



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 14 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's Bureau of Human Services Licensing annual inspection on August 30, 2018 and August 31, 2018 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](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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #1 passed away on hospice in the home on [redacted] 18. The resident's family did not receive a refund until [redacted] 18 – more than 30 days after the death of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

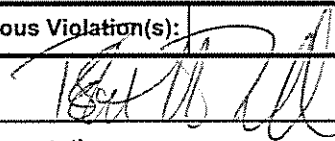
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Business office manager has been reeducated on regulation 28a thru 28f2.  
 Upon discharge of a resident, business office manager will determine if a refund is due and notify PC administrator of the required refund. Weekly audits of all accounts will be conducted by the business office manager to ensure refunds are made within 30 days of the resident's discharge.  
 PC administrator will monitor the process after discharge of the resident to ensure 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)

Robert M. Bell, Administrator

Date 9/21/18

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

The above plan of correction is approved as of 11-1-18  
 (Date)

Plan of correction implementation status as of 11-1-18  
 (Date)

The above plan of correction was approved by AG  
 (Initials)

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

Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**  
 On 8/10, 8/11, & 8/12/18 the home served 57 residents. On 8/10/18 only one staff person was certified in First Aid and CPR from 9:15pm-7:00am. On 8/11/18 only one staff person was certified in First Aid and CPR from 9:30pm-7:00am. On 8/12/18 only one staff person was certified in First Aid and CPR from 7:00am-9:00pm.

**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 direct care staff records have been audited to ensure current CPR/first aid certification.  
 Nurse manger and staff scheduler were reeducated on 9/12/18 on regulation 63a.  
 New care staff will be trained in CPR/first aide during orientation.  
 Before each direct care staff schedule is posted, the scheduler and nurse manager will ensure the correct number of certified direct care staff is working, per regulation.  
 PC administrator will check training log monthly, assuring certifications are current for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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**Violation Report:** 20032 - 08/30/2018 - Novak, Ryan  
**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 on 03/20/2018, did not receive training on evacuation procedures, staff duties & responsibilities, designated meeting place outside/interior fire safe area, smoking safety procedures/policy, location & use of fire extinguishers, smoke detectors & fire alarms, and telephone use and notification of emergency services on or before the first day of work.

Staff person B, hired on 04/17/2018, did not receive training on evacuation procedures, staff duties & responsibilities, designated meeting place outside/interior fire safe area, smoking safety procedures/policy, location & use of fire extinguishers, smoke detectors & fire alarms, and telephone use and notification of emergency services 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.)  
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Staff persons A and B are being trained in all respective areas cited above.  
 The orientation schedule was changed by the human resources director immediately after DHS inspection – general fire safety training and emergency preparedness is now held on the first day of orientation for all employees and is conducted by the facilities manager who is a trained fire expert. Human resources director will document this training to ensure all employees participate. PC administrator will confirm completion of the training with the facilities manager and human resources director on the first day of each orientation for ongoing compliance.

Upon completion, signed copies of the training logs will be submitted to the Northeastern Regional Office. AG

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/13/2017	
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Signature of Legal Entity Representative (Required on EVERY Page)

*[Handwritten Signature]*

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

*Robert H. Trell, Administrator*      9/21/18

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 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 person C hired 6/24/16 completed 4 of the required 12 hours of annual training for training year 6/24/17-6/24/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff person C is receiving 12 hours of annual training. All direct care staff persons will undergo a minimum of 12 hours of training in 2019 and subsequent years without exception. PC administrator is working with human resources director on establishing a 12-month training calendar, listing the mandatory training topics. Human resources director will audit trainings monthly to ensure employees attend training sessions. PC administrator will monitor ongoing compliance.

Upon completion, signed copies of the training logs will be submitted to the Northeastern Regional Office. AG

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*[Handwritten Signature]*

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*Robert M. Trol*

Date 9/21/18

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 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 member C hired 6/24/16 did not receive training in any of the topics required by this regulation for training year 6/24/17-6/24/18.

Direct care staff member D hired 7/21/16 did not receive training in instruction on meeting the needs of the residents as described in the pre-admission screening, RASP and DME, personal care service needs of the resident and care for residents with intellectual disabilities for training year 7/21/17-7/21/18.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Direct care staff members C and D are receiving the required training noted above. Human resources director has been re-educated on regulation 65f listing the mandatory training topics for all direct care staff and will ensure all direct care staff persons will attend monthly training sessions. Personal care nurse manager will assist with auditing training records. PC administrator will audit for ongoing compliance.

