



Sent via e-mail to: mhpcadm@yahoo.com  
MAILING DATE: January 13, 2020

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

RE: Maria Hall  
190 Maria Hall Drive, 3<sup>rd</sup> floor  
Danville, Pennsylvania 17821  
License #215210

Dear Sr. Orlik:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 5, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *MARIA HALL*  
Address: *190 MARIA HALL DR., 3RD FLOOR,, DANVILLE, PA 17821*  
County: *MONTOUR* Region: *NORTHEAST*

License Number: *21521*

## Administrator

Name: *Sister M. Philothea* Phone: *5702751120* Email: *mhpcadm@yahoo.com*

## Legal Entity

Name: *MARIA HALL, INC.*  
Address: *1002 RAILROAD STREET, DANVILLE, PA, 17821*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/26/1998* Issued By: *L&I*  
Type: *I-2* Date: *05/24/2018* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

## Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*  
Reason: *Renewal*

## Inspection Dates and Department Representative

*11/05/2019 - On-Site: Amy Deluca*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *36* Residents Served: *21*

### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *21*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *3*

65b - Rights/Abuse 40 Hours

Regulations

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.
- 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.

Description of Violation

Staff person A who was hired on 8/19/2019 did not have training in the required training topics resident rights, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (OAPSA), and reporting of reportable incidents and conditions.

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 received training in Resident Rights, Mandatory Reporting of Abuse and Neglect under OAPSA and Reporting of Reportable Incidents and Conditions on 11/19/2019 by Director of Resident Care. DRC has made a binder containing required information for all new employees, and will ensure orientation is done in a timely manner.

Immediately and On-going: The administrator shall monitor all new hires for the next 6 months to ensure on-going compliance.

Legal Entity Representative

1-10-2020 -MM

*Sister M. Philothea, Fabian*  
Signature

SISTER M. PHILOTHEA, FABIAN  
Printed Name and Title ADMINISTRATOR

11/22/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1-10-2020  
(Date)

Plan of correction implementation status as of 1-10-2020  
(Date)

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

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

65f - Training Topics

Regulations

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.

Description of Violation

Staff person B received training only in care for residents with dementia and cognitive impairments for 2018. Staff person B did not have training in the remaining 5 annual training topics required under this regulation in 2018.

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.)

**There was a training in addition to the computer ones, which was not included in the record given to the inspector. Staff person B did get training in #2 and #4. (see attachment 3A). But the other 3 were not covered. The presentation of required topics has been improved, and all topics have been presented in 2019. The Administrator will be responsible for keeping training topics compliant with regulations.**

Immediately and On-going: The administrator shall monitor all training for the next 6 months to ensure on-going compliance. 1-10-2020 -MM

Legal Entity Representative

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		<input type="checkbox"/> Partially Implemented <del>x Inadequate Progress</del>	
		<input type="checkbox"/> Not Implemented	

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 3. Resident rights.

Description of Violation

Staff person C did not have training in resident rights in 2018.

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.)

Presentation of required topics has been improved. The 2019 and succeeding years include required topics for all staff. Administrator is responsible for keeping topics compliant with regulations.

Immediately and On-going: The administrator shall monitor all new hires for the next 6 months to ensure on-going compliance. 1-10-2020 -MM

Legal Entity Representative

*Sister M. Philothea, Fabian*  
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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The automatic sliding door of the home's main exit located on the 1st floor was malfunctioning on the day of the inspection. A sign was placed on the door instructing visitors and residents to slide the door open manually to exit the building. The door required moderate strength to pry open. The malfunctioning door was an obstructed egress presenting a possible fire safety hazard.

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.)

Repair company had been called, but did not come until Tuesday, 11/5/19. Door required several repairs; we found that the back-up opening system had failed as well. At the end of the day of 11/5/2019 the door worked properly, and has continued to do so. See attachment 5a.

Within 5 days of receipt of the plan of correction: The administrator shall monitor all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed. The administrator shall monitor weekly for 6 months

Legal Entity Representative

for on-going compliance. 1-10-2020 -MM

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(Initials)		<del>Partially Implemented - Inadequate Progress</del>	
		Not Implemented	

132b - Safety Inspection/Fire Drill

Regulations

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.

Description of Violation

The home had fire drills supervised by a fire safety expert on 10/20/2019 and 9/26/2018. The home did not have a fire drill supervised by a fire safety expert timely in 2019 as it was conducted more than 365 days after the date of the last supervised fire drill.

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.)

Administrator failed to notice that a supervised drill was needed before the end of September. The calendar for 2020 will have several reminders of the due date for 2020; Administrator is responsible for scheduling the supervised fire drill.

Legal Entity Representative

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		<input type="checkbox"/> Not Implemented	

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The Documentation of Medical Evaluation (DME) form for resident #1 dated 02/13/2019 was completed late as the prior DME was completed 1/9/2018.

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.)

Director of Resident Care will immediately place dates in calendar for all residents as soon as the DME is completed this year, thus ensuring DME and pcp evaluations are completed per regulation.

Within 5 days of receipt of the plan of correction: The administrator shall monitor all medical evaluation forms weekly for the next 6 months for ongoing compliance. 1-10-2020- MM

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		<input type="checkbox"/> Not Implemented	

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 receives blood glucose checks and insulin administered on a sliding scale before meals. On 11/4/2019 the noon blood glucose reading was 262 requiring 31 units of insulin; 33 units of insulin were administered.

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.)

Investigation into the incident revealed the resident did in fact receive 31 units of insulin as ordered. The med nurse made a transcription error and wrote 33 instead of 31. Staff member has been retrained and reminded to be more observant when documenting. DRC will monitor.

Within 5 days of receipt of this plan of correction: The administrator or designee shall monitor and ensure the home is following the direction of prescriber's. The home shall monitor weekly for the next 6 months for ongoing compliance. 1-10-2020 - MM

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's support plan dated 2/18/2019 was completed late as the prior support plan was completed on 1/16/2018.

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.)

Director of Resident Care will place dates in computer for the following year as soon as the support plan is completed to ensure that support plans are done in a timely manner per regulations.

Immediately and Ongoing: The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter. The administrator shall monitor weekly for 6 months for ongoing compliance.

Legal Entity Representative

1-10-2020 --MM

*Sister M. Philothea, Fabian*  
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