



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: April 11, 2019

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 inspection on January 30, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: MARIA JOSEPH MANOR		License Number: 20032
Address: 1707 MONTOUR BOULEVARD, DANVILLE, PA 17821		County: Montour
Administrator: Robert Trell		Region: NORTHEAST
Legal Entity Name: SISTERS OF SAINTS CYRIL AND METHODIUS		
Legal Entity Address: 1707 MONTOUR BOULEVARD, DANVILLE, PA 17821		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Waking Staff: 41
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/30/2019: OHaire, Anne; DeVries, Kristin		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 54 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 53 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20032 - 01/30/2019 - OHaire, Anne
PCH Name: MARIA JOSEPH MANOR

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

Resident # 5 was admitted to the hospital on 1-16-19 after falling in the bathroom while in the home. She subsequently passed away in the hospital on 1-22-19 because of injuries sustained from this fall. The home did not submit an incident report to the Department reporting Resident # 5's death.

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.

2600.16(c)

A final incident report was submitted to the Department with resident #5's death certificate.

All incidents meeting the criteria under 2600.16(c) will be reported to the Department of Human Services within 24 hours, specifically incidents resulting in a resident's death. The death certificate will also be sent to the Department as soon as it's obtained from the physician or mortician. At no time shall a resident's death go unreported to the Department. The LPN nurse manager will ensure the report is made to the Department within the required 24 hours.

The 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) <u>Rob Trell, Administrator</u>	Date <u>3/28/19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-9-19
 (Date)

Plan of correction implementation status as of 4-9-19
 (Date)

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

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

Violation Report: 20032 - 01/30/2019 - OHaire, Anne

PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Staff person "A" observed staff person "B" being disrespectful towards resident #1 one evening between the dates of 12-27-18 through 01-07-19. Staff person "B" was observed physically attempting to get resident #1 to sit on his/ her seated walker when he/she did not wish to do so and was heard saying to the resident you have to hurry up I do not have all day.

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.

2600.42(c)

Upon hearing about the incident involving staff person B being disrespectful to resident #1, the administrator, nurse manager and human resources director conducted an investigation.

After validating the accusations, staff person B was terminated immediately.

Personal care aides and medication technicians were reeducated on 2600.42 - All residents are to be treated with dignity and respect. Care staff confirmed they do follow this regulation; that this incident was an unfortunate exception to normal operations and that this regulation will be followed. The administrator, nurse manager and human resources director will hold all care staff accountable, ensuring 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) Bob Irell, Administrator Date 2/28/19

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The above plan of correction is approved as of 4-9-19 (Date)

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

Plan of correction implementation status as of 4-9-19 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20032 - 01/30/2019 - OHaire, Anne
PCH Name: MARIA JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #2's Bisalax Suppository laxative medication to be inserted rectally every 24 hours for constipation as needed had an expiration date of 1/20/19.
 Resident #3's Bisalax Suppository Laxative medication to be use for constipation, inserted retally as needed every 24 hours as needed had an expiration date of 10-28-18.

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.

2600.183(d)
 The expired medications were discarded immediately after inspection. All medications are checked weekly (see attached audit sheet) for expiration dates by the medication technicians. Medications technicians are responsible for ensuring this is completed under the direction of the nurse manager. The administrator or designee 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) *K&B Inell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rob Trel Administrator</i>	Date <i>3/28/19</i>
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