Upon completion, the signed copies of the training logs will be submitted to the Northeastern regional Office. AG

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2017	
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Robert M. Trell, Administrator* Date *9/21/18*

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**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 staff person D hired 7/21/16 did not receive training in fire safety by a fire safety expert or someone trained by a fire safety expert for training year 7/21/17-7/21/18.

Direct care staff person C hired 6/24/16 did not receive training in fire safety by a fire safety expert or someone trained by a fire safety expert for training year 6/24/17-6/24/18.

Ancillary staff person E hired 6/25/16 did not receive training in any of the mandatory topics for training year 6/25/17-6/25/18.

Ancillary staff person F hired 6/27/16 did not receive training in any of the mandatory topics for training year 6/27/17-6/27/18.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff persons D & C have been trained by facilities director who is a fire safety expert.  
 Ancillary staff persons E & F are receiving training in the mandatory topics. Training for these areas will be completed during monthly sessions. Additional online training in these areas will also be conducted.  
 Personal care nurse manager is auditing staff records to ensure all staff persons are trained in the mandatory areas. Administrator will monitor for compliance.

Upon completion, signed copies of the training logs will be submitted to the Northeastern Regional Office. AG

Repeat Violation: Yes	Date(s) of Previous Violation(s)	09/13/2018	
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Robert M. Troil, Administrator	9/21/18

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff member C's training record for diabetic training did not include length of the course.

**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.*

Length of time of class has been documented on the classes by the trainer. All training attendance sheets will note the length of each class at the top of the sheet prior to the start of class. After completion of each class, nurse manager and human resources director will audit attendance sheets to ensure documentation of length of class. PC administrator will communicate with human resources director to ensure ongoing compliance.

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan

PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.66(a) - A staff training plan shall be developed annually.

**2a. DESCRIPTION OF VIOLATION**

The home does not have a staff training plan for 2018.

**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.*

Personal care administrator has developed a training plan for the remainder of 2018. (See attachment marked A)  
 Personal care administrator has developed the 2019 training plan. (See attachment marked A2) (YES)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**2a. DESCRIPTION OF VIOLATION**

There is insufficient lighting provided at the external elevator emergency exit which leads to a cement landing and down 7 steps.

**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.*

Proper lighting has been added to the exit area under the direction of the facilities manager.

The administrator or designee will ensure that periodic walk throughs of the exterior of the building are performed ensure ongoing compliance. AG

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

At the external emergency elevator exit, there is a 4 1/2 inch step down to the landing. A grab bar is not available to prevent a potential fall from the exit to the step down safely.

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.*

PC administrator and facilities director are working with an outside contractor to install a handrail to the step down landing. Rail will be installed on or before September 30, 2018. PC administrator will confirm with DHS upon completion.

Since the POC submission, this has been fully corrected. AG

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert M. Trell, Administrator</i>	Date <i>9/21/18</i>
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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

Exit door on the ground floor near the elevator was not easy to open as extra force was required, preventing immediate egress in the event of an emergency.

The exit door on the right of the dining room was blocked by three dining room chairs, preventing immediate egress in the event of an emergency.

The bedroom door from resident room # 210 was difficult to open with the door rubbing against the door frame. This poses a fire safety hazard for the occupants of the room in attempting to exit the room in case of an emergency or fire.

**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 exit door cited has been cleaned and is now fully operational and easy to open. All exit doors have been checked to ensure they can be opened easily.

The three dining chairs blocking the exit were removed upon inspection. Dining and pc staff immediately move chairs from blocking entrances before, during and after all meals.

Bedroom door in resident room #210 has been cleaned and checked ensure room can be exited easily.

Facilities director checked all resident bedroom doors to ensure they can be opened easily for quick egress.

PA administrator will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s)

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**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 notice to the fire department dated 7/10/18 notes 9 residents with mobility needs in the event of an emergency, the home currently serves 10 residents that require assistance in the event of an emergency.

**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 mobility letter has been emailed to the local fire department listing the correct number of residents who would need assistance with evacuating in the event of an emergency. PC nurse manager regularly identifies changes in conditions with resident mobility status and communicates such changes to administrator who sends an updated list to the local fire department.

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan

PCH Name: MARIA JOSEPH MANOR

**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 fire drill conducted on 8/9/18 at 8:15pm notes 2 staff participating in the fire drill, a review of the homes time cards indicated 4 staff members participated in the 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.*

Facilities director has been reeducated to ensure all participating staff sign documentation for participating in the fire drills. Immediately after the drill, facilities director or designated person conducting the drill will audit the fire drill documentation to ensure all signatures are present.

