

Department of Human Services  
Bureau of Human Service Licensing

August 25, 2021

[REDACTED] PRESIDENT  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2021 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      **Licen e #:** 21115      **Licen e Expiration Date:** 01/31/2022  
**Addr e :** 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:** 42      **Waking Staff:** 32

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Incident      **Exit Conference Date:** 04/30/2021

**Inspection Dates and Department Representative**

04/30/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 24      **Residents Served:** 21

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Entire Home      **Capacity:** 24      **Residents Served:** 21

**Hospice**

**Current Re ident :** 1

**Number of Residents Who:**

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

## Inspections / Reviews

04/30/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/13/2021*

8/23/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/27/2021*

8/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b4 - Use of Funds

1. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
  - 4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

*On 4/16/21 it was discovered that 10 tablets were missing from resident #1's bottle of Clonazepam. It was determined that agency nurse A admitted to police to taking 10 tablets from the bottle and attempting to hide the theft by altering the quantity of pills listed on the pharmacy label from 30 pills to 20 pills. The medication was delivered to the home by the resident's family member on 4/14/21 and so it was determined that the resident's medication was taken by the agency nurse after the new bottle was delivered to the home.*

Plan of Correction

Accept

- 1) Nazareth Memory Center credited the value of the 10 tablets to the resident's account.
- 2) The agency employing the nurse (Staff Member A) was contacted immediately after the incident. Staff Member A is no longer allowed on facility premises.
- 3) All staff persons have been educated on regulation 20b. Any staff person not abiding by this regulation will be terminated immediately.
- 4) Upon receipt of controlled medications delivered by family members: Step 1- A staff member counts the number of tablets with the family member. The staff member and family member sign the verification form. Step 2- Prior to placing the medication in the narcotic box, two staff members count the medication and sign the verification form.
- 5) Progress will be reviewed at the Quality Management Meeting.
- 6) The controlled medication receipt forms will be audited 2x/week for 4 weeks, weekly for 4 weeks, monthly for 2 months.

Completion Date: 06/30/2021

Update - 07/16/2021

Please send/Attach proof of staff training and credit made to Resident #1's account. 8 23 2021 MM

Document Submission

Implemented

Proof of staff training and credit to resident #1's account attached.

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:
  - 6. Dose.
  - 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

**Description of Violation**

Resident #1's April 2021 medication administration record (MAR) does not include a diagnosis or purpose for the following medications: Acetaminophen, Levothyroxine, Melatonin, Metformin, Simvastatin, Venlafaxine, and Clonazepam.

Resident #1's April 2021 MAR also does not including dose instructions for the medication Clonazepam. The medication bottle's pharmacy label had a sticker affixed to it instructing staff to refer to the medication record for a change but the MAR did not include the dose instructions. The Clonazepam medication order is for 1mg and the MAR should have indicated that two .5mg tablets should be administered once daily at bedtime.

**Plan of Correction**

**Accept**

- 1) The MAR for Resident #1 has been reviewed and corrected.
- 2) Staff persons are reviewing MARs for all residents to ensure accurate documentation.
- 3) Staff persons have been re-educated by the Wellness Director on keeping and maintaining accurate medication records.
- 4) MARs will be audited weekly for 4 weeks by the Director of Wellness or designee to ensure accuracy.
- 5) Progress will be reviewed at the Quality Management Meeting.
- 6) Wellness Director will monitor for ongoing compliance.

Completion Date: 06/30/2021

Update - 07/16/2021

Please send/Attach proof of staff retraining. 8-23-2021 - MM

**Document Submission**

**Implemented**

Proof of staff retraining attached.

187d - Follow Prescriber's Orders

**1. Requirements**

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

**Description of Violation**

Resident #1 has a physician's order for Clonazepam 1mg to be administered once daily at bedtime. On 3/30/21 an error in medication administration occurred when staff person B administered two tablets of Lorazepam to resident #1 at 8pm instead of two .5mg tablets of Clonazepam. The error resulted in resident #1 not receiving the medication Clonazepam at 8pm on 03/30/21.

On 04/15/21 staff person C took two 1mg tablets of Clonazepam from a newly delivered bottle of Clonazepam and administered the two tablets to resident #1. The error resulted in the resident receiving the incorrect dose of Clonazepam on 4/15/21.

187d - Follow Prescriber's Orders *(continued)*

**Plan of Correction**

**Accept**

- 1) Resident #1 is receiving the correct dosage of prescription Clonazepam.
- 2) Re education: Staff member B and staff member C were re educated on medication administration by the Wellness Director.
- 3) Wellness Director observed a med pass by staff member C on 4/16/21
- 4) All medication technicians are being re educated on medication administration.
- 5) To ensure future compliance the Wellness Director or designee will audit the narcotic controlled medication administration 2x/week for 4 weeks, weekly for 4 weeks, monthly for 2 months.

**Completion Date** 06/30/2021

**Update** 07/16/2021

Please send/Attach proof of staff retraining. 8-23-2021 - MM

**Document Submission**

**Implemented**

Proof of staff retraining attached.