



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MARIA HALL, INC.
LEGAL ENTITY

To operate MARIA HALL
NAME OF FACILITY OR AGENCY

Located at 190 MARIA HALL DR., 3RD FLOOR, DANVILLE, PA 17821
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 8, 2018 until November 8, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **215210**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 08 2018

Sister Michael Ann Orlik
President
Maria Hall, Inc.
1002 Railroad Street
Danville, Pennsylvania 17821

RE: Maria Hall
190 Maria Hall Drive, 3rd Floor
Danville, Pennsylvania 17821
License #: 215210

Dear Sr. Orlik

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 12, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

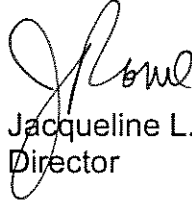
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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.

Sr. Orlik

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". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital 'J'.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 21521 - 09/12/2018 - Novak, Ryan

PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION 17.25

The home's administrator, completed only 15.25 hours of annual training in training year July 2017- June 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.

The Administrator did not realize that the 12+ credits she was counting toward her total were not acceptable administrative credits. She will not repeat that mistake. As of September 12, 2018, she earned 13 more credits, and is enrolled in 12 more that will be completed by December 7, 2018. She will earn the remainder during the spring semester.

The Administrator will also need to earn an additional 24 hours of approved training for Year 2019 in order to attain compliance. 10-26-18, *AG*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sister M. Philothea, Fabian

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

SISTER M. PHILOTHEA, FABIAN

Date

10-12-2018

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

The above plan of correction is approved as of

10-26-18

(Date)

Plan of correction implementation status as of

10-26-18

(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: 21521 - 09/12/2018 - Novak, Ryan

PCH Name: MARIA HALL

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

Direct care staff member A hired 5/24/18 completed the 1st day general fire safety orientation on 5/25/18.

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.

When the staff member came to complete the beginning paperwork, she could not stay for any orientation; hence it was done the next day. Now the Administrator works more closely with Human Relations to assure that this does not happen again – new hires will be scheduled only when they can complete the required orientation in a timely manner.

The Administrator will oversee all of the aspects of this regulation to ensure they will be fulfilled on the employee's first day of work. This will assist the home in maintaining ongoing compliance.

10-26-18, *AJ*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sister M. Philothea, Fabian

Printed Name and Title of Legal Entity Representative

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Partially Implemented - Inadequate Progress

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The above plan of correction was approved by

AJ

(Initials)

Violation Report: 21521 - 09/12/2018 - Novak, Ryan
 PCH Name: MARIA HALL

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 B hired 4/19/13 did not complete training in medication administration training, meeting the needs of the residents per the pre-admission screening, DME & RASP and infection control for training year 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.

The Director of Resident Care is in the process of refining the current training topics to include medication administration training, meeting the needs of the residents per the pre-admission screening, DME & RASP, and infection control. This updated training plan will be in place by January 1, 2019. Direct care staff member B will have completed this training by October 31, 2018. Administrator will assure compliance. 10-26-18, *AJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **SISTER M. PHILOTHEA, FABIAN** Date *10-12-2018*

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The above plan of correction was approved by <u><i>AJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21521 - 09/12/2018 - Novak, Ryan
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident bedroom #358 is connected to a bathroom which is shared by 2 residents. The two towel rods in the bathroom are not labeled to distinguish between each resident's specific bath towels.

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.

As of September 14, 2018 all towel racks were labeled with the resident's name. Going forward, as new residents are admitted, the Director of Resident Care will assure that towel racks are labeled. Administrator will monitor compliance when she completes the contract with the new resident.

In addition, the Administrator will perform periodic walk throughs of the home looking at bathroom items for compliance and ensuring ongoing adherence to the regulation(s). 10-26-18, *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
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 (Initials)

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- Not Implemented

Violation Report: 21521 - 09/12/2018 - Novak, Ryan
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The homes most recent fire drill conducted by a fire safety expert was completed on 6/19/17.

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 local fire company was very busy in June and July because of weather events and fires, and the fire safety expert who inspected the facility in April did not conduct a drill. The Administrator will assure that this does not happen again. The fire chief observed a drill on September 26, 2018 (letter attached) and will be scheduled for a drill no later than July 31 of 2019.

Now that the home has a fire safety letter (132b) dated 9-26-18, the home does not need another letter until at lest 9-26-19. The Administrator will ensure there is a method to remember and act upon the timliness of the 2019 letter. 10-26-18, *AG*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SISTER M. PHILOTHEA, FABIAN</i>	Date <i>10-12-2018</i>
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Violation Report: 21521 - 09/12/2018 - Novak, Ryan
 PCH Name: MARIA HALL

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 #1 has PRN orders for Dexamethasone and Olanzapine listed in resident's MAR. Neither medication was available in the home at time of inspection.
 Resident #1 receives blood sugar readings 4 times per day, before meals and before bedtime. On 9/6/18 at 8AM, Resident #1's blood glucose monitor contained a reading of 80; no reading was logged on the MAR. On 9/6/18 at 12PM, resident's blood glucose monitor contained a reading of 116; 89 was recorded on the MAR.

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 PRN meds were to follow days 1-3 of chemo. However, the resident received chemo only once, it wasn't tolerated, so there was no need for the meds. But they were not discontinued in writing. Since then, the dc order has been received. The Director of Resident Care will monitor medication orders to assure compliance with dc orders in the future.

The resident was responsible for doing her own blood sugar readings and giving them to staff. On September 13, 2018, staff were instructed to take the visual reading from the machine and not orally from the resident. DRC will assure compliance.

The Administrator will oversee this Plan of correction to ensure ongoing compliance. 10-26-18, *AG*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Violation Report: 21521 - 09/12/2018 - Novak, Ryan

PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 receives blood sugar readings 4 times per day, before meals and before bedtime and receives insulin based on a sliding scale. Resident's MAR is not being initialed by the staff to indicate who is administering blood glucose readings and insulin.

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 MAR had only 3 blocks, but needed 4 for the initials. The 4th block was added on September 12, 2018, and continues on all successive MAR sheets. DRC monitors compliance when she checks the med sheets.

The home may also institute a model where every reading has it's own separate set of lines in a block to allow more time to record numbers and initials for each specified time that blood glucose reading are taken. The Administrator will perform periodic reviews of the MARs to ensure ongoing compliance.

10-26-18, *AG*

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Sister M. Philothea, Fabian

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