



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 1 1 2019

Sister Sara Swayze
Treasurer
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 Sister Swayze:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 4, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract in the record for resident #1 was not signed by the resident or noted that the resident refused or unable to sign.

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 contract for resident #1 has been signed by the resident.
 Moving forward, the resident contract will be signed as defined in regulation 2600.25(b).
 The administrator or designee will ensure the resident (and/or payor) signs the contract at the time of admission, when the contract is explained to the resident and payer/responsible party.
 Immediately after admission, the contract will be reviewed by the administrative assistant or designee to verify all required signatures.

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) Robert Trell, Administrator	Date 11/5/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-14-18</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>11-14-18</u> (Date) <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
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
 On 9/30/2018, the home had 21 immobile residents present in the home, requiring direct care staff to be available for 42 hours. On 9/30/18, the home only had direct care staff available for 38.5 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.

The staff scheduler has been reeducated on staffing requirements under regulation 2600.57(c). The proper number of direct care staff will be scheduled and working in the home according to the number of immobile residents in the home. The nurse manager or designee will communicate with the staff scheduler daily or as soon as the number of immobile residents in the home changes. At no time in the future will there be less than the required amount of direct care staff in the home. Administrator will monitor for ongoing compliance.

see attachment A *Reveiwed, AG

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Robert Trell, Administrator	11/5/18

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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 9/30/18, the home was required to have 31.5 hours of direct care staffing available during waking hours. On 9/30/18, the home only had 27.5 hours of direct care staffing available during waking 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.

The staff scheduler has been reeducated on staffing requirements under regulation 2600.57(d). The proper number of direct care staff will be scheduled and working in the home according to the number of residents needing assistance during waking hours. The nurse manager or designee will communicate with the staff scheduler daily or as soon as the number of residents in the home changes. At no time in the future will there be less than the required amount of direct care staff available in the home during waking hours. Administrator will monitor for ongoing compliance.

See attachment B *Revised, AG

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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Rob Trell Administrator</i>	<i>11/5/18</i>

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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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

The home has individuals from an outside agency providing direct care to residents. These outside agency staff did not receive orientation regarding general fire safety and emergency preparedness, which is to be completed prior to their first day performing their job duties.

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.

Outside agency staff who are providing resident care are receiving general fire safety and emergency preparedness training prior to working in the home. Training is conducted by the facilities manager who is a trained fire safety expert. The facilities manager will document completion of the training. Documentation of all agency training will be kept on file. The human resources director, administrative assistant or designee will monitor for ongoing compliance.

Documentation will follow upon completion of all training - by end of Nov. 2018

*Upon completion of training, specific to this licensed building, the Administrator will submit a copy of the sign in sheet and a synopsis of the training material covered. 11-14-18

AG

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Signature of Legal Entity Representative (Required on EVERY Page) *Bob Trell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bob Trell, Administrator* Date *11/5/18*

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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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
 Direct care staff person A did not receive training on the following topics: Emergency medical plan; Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).

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 A is being trained in all respective areas cited above. All direct care staff persons are receiving training on the following topics during orientation: (1) Residents Rights (2) Emergency Medical Plans (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. The human resources director or human resources assistant will document this training to ensure all employees participate in orientation. Administrator will monitor for ongoing compliance.

Documentation of training will be sent by end of Nov 2018.

*Upon completion of the training, the Administrator will submit a copy of the sign in sheet(s) for the staff person named above. 11-14-18
AG

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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>Rob Trell, Administrator</i>	Date <i>11/9/18</i>
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 (1) Training that includes a demonstration of job duties, followed by supervised practice.
 (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 (3) Initial direct care staff person training to include the following:
 (i) Safe management techniques.
 (ii) ADLs and IADLs.
 (iii) Personal hygiene.
 (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 (vi) Implementation of the initial assessment, annual assessment and support plan.
 (vii) Nutrition, food handling and sanitation.
 (viii) Recreation, socialization, community resources, social services and activities in the community.
 (ix) Gerontology.
 (x) Staff person supervision, if applicable.
 (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 (xii) Safety management and hazard prevention.
 (xiii) Universal precautions
 (xiv) The requirements of this chapter.
 (xv) Infection control.
 (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A did not have documentation to verify they passed the Direct Care Competency test and the home did not document that he could successfully demonstrate his job duties before performing them unsupervised.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Direct care staff person is re-taking the Direct Care Competency test and has demonstrating that he is able to perform his job duties. All direct care staff are taking the Direct Care Competency test during their first day and are demonstrating their ability to perform their job duties prior to working unsupervised. The nurse manager is confirming & documenting completion of both topics. The nurse manager has been retrained on this reg 2600.65(d) by the administrator. The nurse manager will communicate with the administrator upon every hire to ensure compliance.
Documentation will be sent upon completion of training - end of Nov -2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bob Trell, Administrator* Date *11/5/18*

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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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 did not receive the following required annual training topic for the 2017 training year:
 *Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan
 *Safe management techniques

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

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

Direct care staff member C is 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 monitor for ongoing compliance.

Documentation of training will be sent by end of Nov 2018

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>Rob Trell, Administrator</i>	Date <i>11/5/18</i>
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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

Staff persons B and C did not receive annual training in the following topics: Resident rights; The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).

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 B & C have been trained on Resident Rights and The Older Adult Protective Services Act. All staff persons will receive training as defined in reg 2600.65(g). Training for these areas will be completed during monthly sessions. Additional online training in these areas will also be conducted. Nurse manager or designee will audit staff records monthly to ensure all staff persons are trained in the mandatory areas. Administrator will monitor for compliance.