The administrator will review the home's fire drill log(s) periodically to ensure ongoing compliance. AG

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
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*Yolanda M. Tread, Administrator*

Date *9/21/18*

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1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

After this Department's inspection in 2017, an overnight fire drill was conducted on 9/29/17 at 11:15 p.m. The home did not conduct another overnight fire drill within 6 months of the previous overnight drill which was due by 3/18.

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 schedule has been set for 2019, which include an overnight drill every six months. Administrator has confirmed the schedule and will monitor for compliance.

The administrator will ensure that this informatin is strictly limited to him/herself and the facility director to ensure that all fire drill remain unannounced. AG

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
Robert M. Trevell, Administrator	9/21/18

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

The above plan of correction is approved as of 11-1-18  
 (Date)

The above plan of correction was approved by AG  
 (Initials)

Plan of correction implementation status as of 11-1-18  
 (Date)

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

Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

**2a. DESCRIPTION OF VIOLATION**

There are no exit signs from the home's dining room located on the first floor. Exit signs identify exit routes so that residents and staff may quickly exit to a fire safe area or out of the building in the event of an emergency or actual fire.

**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.*

Corrected upon inspection. Exit signs installed.

The administrator or designee will perform periodic walkthroughs of the building to ensure ongoing compliance. AG

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 has a private duty aide 24/7. The private duty aide is not a licensed staff member and is not trained in the medication administration course. The aide administers Resident #2's carbidopa/levidopa 25mg four times daily at 8a, 12p, 4p & 8p.

**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.*

Corrected immediately after inspection. Maria Joseph medications technicians are now administering resident's medications.

The administrator will coordinate with the home's wellness director/resident care manager to ensure that periodic observations of med passes and reviews of the Medication Administration Records to ensure ongoing compliance. AG

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
Robert M. Trell, Administrator	9/21/18

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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 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

Resident #3 has an order for 13units of novolog at lunch plus coverage per a sliding scale of insulin. On 8/24/18 at lunch the blood glucose reading was 256, the home administered an additional 3 units of insulin. Based on the sliding scale 2 units should have been administered.

Resident #2 has an order for quetiapine PRN 25mg 2 tablets daily for moderate to severe agitation, hallucinations or insomnia. Resident #2 also has an order for quetiapine PRN 25mg 1 tablet daily for mild agitation, hallucinations or insomnia. On 8/29/18 at 8pm 2 tablets were administered for mild agitation, it should have been 1 tablet.

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 medication technicians have been re-trained by the nurse manager on regulation 187d, specifically stating the need to ensure medications are available and given as ordered. To ensure future compliance the nurse manager will audit med passes weekly and communicate with PC administrator who will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2017	
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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) <u>Robert M. Kelly, Administrator</u>	Date <u>9/21/18</u>
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Violation Report: 20032 - 08/30/2018 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.202 - The following procedures are prohibited:  
 (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.  
 (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.  
 (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.  
 (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.  
 (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.  
 (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 has an order for quetiapine PRN 25mg 2 tablets daily for moderate to severe agitation, hallucinations or insomnia. Resident #2 also has an order for quetiapine PRN 25mg 1 tablet daily for mild agitation, hallucinations or insomnia. 2 tablets were administered on 8/1-8/7/18, 8/10, 8/11, 8/13, 8/16, 8/18, 8/19, 8/23, 8/27, 8/29 & 8/30/18 at 8pm for severe agitation. Chemical restraints are prohibited.

**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.*

Prescriptions for resident #2 have been corrected to only be given for anxiety. All physician orders will be reviewed by the nurse manager to ensure they do not prescribe medications for agitation which is defined as a restraint. At no time shall Maria Joseph Manor use medication as a chemical restraint. The nurse manager will monitor this for new residents getting new prescribed orders. PC administrator will monitor for ongoing compliance.

The administrator will also ensure that a training on prohibitions as well as the counterpart of care-positive interventions -is scheduled within 15 days of the receipt of the Plan of Correction. All direct care staff and staff that administer medications are to attend. In addition, there is to be a training for all staff that administer medications on a PRN basis, particularly to address behavioral concerns. The training will address the timing of the administration of such medications-and the benefits and dangers of administering such medication wither too early or too late in a behavioral event. Documentation training will also be provided regarding what must be documented on back of the MAR regarding prior steps of positive intervention(s). AG

Repeat Violation: No	Date(s) of Previous Violation(s)	
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction was approved by <u>AG</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