

Department of Human Services
Bureau of Human Service Licensing

March 28, 2022

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

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 03/03/2022 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: *MARIA JOSEPH MANOR* License #: *20032* License Expiration: *09/30/2022*
Address: *1707 MONTOUR BOULEVARD, DANVILLE, PA 17821*
County: *MONTOUR* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5702754221* Email: [REDACTED]

Legal Entity

Name: *SISTERS OF SAINTS CYRIL AND METHODIUS*
Address: *1707 MONTOUR BOULEVARD, DANVILLE, PA, 17821*
Phone: *5702754221* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *04/21/1983* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *03/07/2022*

Inspection Dates and Department Representative

03/03/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

03/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2022*

Inspections / Reviews (*continued*)

03/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/30/2022*

03/28/2022 - 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 02/25/22 an incident of physical and verbal abuse of resident #1 by staff person A was reported by staff person B to the home's administrator. The incident was not reported to the Area Agency on Aging until 03/03/22 when a department representative investigated a complaint regarding the incident.

Plan of Correction

Accept

- 1. Staff Member "C" reported the incident to Staff Member "B" via audio text. Staff Member "B" forwarded the audio text to the home's Scheduler, whom took it to the Administrator.
- 2. Staff was educated on 3/9/22 about reportable incidents and how to report incidents and who to report the incidents to.
- 3. A form was created for staff to fill out when an incident occurs and to notify the Administrator immediately. (see Attachment)
- 4. Violation corrected 3/3/22 at 4:20pm.
- 5. Administrator will contact Area Agency on Aging and report the incident immediately after it is reported to the Administrator.

Completion Date: 03/18/2022

Update: 03/23/2022

Please send/Attach proof of staff training.

Also, include the status of staff person "A" -- 3-23-2022 MM

Document Submission

Implemented

- 1. Staff Person "A" was suspended on 3/3/22 and was able to return back to work on 3/9/22 after completion of investigation.
- 2. Staff Person "A" was trained on Resident Rights and Abuse on 3/8/22, prior to returning back to work.
- 3. Staff Person "A" was given a written warning and advised that if there was any sign of abuse towards a resident [redacted] would be terminated.

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 02/25/21 an incident of physical and verbal abuse of resident #1 by staff person A was reported by staff person B. The home did not immediately develop and implement a plan of supervision or suspend staff person A.

Plan of Correction

Accept

- 1. Violation corrected on 3/3/22.
- 2. Staff Person "A" was suspended on 3/3/22 until investigation of incident was completed.

15b - Supervisor Plan (continued)

3. Administrator will immediately implement a plan of supervision or suspension whenever an alleged abuse is reported.

Completion Date: 03/18/2022

Document Submission

Implemented

Completed

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department’s personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 02/25/21 an incident of physical and verbal abuse of resident #1 by staff person A was reported by staff person B. The home did not immediately submit a plan of supervision or notice of suspension of staff person A to the Department’s regional office.

Plan of Correction

Accept

- 1. Violation corrected on 3/3/22.
- 2. Staff Person “A” was suspended on 3/3/22 until investigation of incident was completed.
- 3. Administrator will immediately implement a plan of supervision or suspension whenever an alleged abuse is reported.
- 4. Administrator will submit plan of supervision or suspension immediately after receiving report of alleged abuse.

Completion Date: 03/18/2022

Document Submission

Implemented

Completed

15d - Resident Abuse-Notification

1. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident’s designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 02/25/21 an incident of physical and verbal abuse of resident #1 by staff person A was reported by staff person B. The home did not immediately notify the resident’s designated person regarding the incident.

Plan of Correction

Accept

- 1. Violation corrected on 3/3/22
- 2. Residents designated person was notified on the incident on 3/3/22.
- 3. Administrator will immediately notify Residents designated person anytime a report of an alleged abuse is reported or the residents rights are violated.

Completion Date: 03/18/2022

15d - Resident Abuse-Notification *(continued)*

Document Submission

Implemented

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 02/25/22 an incident of physical and verbal abuse of resident #1 by staff person A was reported by staff person B to the home’s administrator. The incident was not reported to the Department’s regional office until 03/03/22 when a department representative investigated a complaint regarding the incident.

Plan of Correction

Accept

- 1. Violation corrected 3/3/22*
- 2. Staff was educated on 3/9/22 about reportable incidents and how to report incidents and who to report the incidents to.*
- 3. A form was created for staff to fill out when an incident occurs and to notify the Administrator immediately. (see Attachment)*
- 4. Administrator will contact DHS and report the incident immediately after it is reported to the Administrator.*

Completion Date: *03/18/2022*

Update: *03/23/2022*

Please send/Attach proof of staff training. 3-23-2022 MM

Document Submission

Implemented

See attachment

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 02/25/22 staff person B reported that staff person A was witnessed by staff person C physically and verbally abusing resident #1 during 3rd shift care on 02/25/22. An audio text sent by staff person B describes staff person A as visibly angry and swearing at resident #1 who had fallen to the floor. Staff person A was witnessed attempting to yank resident #1 up by the arm and grabbing the resident’s legs in order to put the resident back into bed.

Plan of Correction

Accept

- 1. Staff Person “A” was suspended on 3/3/22 and was able to return back to work on 3/9/22 after completion of investigation.*
- 2. Staff Person “A” was trained on Resident Rights and Abuse on 3/8/22, prior to returning back to work.*
- 3. Staff Person “A” was given a written warning and advised that if there was any sign of abuse towards a resident*

42b - Abuse (continued)

she would be terminated. (See Attachment)

4. Administrator and Director of Wellness will be supervising staff person "A's" interactions with the Residents ongoing to make sure staff member is not violating the residents rights or showing any sign of abuse to the residents.

Completion Date: 03/18/2022

Update: 03/23/2022

Please send/Attach proof of staff training. 3-23-2022 MM

Document Submission

Implemented

See attachment