



Sent via email to: rtrell@mariajosephccc.org
MAILING DATE: April 29, 2020

Sister Michael Ann Oclik
President
Maria Joseph Manor Inc.
1707 Montour Boulevard
Danville, Pennsylvania 17821

RE: Nazareth Memory Center at Maria Joseph
15 Schoolhouse Road
Danville, Pennsylvania 17821
License #: 211150

Dear Sister Oclik:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 19, 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 "Anne Graziano". The signature is written in a cursive style with a large initial "A" and a long, sweeping underline.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH

License Number: 21115

Address: 15 SCHOOLHOUSE ROAD,, DANVILLE, PA 17821

County: MONTOUR

Region: NORTHEAST

Administrator

Name: Rob Trell

Phone: 5702758701

Email: rtrell@mariajosephccc.org

Legal Entity

Name: MARIA JOSEPH MANOR INC

Address: 1707 MONTOUR BLVD., DANVILLE, PA, 17821

Certificate(s) of Occupancy

Type: C-1

Date: 03/04/2003

Issued By: DOH

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 46

Waking Staff: 35

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

11/19/2019 - On-Site: Ryan Yankowy, Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 23

Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 24

Residents Served: 23

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 23

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 23

Have Physical Disability: 0

63a - First Aid/CPR Training

Regulations

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.

Description of Violation

The home currently serves 23 residents. The home is required to have at a minimum 1 person certified in First Aid and CPR 24/7. On 11/3/19 from 5:15pm-6pm no one was certified in First Aid.

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.)

- 1. No residents were affected.
- 2. Residents have the ability to be affected.
- 3. Human Resources Director and Staff Scheduler were updated on CPR & first aid requirements. Training will be scheduled every other month for staff members who need the training. Training will be tracked by the Staff Scheduler ensuring that there is a CPR & First Aid trained staff member working during all shifts.
- 4. PC Administrator will monitor to ensure ongoing compliance.

Legal Entity Representative

Bob Trell

Signature

Bob Trell, Administrator 1/20/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 2-21-20
(Date)

Plan of correction implementation status as of 2-21-20
(Date)

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

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 6. Safe management techniques.

Description of Violation

Direct care staff member A hired 12/6/12 did not receive training in safe management techniques 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.)

- 1. Direct care staff member A has been trained in safe management techniques. (see attached training signature sheet)
- 2. Staff and residents have the potential to be affected.
- 3. Staff are receiving the required annual training including Safe Management Techniques and are being tracked by the Staff Scheduler. Annual training is offered through Relias Learning or by a qualified instructor.
- 4. Audits will be monitored by the Staff Scheduler or Personal Care Administrator weekly for two months.

Legal Entity Representative

Signature

Rob Trell, Administrator

Printed Name and Title

1/20/2020

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82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 10:20am the cleaning cart was left unlocked and unattended. The cart contained the following poisonous materials labeled if swallowed contact a poison control center or doctor immediately: clorox bleach germicidal cleaner, clorox urine remover, provon foaming antibacterial handwash, ecolab stain blaster, goo gone and purell hand sanitizer.

All of the residents reside on the memory care unit and are not able to safely handle and identify poisonous materials.

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.)

1. No resident was affected.
2. Residents have the potential to be affected.
3. The housekeeper who left the cleaning cart unlocked and unattended was retrained by her supervisor. (see attached signature sheet)
4. The Housekeeping Director will monitor for ongoing compliance

Legal Entity Representative

Signature

B. Tell, Administrator

Printed Name and Title

1/20/2020

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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1 and #2's glucometer had dried blood on the machine.

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.)

1. The glucometers for residents #1 and #2 were cleaned immediately at the time of inspection.
2. Residents utilizing glucometers have the potential to be affected.
3. Licensed staff and medication technicians have been retrained on proper cleaning of glucometers. All glucometers are cleaned immediately after use by the medication technician. Glucometers are checked again prior to use to ensure they are sanitary. Glucometers will be cleaned weekly on the 11-7 shift.
4. The nursing director will monitor weekly for two month ensuring ongoing compliance.

Legal Entity Representative



Signature

Bob Trell, Administrator

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone located in the dining room did not have the emergency numbers posted on or near the phone.

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 at time of inspection. (See attached photo)

- 1. Emergency numbers have been placed near the phone in the dining room.
- 2. All residents and staff members had the potential to be affected.
- 3. Staff members were educated on the importance of having the emergency numbers posted.
- 4. Personal care administrator or designee is responsible to monitor for ongoing compliance.

Legal Entity Representative

Signature

Bob Tied, Administrator 1/20/2020

Printed Name and Title

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96b - First Aid Location

Regulations

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

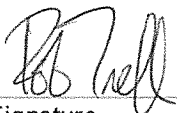
Three direct care staff persons were unable to locate the home's first aid kit upon request.

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.)

- 1. First aid kit is located in the closet at nurse's station. (see attached photo)
- 2. Staff and residents have the potential to be affected.
- 3. Staff persons were re-educated on the location of the first aid kit.
- 4. The nursing director, administrator or designee will remind staff of location during monthly staff meetings to ensure compliance.

