

Department of Human Services  
Bureau of Human Service Licensing

February 24, 2021

██████████, ADMINISTRATOR  
MARIA JOSEPH MANOR INC  
1707 MONTOUR BLVD.  
DANVILLE, PA 17821

RE: NAZARETH MEMORY CENTER AT  
MARIA JOSEPH  
15 SCHOOLHOUSE ROAD  
DANVILLE, PA, 17821  
LICENSE/COC#: 21115

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2020, 09/03/2020, 09/04/2020, 09/16/2020, 12/04/2020, 12/09/2020, 12/21/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY

Facility Information

Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH      License #: 21115      License Expiration Date: 01/31/2022  
Address : 15 SCHOOLHOUSE ROAD, DANVILLE, PA 17821  
County: MONTOUR      Region: NORTHEAST

Administrator

Name: [REDACTED]      Phone: 5702758701      Email: [REDACTED]

Legal Entity

Name: MARIA JOSEPH MANOR INC  
Address: 1707 MONTOUR BLVD., DANVILLE, PA, 17821  
Phone: 5702758701      Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1      Date: 03/04/2003      Issued By: DOH

Staffing Hours

Resident Support Staff: 0      Total Daily Staff: 36      Waking Staff: 27

Inspection

Type: Partial      Notice: Unannounced      BHA Docket #:  
Reason: Incident      Exit Conference Date: 12/21/2020

Inspection Dates and Department Representative

09/01/2020 - On-Site: [REDACTED]  
09/03/2020 - Off Site: [REDACTED]  
09/04/2020 - Off-Site: [REDACTED]  
09/16/2020 - Off-Site: [REDACTED]  
12/04/2020 - Off-Site: [REDACTED]  
12/09/2020 - Off Site: [REDACTED]  
12/21/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24      Resident Served: 18

Secured Dementia Care Unit

In Home: Yes      Area: Memory Care      Capacity: 24      Residents Served: 18

Hospice

Current Residents: 0

**Resident Demographic Data as of Inspection Dates *(continued)***

**Number of Residents Who:**

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *18*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *18*

Have Physical Disability: *0*

**Inspections / Reviews**

**09/01/2020 Partial**

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/22/2021*

**1/26/2021 - POC Submission**

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/02/2021*

**2/24/2021 - Document Submission**

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Staff notes dated 8/3/2020 indicated that Resident 1's PM medications were crushed and given to [redacted] in [redacted] pudding. Staff notes dated 5/3/2020, indicated that Resident 1's 8am, 12pm, and 2pm medications were crushed and put into [redacted] juice. Medications may only be split or crushed with a physician's order. The MAR was reviewed and did not indicate that the medications may be crushed.

Plan of Correction

Accept

1. Resident #1 was discharged from the facility.
2. All residents who currently reside in the facility have the potential to be affected. All current resident medication will be audited and corrected as needed.
3. Licensed staff and medication technicians will be re-educated on the requirement to follow the prescriber's order regarding crushing vs. not crushing medications. Medications will only be split or crushed when ordered by the prescriber. A quick reference sheet will be placed on the med cart listing medications that cannot be crushed.
4. The Director of Wellness and/or designee will audit medication administration weekly for 4 weeks then monthly for 3 months. Results of the audits will be reviewed during the monthly Quality Management Meeting.

Completion Date: 02/19/2021

Update - 01/26/2021

Immediately and Ongoing:

Each medication that is split/crushed requires a Dr. order. The administrator or designee shall monitor for on-going compliance.

Document Submission

Implemented

Staff have been re-educated.  
 Completed audits are attached.  
 Orders for crushing/cutting meds for all residents are attached.  
 3-month audit continues.

187a - Medication Record

1. Requirements

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Staff member A stated that [redacted] gave Resident 1 [redacted] PRN for Mighty Shake on an unknown day in August 2020 but did not document it on the MAR because [redacted] only had a few sips.

187a - Medication Record (continued)

**Plan of Correction**

**Accept**

1. Resident #1 was discharged from the facility.
2. All residents who currently reside in the facility have the potential to be affected. The Wellness Director provided n-service training on proper Medication Administration Record documentation. with staff member A. Education included - the importance of documenting that the Mighty Shake was given, regardless of the amount consumed by the resident.
3. All licensed staff members and medication technicians will be educated by the Wellness Director on proper documentation of Medication Administration.
4. The Director of Wellness and/or designee will audit medication administration documentation weekly for 4 weeks then monthly for 3 months. Results of the audits will be reviewed during the monthly Quality Management Meeting.

