director, 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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Plan of correction implementation status as of 1-4-18 (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 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

According to the home's record of discharged residents and through interview with Administrator A, resident # 1 passed away in the home on [redacted] 2017. The home did not submit a Reportable Incident form or a copy of the resident's death certificate to the Department's regional office.

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 2600.16(c): Upon investigation & staff interviewing (via phone in some cases of 3rd shift individuals) of this incident, it was discovered that a "flex/PRN" staff member unintentionally "forgot" to complete the required incident report, on [redacted] 2017. Upon receiving this official summary dated December 5, 2017 from the Department, this individual staff member is not currently scheduled to work in direct care with residents, until she can be scheduled with staff educators to receive formal, documented staff education & retraining.

To avoid any future violations of this specific nature, the Resident Care Coordinator/Designee will cover staff education with newly hired employees & will be documented on the 2nd/3rd day orientation check list. P.C.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 Hummel, Administrator* Date *12/15/2017*

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(Date)

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(Initials)

Plan of correction implementation status as of 1-4-18
(Date)

Fully Implemented
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 Partially Implemented - Inadequate Progress
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Violation Report: 21115 - 10/26/2017 - Dumas, Gerald
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 65 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
 (1) The reportable incident and condition reporting procedures.
 (2) Complaint procedures.
 (3) Staff person training.
 (4) Licensing violations and plans of correction, if applicable.
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home's quality management review dated 3/29/17, did not address (2) complaint procedures, (3) staff person training, or (4) recent licensing violations and plans of correction.

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 2600.26(8): Beginning January 2018, the P.C. Department Head Quality Assurance Team will implement all exact specifications required in regulations 2600.26(a)(b)(c). This will include, but not be limited to a complaint/grievance procedure of a template to be adopted from our on-site neighboring skilled rehab facility, documentation of staff trainings (ongoing) and recent licensing violations & plans for correction, all to be established & maintained as new standards of operation for the Q.A team, beginning January 2018. P.C. Administrator to 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)

[Handwritten Signature] P.C. Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jody Hummel	12/15/2017

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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

Violation Report: 21115 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 56 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Through discussion with the home's administrator and maintenance staff it was determined that a camera installed on the ceiling across from the staff reception desk is used to record video. It appears that the area captured by the video camera includes a common area where residents sit in rocking chairs. At the time of the inspection staff were unable to provide access to the video footage to verify the areas being recorded.

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 2600.42(s): Video recording is permitted in interior areas COMPLETELY INACCESSIBLE to residents, such as medication and supply storage areas.

While at the time of inspection, the camera in question related to this violation, was not able to be accessed as it has not been attempted to be utilized by this new Administrator & the IT Support staff were not on campus, at time of inspection.

To avoid any future violations of this specific nature, a work order has been initiated with the IT Support Team and the Maintenance Dept., to relocate the camera in question; to a location that clearly & safely meets the requirements of this regulation. In the interim, this P.C. Administrator will NOT receive training to turn on or utilize the camera, in its current location in order to maintain current resident's privacy. This camera is camera in its current location, is accentually inaccessible. Once the camera has been relocated & verified to adhere to all resident privacy regulations, the administrator will be training & educated.

The Administrator will oversee this POC for continued compliance 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
Tody Himmel		12/15/2017

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The above plan of correction was approved by <u>CP</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 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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
An enabler bar approximately 12 inches wide was attached to the bed in Room # 101. It was uncovered and poses a risk of entrapment 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.

Regulation 2600.81(b): An Enabler Bar Audit template has been developed, in order to avoid such future violations & will be implemented immediately. Please see template to follow. This initial education to all new hires will be documented on the 2nd/3rd day orientation check list. Resident Care Coordinator will conduct random inspections of these audits. P.C. Administrator to 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
T. J. Hummel			12/15/2017

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(Date)

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

Plan of correction implementation status as of 1-4-18
(Date)

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

Violation Report: 21115 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's letter to the fire department dated 10/11/2017 is not current. The letter indicates that resident # 1 and resident # 2 have visual impairments. According to the home's record of discharged residents, resident # 1 passed away on [redacted] 2017 and resident # 2 was discharged on [redacted] 2017.

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 2600.124: An accurate letter to the fire department documenting current resident's needs of assistance related to safe evacuation, was sent to the local fire department on 10/30/2017, as this need was verbalized by the inspectors, at time of inspection. In order to avoid future violations, the administrative team will update, upon each new admission to the facility. P.C. Dept. Heads will review current letters at regularly scheduled meetings, on an ongoing basis. In addition, the letter will be review in the newly modified P.C. Department Head Quality Assurance Team Agenda, beginning January, 2018. P.C. Administrator will monitor for ongoing compliance.

X or the home will follow steps under 2600.124, p 106 of the Regulatory Compliance Guide - d/c by phone week of 01-08-18 CP

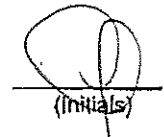
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Jody Hummel, P.C. Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jody Hummel* Date *12/15/2017*

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The above plan of correction is approved as of 1-16-18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-16-18
(Date)

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

Violation Report: 21115 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The written fire drill record for the fire drill held on 12/22/2016 at 11:22 pm did not include the number of staff participating in the fire drill.

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 2600.132(c): The Plant Ops-Environmental Services Director or Designee is responsible to train/educate the campus-wide maintenance team to properly execute, supervise & document each fire drill conducted. P.C. Dept. Heads will review current training documentation at regularly scheduled meetings, on an ongoing basis. In addition, the P.C. Department Head Quality Assurance Team (newly modified) Agenda, beginning January, 2018 will audit & correct, on an ongoing basis. P.C. 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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Plan of correction implementation status as of 1-4-18 (Date)

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

Violation Report: 21116 - 10/26/2017 - Dumas, Gerald
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
The Resident Assessment and Support Plan (RASP) dated 4/29/2017 for resident # 3 was not signed by 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 2600.227(h): A RASP audit template has been developed & will be implemented immediately. Please see template to follow. In order to avoid future violations, the Resident Care Coordinator or Designee will train, educate & document new hire teachings & conduct annual reviews of the regulatory requirements with all current nursing staff members. The Resident Care Coordinator will conduct random inspections of these audits & educate staff, as corrective actions are identified. P.C. Administrator to 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 Date
(Required on EVERY Page) Jody Hummel P.C. Administrator 12/15/2017

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(Date)

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(Initials)

Plan of correction implementation status as of 1-4-18
(Date)

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