Legal Entity Representative



Signature

Bob Trel, Administrator

Printed Name and Title

1/20/2020

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The beds in bedrooms 114 and 116 did not have an operable lamp or other source of lighting placed at bedside.

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.)

- 1. Wall lighting at bedside has been provided in rooms 114 and 116.
- 2. All residents have the potential to be affected.
- 3. Staff will be educated that bedside lighting is required.
- 4. Maintenance staff will monitor lighting at bedside in resident rooms.

Legal Entity Representative



Signature

Rob Trel, Administrator 1/20/2020

Printed Name and Title

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2's PRN 325mg of Tylenol was located in the medication cart but was not a current order.

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.

- 1. Resident #2 has been discharged from the facility. (See attached page)
- 2. Residents have the potential to be affected.
- 3. Licensed nursing staff and medication technicians are being re-educated on the requirement of accuracy with medications. Licensed staff and medication technicians will check their med carts monthly and remove discontinued medications
- 4. Nursing director will monitor for ongoing compliance.

Training was completed on 11-20-2019 as per training documents. 2-21-2020 *ag*

Legal Entity Representative

Bob Tiell

Signature

Bob Tiell, Administrator 1/20/2020

Printed Name and Title

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 3. The date the prescription was issued.

Description of Violation

Resident #2's Lantus and Humalog solostar pens were not initialed by the staff person who opened the pen.

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.)

- 1. The nurse initialed resident #2's insulin pens at the time of inspection.
- 2. Residents who receive multiple doses of insulin have the potential to be affected.
- 3. Licensed staff and medication technicians are being re-educated on the requirement to initial insulin pens.
- 4. The nursing director will monitor to ensure ongoing compliance.

Training was completed on 11-20-2019 as per training documents. 2-21-2020 *ag*

Legal Entity Representative

Signature

Rob Trell

Printed Name and Title

1/20/2020

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.

Description of Violation

Resident #2 requires blood glucose checks four times daily with insulin administered on a sliding scale. On the following dates and times staff did not document the number of insulin units administered on the Medication administration record; staff indicated that insulin was administered but not documented:

11/12/19 at 12:08pm, 4:10pm, and 8:00pm; blood glucose readings of 230, 252, and 286 required insulin administration.

11/14/19 at 12:12pm, 4:30pm, and 8:35pm; blood glucose readings of 330, 207, and 203 required insulin administration.

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.)

1. Resident #2 has been discharged from facility.
2. Residents with sliding scale insulin have the potential to be affected.
3. Licensed staff and diabetic trained medication technicians have been reeducated on administering the correct insulin dosage.
4. The Nursing Director will monitor to ensure ongoing compliance.

Training was completed by 1-20-2020. *ag*

Legal Entity Representative



Signature

Bob Trell, Administrator

Printed Name and Title

1/20/2020

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187d - Follow Prescriber's Orders

Regulations

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for docusate sodium twice daily. On 11/10/19 and 11/11/19 at 8am the medication was held. The home did not have an order to hold the medication.

Resident #1 has an order for blood glucose checks four times daily per a sliding scale. On 11/15/19 at 8pm the blood glucose was 195 and 5 units of insulin was administered. One unit should have been administered per the sliding scale.


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.)

- 1. Resident #2 has been discharged from facility.
- 2. Residents have potential to be affected.
- 3. Licensed staff and medication technicians have been reeducated on the 6 rights of medication administration. Prescriber was contacted to obtain a hold-order for laxatives.
- 4. Nursing director will monitor for ongoing compliance.

Training was completed on 11-20-2019 as per training documents. 2-21-2020 *ag*

Legal Entity Representative

 *Bob Trel Administrator* *1/20/2020*
 Signature Printed Name and Title Date

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231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident # 3 was admitted to the Secure Dementia Care Unit (SDCU) on 9-10-19; however, the resident's medical evaluation was incomplete; the need for the SDCU was not noted.

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.)

- 1. Resident #3 was not affected.
- 2. Newly admitted residents have the potential to be affected.
- 3. Nursing Director was re-educated on the requirement to fully complete the medical evaluation.
- 4. The Personal Care Administrator or designee will monitor for ongoing compliance.

Training was completed on 1-17-2020. *ag*

Legal Entity Representative



Signature

Rob Trel, Administrator 1/20/2020

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Nazareth Memory Center Plan of Correction

231.b.

Resident #3 - [REDACTED] - Room 101 - Admission Date 09/11/2019 - Resident was not affected.

[Handwritten signature]

Rob Telf. Administrator 4/20/2020

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The exit door located next to room 116 was not equipped with a key pad to allow egress from the door. The door was equipped with an electronic card system requiring the use of a swipe card to operate the door. Instructions for operating the electronic card system were not posted near the door, and there was no other means of operating the door without the use of a swipe card.

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.)

Violation has been corrected.

1. A key pad for exiting has been installed at the exit door next to room 116. Instructions for operating are posted next to the door. (see attached photo)
2. All exit doors have the potential to affect residents and staff. No other doors were affected.
3. Staff have been reeducated about the importance of having operational instructions posted.
4. Personal care administrator will ensure directions are posted for ongoing compliance.

Legal Entity Representative



Signature

Bob Tell, Administrator

Printed Name and Title

1/20/2020

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