

Department of Human Services
Bureau of Human Service Licensing

November 30, 2021

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: MARIA JOSEPH MANOR
1707 MONTOUR BOULEVARD
DANVILLE, PA, 17821
LICENSE/COC#: 20032

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2021, 09/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *MARIA JOSEPH MANOR* License #: *20032* License Expiration Date: *09/30/2021*
Address: *1707 MONTOUR BOULEVARD, DANVILLE, PA 17821*
County: *MONTOUR* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SISTERS OF SAINTS CYRIL AND METHODIUS*
Address: *1707 MONTOUR BOULEVARD, DANVILLE, PA, 17821*
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *04/19/1983* Issued By: *L&IO*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/09/2021*

Inspection Dates and Department Representative

09/08/2021 - On-Site: [REDACTED]
09/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *38*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

09/08/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/16/2021*

10/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/22/2021*

11/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/15/2021*

11/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed [REDACTED] as needed. On 9/9/21 the medication was not available in the home.

Resident #2's [REDACTED] glucometer was not calibrated with the correct date and time.

Plan of Correction**Accept**

Resident #1's [REDACTED] was secured and made available to the resident immediately after inspection. An audit of resident medications will be completed to ensure prescribed medications are available to residents. Upon admission, prescribed medications will be ordered, secured and made available to residents. Medication technicians or licensed staff will ensure this is completed by checking the MAR within 3 hours of admission. PC Nurse Manager or LPN will monitor for ongoing compliance.

Resident #2's glucometer was recalibrated with correct date and time after inspection.

Resident glucometers were checked for correct date and time.

Medication technicians and/or licensed staff will audit resident glucometers daily for 2 weeks, and then weekly for 3 weeks to ensure calibration is being documented correctly. PC Nurse Manager or LPN will monitor for completion.

Progress on storage procedures will be reviewed and discussed during the quarterly personal care Quality Management meeting and the monthly QAPI meeting to ensure compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit a sample of recently completed daily audits for the glucometers.

Please also submit a copy of the completed Medication Audit to verify compliance and demonstrate that all medications that have open orders are actually on hand.

Please show the same work for Resident Glucometer calibrations.

Following the next regularly scheduled Quarterly PC QM Meeting, please send a copy to the Supervisor via the North East Regional Office to attach to this record.

Documentation should be sent in the Portal.

[REDACTED], 10-12-21

Completion Date: 10/29/2021

185a - Implement Storage Procedures (continued)

Document Submission

Not Implemented

Attached are audits, record of training and Agenda for next Quality Management Meeting.

Please send in a copy of COMPLETED Glucometer Audits for review.

AG, 11-7-21

Document Submission

Implemented

Attached are audits, record of training and Agenda for next Quality Management Meeting.

Please send in a copy of COMPLETED Glucometer Audits for review.

█, 11-7-21

Completed audit sheet 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:

Description of Violation

Resident #5 is prescribed a PRN of █. However, resident 5's medication administration record does not indicate if the medication was effective as per the Medication Administration Training Program.

Plan of Correction

Accept

Medication technicians are being retrained on the Medication Administration Program with an emphasis on documenting effectiveness of PRN medications.

PRN medication administration will be audited 2xs a week for 3 weeks, then weekly for 2 weeks by the PC Nurse Manager or LPN.

Progress will be reviewed and discussed during the quarterly personal care Quality Management meeting and the monthly QAPI meeting to ensure compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit a copy of a recently completed Audit of PRN Rx for review.

Following the next regularly scheduled Quarterly PC QM Meeting, please send a copy to the Supervisor via the North East Regional Office to attach to this record.

Documentation should be sent in the Portal.

█, 10-12-21

Completion Date: 10/25/2021

187a - Medication Record (continued)**Document Submission****Not Implemented**

Attached are audits, record of training and Agenda for next Quality Management Meeting.

Please send in a least 1 copy of a COMPLETED Audit for the PRN meds.

■, 11-7-21

Document Submission**Implemented**

Attached are audits, record of training and Agenda for next Quality Management Meeting.

Please send in a least 1 copy of a COMPLETED Audit for the PRN meds.

■, 11-7-21

Completed audit sheet attached.

252 - Record Content**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #3, 4 and 5's record does not include identifying marks.

252 - Record Content (*continued*)**Plan of Correction****Accept**

Resident #3's, #4's and #5's emergency contact sheet were corrected at the time of inspection.

Resident's charts were audited to ensure identifying marks were recorded on the emergency contact sheet if applicable.

Resident's emergency contact sheets are completed at the time of admission. The staff person completing the emergency contact sheet will communicate with care staff to ensure identifying marks are recorded. If there are none, an "NA" will be noted.

The emergency contact sheet will be audited by the PC Nurse Manager or designee on new admissions for the next 3 months.

Progress will be reviewed and discussed during the quarterly personal care Quality Management meeting and the monthly QAPI meeting to ensure compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit a copy of the recently completed Resident Information for Residents' 3, 4 and 5. If there have been any new admissions since the Renewal inspection, please include that Emergency Contact sheet as proof of compliance.

Please include copy of the Staff Signature sheet for the staff training that was conducted.

Following the next regularly scheduled Quarterly PC QM Meeting, please send a copy to the Supervisor via the North East Regional Office to attach to this record.

Documentation should be sent in the Portal.

10-12-21

Completion Date: 10/12/2021

Document Submission**Implemented**

Attached are audits, record of training, resident information sheets and Agenda for next Quality Management Meeting.