

Department of Human Services
Bureau of Human Service Licensing

May 2, 2022

[REDACTED], ADMINISTRATOR

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 01/04/2022 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: NAZARETH MEMORY CENTER AT MARIA JOSEPH License #: 21115 License Expiration: 01/31/2023
Address: 15 SCHOOLHOUSE ROAD, DANVILLE, PA 17821
County: MONTOUR Region: NORTHEAST

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 01/04/2022

Inspection Dates and Department Representative

01/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24 Residents Served: 19

Secured Dementia Care Unit

In Home: Yes Area: NA Capacity: 24 Residents Served: 19

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

01/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/11/2022

Inspections / Reviews (*continued*)

03/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/13/2022*

04/01/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/08/2022*

05/02/2022 - Document Submission

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

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/28/2021, staff witness resident #2 hitting resident #1 in the face. No injures were reported, but the home failed to report this allegation of abuse to the Office of Aging.

Plan of Correction

Accept

1. Violation corrected on 2/7/22
2. Wellness Director completed the incident report and sent to DHS on 2/7/22
3. Wellness Director and Administrator re-educated staff about reporting abuse on 2/3/22
4. Administrator will ensure that all suspected abuse is reported in accordance to the Older Adult Protective Service Act.
5. Wellness Director will monitor to make sure there is ongoing compliance and will be reviewed at the Quality Management meeting.

Completion Date: 02/07/2022

Document Submission

Not Implemented

See Attached

Update: 04/01/2022

no documentation for 15a was provided by the home.
AG, 4-1-22

Document Submission

Implemented

See Attached documentation

Update: 05/02/2022

Also please add P 176 of the RCG to the home's PP Manual for abuse reporting and add the handout to the next staff meeting or in service held for ALL STAFF.

AG, 5-2-22.

Please acknowledge by sending in a signature sheet when this component is completed.

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/28/2021, staff witness resident #2 hitting resident #1 in the face. No injures were reported, but the home failed to report this incident to the Department.

Plan of Correction

Accept

1. Violation corrected on 2/7/22

16c - Written Incident Report (continued)

- 2. Wellness Director completed incident report and sent to DHS on 2/7/22
- 3. Wellness Director and Administrator re-educated staff about Incident reporting on 2/3/22.
- 4. Wellness Director and Administrator will monitor to ensure all incidents are reported within 24 hours.
- 5. Wellness Director will monitor to make sure there is ongoing compliance and will be reviewed at the Quality Management meeting.

Completion Date: 02/07/2022

Update: 03/03/2022

please ensure that training covers all 19 events listed in the regulation for all staff.

AG, 3-3-22

Document Submission

Implemented

See Attached

Update: 04/01/2022

handouts reviewed.

AG, 4-1-22

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

It is the home's policy that two staff persons count the narcotic medication at the beginning and end of each shift. On the following dates and times, the home did not count the narcotics per the home's policy as indicated on the Narcotic Count Sheet:

- 12/23/21; at 3pm shift
- 12/31/21; at 7am shift
- 12/23/21; at 3pm shift

Plan of Correction

Accept

- 1. Violation Corrected on 1/4/22
- 2. Wellness Director re-educated Med-Techs and nurses on counting off narcs before and after each shift.
- 3. Wellness Director will monitor narc book twice a week to make sure narcs are being signed off.
- 4. Wellness Director will monitor to make sure there is ongoing compliance and will be reviewed at the Quality Management meeting.

Completion Date: 02/07/2022

Update: 03/03/2022

please include a copy of the updated policy and the staff signature sheet from the training in Step 2.

AG, 3-3-22

Document Submission

Implemented

See Attached

185a - Implement Storage Procedures *(continued)*

Update: 04/01/2022

handouts reviewed.

AG, 4-1-22

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

Resident #2 had several falls from [redacted] to [redacted]. The assessment and support plan for resident #2, dated [redacted], does not indicate the resident has a need for falls. The resident's support plan does not document how this need will be met.

Plan of Correction

Accept

1. Violation Corrected on 1/5/22
2. Resident #2 has been reassessed and the RASP was updated on 1/5/22
3. Wellness Director re-educated staff on importance of updating RASPS
4. Wellness Director will monitor ensuring ongoing compliance. Progress will be reviewed in Quality Management Meeting.

Completion Date: 02/07/2022

Update: 03/03/2022

Please include a copy of the updated RASP or the addendum.

Please include another example of an addendum or RASP update that has occurred since the Renewal inspection as evidence of compliance.

Please include a copy of the handouts used for staff training and the signature sheet.

AG, 3-3-22

Document Submission

Implemented

See Attached

Update: 04/01/2022

handouts reviewed.

AG, 4-1-22