

Department of Human Services
Bureau of Human Service Licensing

December 12, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: MARIA HALL
190 MARIA HALL DR., 3RD FLOOR
DANVILLE, PA, 17821
LICENSE/COC#: 21521

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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 HALL* License #: *21521* License Expiration:
Address: *190 MARIA HALL DR., 3RD FLOOR, DANVILLE, PA 17821*
County: *MONTOUR* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MARIA HALL, INC.*
Address: *190 MARIA HALL DRIVE, 3RD FLOOR, DANVILLE, PA, 17821*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/19/2021*

Inspection Dates and Department Representative

10/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/08/2021*

Inspection Dates and Department Representative (*continued*)

10/19/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/08/2021*

10/19/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

103e - Left Overs

Physical Site

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

1 rewrapped package of what was believed to be pork loin was stored in the upright freezer in the home's kitchen. The package was not labeled or dated. Additional Frozen items included a brown package - also not labeled with the contents or dated in the same freezer.

1 rewrapped package of chicken fingers was stored in a clear plastic bag, not marked or dated, in an adjacent upright freezer.

Plan of Correction

Accept

Dietary Supervisor met with the cooks and retrained them on Serve-safe procedures, emphasizing labeling and dating food. Kitchen Supervisor will check freezers periodically, at least once every two weeks. Administrator will also check freezers periodically.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, The Adm will submit evidence of compliance such as any sign in sheets of training or posted/filing sheets of freezer temps the home is maintaining to demonstrate compliance.

Documentation should be sent in the Portal.

█, 12-1-21

Completion Date: 10/20/2021

Correction

Implemented

Posted verification of checks for labeled and dated food in both freezers - attached.

Completion Date: 12/08/2021

107d - Procedure Emergency Management Agency Submission

Physical Site

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home was unable to locate any previous submissions or documentation to the local Emergency Management Agency. The written emergency procedures were not reviewed in 2020 by the Administrator.

Physical Site (continued)

Plan of Correction

Accept

Written emergency procedures were reviewed by the Administrator, and a letter including those procedures was sent to the local Emergency Management Agency on 10/27/21. When the Policy and Procedures Book is reviewed annually by the Administrator, an updated letter will be sent to the Emergency Management Agency.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the letter sent to the Local/County EMA Representative with verification that the letter was received.

Documentation should be sent in the Portal.

█, 12-1-21

Completion Date: 10/27/2021

Correction

Implemented

Copy of Maria Hall's letter to Emergency Management is attached, as well as the reply verifying their receipt of it.

Completion Date: 12/07/2021

124 - Notice to Fire Department

Fire Safety

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home did not review the letter to the local fire department in 2020 to determine that the information previously sent to the fire department was currently accurate.

Plan of Correction

Accept

An updated letter was sent to the local fire department on 10/27/21. When the Policy and Procedures Book is reviewed annually by the Administrator, an updated letter will be sent to the fire department.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the updated letter as evidence of compliance.

Documentation should be sent in the Portal.

AG, 12-1-21

Completion Date: 10/27/2021

Correction

Implemented

Letter to Fire Chief is attached.

Completion Date: 10/27/2021

141a 1-10 Medical Evaluation Information

Resident Health

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1's Initial Medical Evaluation (D.M.E), did not include the Date of Evaluation , Date Form Completed, Immunization History, Health Status or Cognitive Functioning.

Plan of Correction

Accept

The information from the hospital accompanying Resident #1 included this information, but it was not on the D.M.E. In the future, the Director of Resident Care will closely monitor new admissions and their paperwork, and assure necessary information is included or put note on the D.M.E. indicating where it is located.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of a recent example of a Resident's records that was sent out as evidence of compliance.

If no resident has been sent out since the renewal inspection, please sent in a SAMPLE of what a record would look like if a resident did go out to the hospital or local medical provider and needed to have contact information sent along with them for emergency contact purposes.

Documentation should be sent in the Portal.

12-1-21

Completion Date: 10/22/2021

Correction**Implemented**

"Face sheet" with essential information is sent with each Resident for any hospital visit. A copy is attached.

Completion Date: 12/08/2021

225a - Assessment 15 Days

Services

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident # 1 was admitted to the home on [REDACTED]. Prior to admission to the home, the resident had a fall at another facility resulting in forehead sutures and treatment for a fractured wrist. The home was unsure what caused the fall. The assessment section of the home's support plan for resident # 1 completed on [REDACTED], did not assess or develop a plan to prevent possible further falls during the first 15 days, (assessment period) or 30 days after the resident's admission to the home.

Plan of Correction**Accept**

The R.A.S.P. said staff would monitor Resident #1 for falls. In the future, a resident who is admitted as the result of a fall will have a specific plan for fall prevention. Director of Resident Care will monitor this.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the Updated Record as evidence of compliance.

The home will also send in another example of work completed on behalf of a new admission if applicable since the renewal inspection. This will show evidence of compliance.

Documentation should be sent in the Portal.

[REDACTED] 12-1-21

Completion Date: 10/22/2021

Correction**Implemented**

Resident was monitored for falls, and has had no falls since her admission. In addition, her condition has improved, so danger of falls has lessened. Papers are attached. No resident has been admitted since.

Completion Date: 12/08/2021