Completion Date: 02/19/2021

**Update - 01/26/2021**

Please send/Attach proof of staff training.

**Document Submission**

**Implemented**

Staff have been re-educated.  
 Completed audits are attached.  
 3-month audit continues.

187c - Refusal of Medication

**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

Resident 1 refused all or some of [redacted] medications 14 days in the month of July 2020. The refusals are required to be reported to the PCP within 24 hours. The home indicated that the medication refusal notifications were stopped after 5/6/2020 due to a discontinue order from the PCP. The order to discontinue notification was for Seroquel and Donepezil refusals only. The PCP should have been notified of the other medications that were refused in July. Docusate sodium on 7/3, 7/5, 7/6, 7/11, 7/13-7/16, 7/18, 7/20, 7/22, 7/26, 7/27, and 7/29/2020. Duloxetine HCL on 7/14, 7/15, 7/18, 7/26, 7/27, and 7/29/2020. Ferrous Sulfate and Furosemide on 7/3, 7/14, 7/15, 7/18, 7/20, 7/27, and 7/29/2020. Meltomin on 7/5, 7/6, 7/11, 7/13-7/16, 7/22, and 7/29/2020. Memantine HCL on 7/3, 7/5, 7/6, 7/11, 7/13- 7/16, 7/22, and 7/29. Morphine sulfate on 7/3, 7/5, 7/6, 7/11, 7/13- 7/16, 7/18, 7/20, 7/22, 7/26, and 7/27. Simvastatin on 7/3, 7/5, 7/6, 7/11, 7/13-7/16, 7/22, and 7/29/2020. Sotalol on 7/3, 7/5, 7/6, 7/11, 7/13-7/16, 7/18, 7/20, 7/22, 7/26, 7/27, and 7/29/2020. Vitamin D on 7/3, 7/14, 7/15, 7/18, 7/20, 7/27, and 7/29/2020.

187c - Refusal of Medication (continued)

**Plan of Correction**

**Accept**

1. Resident #1 was discharged from the facility.
2. All residents who currently reside in the facility that receive medications have the potential to be affected.
3. Licensed staff and medication technicians will be re-educated on the requirement to report all medication refusals to the Primary Care Physician within 24 hours of the refusal.
4. The Director of Wellness and/or designee will audit communication with the Primary Care Physician when medication refusals occur daily for 2 weeks; then weekly for 6 weeks. Results of the audits will be reviewed during the Quality Management Meeting.

Completion Date: 02/19/2021

**Update - 01/26/2021**

Please send/Attach proof of staff training.

**Document Submission**

**Implemented**

Staff have been re-educated.  
 Completed audits are attached.  
 6-week audit continues.

227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

RASP dated 4/16/2020 was not updated to reflect that resident #1 required assistance of 2-3 staff members to be moved. The RASP does not address the need for staff to physically assist Resident 1 with meals. The RASP also did not address the numerous medication and meal refusals of Resident 1. Resident 1 had refused meals or medications on 31 of last 50 days in the home (7/3, 7/5, 7/6, 7/11, 7/13-7/16, 7/18, 7/20, 7/22, 7/26, 7/27-7/29, 8/2- 8/12, 8/14, 8/16, 8/18, and 8/19/2020). Resident 1 lost over 60 pounds from 180.2 lbs on 7/6/2020 to 120.0 lbs on 8/12/2020 as per the home's documentation.

227d - Support Plan Medical/Dental *(continued)*

**Plan of Correction**

**Accept**

1. Resident #1 was discharged from the facility.
2. All residents residing in the facility have the potential to be affected. An audit of current residents Resident Assessment Support Plan (RASP) was completed – RASPs were updated as necessary. A system will be developed to assist staff with tracking meal / supplement refusals. Meal / Supplement refusals will be communicated to the Director of Wellness at the morning meeting for reassessment and alternative interventions, such as referrals to for the resident to outside services if the resident's physician determines the necessity of these services.
3. The Director of Wellness will re-educate Licensed staff and medication technicians on the requirement to properly update the Resident Assessment Support Plan (RASP) as each resident's needs change. The training will also include the developed system for tracking meal / supplement refusals and their communication to the Director of Wellness.
4. The Director of Wellness and/or designee will audit RASP changes and meal / supplement refusals daily for 2 weeks; then weekly for 6 weeks. Results of the audits will be reviewed during the Quality Management Meeting.

Completion Date: 02/19/2021

**Update - 01/26/2021**

Please send/Attach proof of staff training.

**Document Submission**

**Implemented**

Staff have been re-educated.  
 Completed audits are attached.  
 6-week audit continues.