Documentation of training will be sent by end of Nov 2018

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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 C) YES
 Personal care administrator has developed the 2019 training plan.
 (See attachment marked D) YES

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed since 8/7/2017.

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 written emergency procedure plan is being updated and reviewed. It will be submitted to the local emergency management agency on or before Nov 30, 2018.
 The emergency procedure plan will be updated, reviewed and submitted to the local emergency management agency annually as defined in 2600.107(d). Administrator or designee will ensure ongoing compliance.

*A copy of the updated plan and evidence of its submission to the local EMA will be submitted to the Northeastern Regional Office (NERO) upon completion and for review by the NERO. 11-14-18 *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]*

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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 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 notification to the local fire department did not include the total capacity 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.

The local fire department has been notified of the total capacity of Nazareth Memory Care Center.
 (See attachment F) **YES**
 The local fire department will be notified by the administrator or designee in writing when there is a change in the number of residents in the home. The administrator will ensure compliance.

It is recommended that the Administrator review and update the mobility status of residents on monthly basis following the home's monthly fire drill. This will assist the home in maintaining compliance. 11-14-18

AG

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/26/2017
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 1 residents refused to evacuated to a designated meeting place or fire-safe area during a fire drill conducted on 4/17/18 at 4/17/18.

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.

Residents will be directed to evacuate the building during fire drills. Should a resident refuse to evacuate, the drill will be repeated until all residents are evacuated to a fire-safe area. At no time will it be acceptable for a resident to refuse to evacuate during a drill. The facilities manager or designee oversees all fire/emergency drills and will work with the administrator to ensure ongoing compliance.

In the event of repeated refusals by a resident(s) to participate in any fire drill, the home will counsel the resident upon the initial event with a warning that future refusals will result in the issuance of a 30 day notice to the resident(s). Documentation will be retained by the home. 11-14-18

AG

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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The fire alarm or smoke detector was not set off during the fire drill held on 2/16/18 at 11:35 am.

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 maintenance staff who conduct fire drills are being retrained on reg 2600.132(i).
 The fire alarm or smoke detector will be set off during all fire drills. At no time shall a fire drill be conducted without setting off the fire alarm or smoke detector. The facilities manager or designee oversees all fire/emergency drills and will work with the administrator to ensure ongoing compliance.

Documentation of re-training will be sent by end of Nov 2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Rob Trel, Administrator</i>	<i>11/5/18</i>

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

The above plan of correction is approved as of <u>11-14-18</u> (Date)	Plan of correction implementation status as of <u>11-14-18</u> (Date)
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

Violation Report: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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

2a. DESCRIPTION OF VIOLATION
 Resident #2 has current order for calcium D 600mg/400 IU tablet on the resident's medication administration record and the resident had in the medication cart soft chews calcium + D3.

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.
 Nurse manager reeducated medication technicians on 2600.187(d).
 Nurse manager will monitor medication technicians, ensuring compliance.

The administrator will oversee this Plan of Correction in order to ensure future compliance. 11-14-18 *AG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bob Trell, Administrator</i>	Date <i>11/5/18</i>
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

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
 Resident #1 admitted 8/3/18 did not have a preadmission screening completed.

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 preadmission screening will be completed on all residents prior to admission, without exception. Administrator has reviewed 2600.224(a) with nurse manager to ensure ongoing compliance.

The Administrator will oversee the Plan of Correction in order to ensure on going compliance. 11-14-18 *AG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rob Tell, Administrator</i>	Date <i>11/5/18</i>
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Violation Report: 21115 - 10/04/2018 - Harvey, Jason
PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 8/3/18 and did not have a cognitive screening completed.

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 cognitive screening has been completed on resident #1
A cognitive screening will be completed on all residents prior to admission, without exception.
Charts are being audited to ensure cognitive screenings have been completed on all residents.
Administrator has reviewed 2600.224(a) with nurse manager to ensure ongoing compliance.

The Administrator will oversee this Plan of Correction in order to ensure ongoing compliance. 11-14-18

AG

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Bob Trell, Administrator

Date

11/5/18

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The above plan of correction is approved as of 11-14-18
(Date)

Plan of correction implementation status as of 11-14-18
(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: 21115 - 10/04/2018 - Harvey, Jason
 PCH Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

1. REGULATION 55 Pa.Code §2600

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

The gate leading out of the home's secured dementia care unit court yard did not contain any lock or electronic/magnetic locking system.

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 doors leading to the courtyard contain a locking system that can only be opened by entering a code in the key pad next to the door. The same locking system is used on the front entrance door. A resident would only be able to enter the courtyard if he/she would have the ability to enter the code. This is the same scenerio as a resident leaving through the front entrance door of the building. The courtyard is not designated as a secure area. Residents are not permitted to go to the courtyard alone, they must be accompanied by a staff person, family member or responsible party.

I am respectfully appealing this violation.
 Rob Trell, Administrator



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) Rob Trell, Administrator	Date 11/5/18
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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

Received 12-20-18:

Attached is a photo of the lock we installed on the gate in our courtyard at Nazareth Memory Care Center.

Also attached is a photo of the main lobby in Nazareth and the courtyard itself.

Per our discussion, we will be changing the Exit sign over the door to "Not an Exit."

1-9-19

AG