

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 27, 2022

[REDACTED], PRESIDENT
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 08/23/2022, 08/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MARIA JOSEPH MANOR License #: 20032 License Expiration: 09/30/2023
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
Phone: [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: 38 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/24/2022

Inspection Dates and Department Representative

08/23/2022 On Site: [REDACTED]
08/24/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 95	Residents Served: 37		
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: 36		
Diagnosed with Mental Illness: 3	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 1	Have Physical Disability: 1		

Inspections / Reviews

08/23/2022 - Full
Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/10/2022

Inspections / Reviews (*continued*)

10/16/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/24/2022

11/21/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/28/2022

12/27/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 2. Complaint procedures.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The quality management review completed on 8/21/21 does not address the review of complaint procedures, licensing violations and resident or family council.

POC Submission

Accept ([redacted] - 10/16/2022)

- 1. Violation correct on 9/1/22
- 2. Template was created for Quality Management Meetings, so that all required periodic review items are addressed.
- 3. Attached is the template that will be used for yearly Quality Management Meetings starting September 2022.

Licensee's Plan Completion Date: 09/09/2022

Implemented ([redacted] - 11/21/2022)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Agency staff member A hired [redacted] Pennsylvania State Police Background Check was completed on [redacted]. The staff member worked unsupervised prior to the background check being completed.

POC Submission

Accept ([redacted] - 10/16/2022)

- 1. Violation corrected 8/6/22
- 2. Background check was completed on [redacted]
- 3. Attached is policy for completion of background check prior to working unsupervised on the floor.
- 4. Scheduler and Administrator will verify background checks are completed within one year of first day working on floor.

Licensee's Plan Completion Date: 09/09/2022

Implemented ([redacted] - 12/27/2022)

124 - Notice to Fire Department

3. 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 notice to the fire department does not include the total capacity of the home and a general layout of the building.

124 Notice to Fire Department (*continued*)**POC Submission**

Accept (█) - 10/16/2022)

1. Violation corrected on 8/24/22
2. Administrator sent corrected fire letter to fire chief on 8/24/22
3. Administrator will update fire chief if there are any changes to building capacity and/or structure.

Licensee's Plan Completion Date: 09/09/2022

Implemented (█) - 11/21/2022)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted from 12/21 7/22 do not have the exact amount of time for evacuation noted on the fire drill log. The persons conducting the fire drill round the number up to the nearest minute.

POC Submission

Accept (█) - 10/16/2022)

1. Violation corrected on 9/1/22
2. Maintenance Director educated staff on how to record a fire drill.
3. Maintenance Supervisor will make sure that exact time, including seconds, are recorded on the fire drill log.
4. Maintenance Director will monitor to ensure continued compliance with the regulation.
5. Attached is fire drill log that maintenance is using effective September 2022.

Licensee's Plan Completion Date: 09/09/2022

Implemented (█) - 11/21/2022)

183a - Original Containers and Injections

5. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

If a resident leaves the home, the staff member will pop the medication for the allotted time frame out of the residents blister pack and put the medication in an envelope. The staff member is removing a medication from its original packaging.

POC Submission

Accept (█) - 10/16/2022)

1. Violation corrected 8/25/22
2. Medication Release Form Template was created on 8/25/22
3. Medication Technician and/or LPN will complete form when resident discharges or leaves on LOA.
4. Medication Technician and/or LPN will sign the medication back in when resident returns from a LOA.
5. Attached is the Medication Release Form template.

183a Original Containers and Injections (continued)

Licensee's Plan Completion Date: 09/09/2022

Implemented () - 11/21/2022)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's () was in the medication cart and it is not a current order.

POC Submission

Accept () - 10/16/2022)

- 1. Violation corrected 8/24/22
- 2. Cart Audit Template was created for auditing purposes.
- 3. Cart Audits will occur monthly. Medication Technician and/or LPN will complete the cart audit and keep record in a binder.
- 4. Nursing Supervisor will audit the binder quarterly to ensure compliance is being maintained.
- 5. Attached is Cart Audit Template

Licensee's Plan Completion Date: 09/09/2022

Implemented () - 11/21/2022)

184b - Labeling OTC/CAM

7. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #1's () did not have the residents name on the bottle.

POC Submission

Accept () - 10/16/2022)

- 1. Violation corrected 8/24/22
- 2. Cart Audit Template was created for auditing purposes.
- 3. Cart Audits will occur monthly. Medication Technician and/or LPN will complete the cart audit and keep record in a binder.
- 4. Nursing Supervisor will audit the binder quarterly to ensure compliance is being maintained.
- 5. Attached is Cart Audit Template

Licensee's Plan Completion Date: 09/09/2022

Implemented () - 11/21/2022)

185a - Implement Storage Procedures

8. 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.

185a - Implement Storage Procedures (continued)**Description of Violation**

Resident #1's [REDACTED] was not available at the time of the inspection.

Resident #2's [REDACTED] was not available at the time of the inspection. The bottle the home had was not the correct dosage.

POC Submission**Accept [REDACTED] - 10/16/2022)**

1. Violation corrected 8/24/22
2. Cart Audit Template was created for auditing purposes.
3. Cart Audits will occur monthly. Medication Technician and/or LPN will complete the cart audit and keep record in a binder.
4. Nursing Supervisor will audit the binder quarterly to ensure compliance is being maintained.
5. Attached is Cart Audit Template

Licensee's Plan Completion Date: 09/09/2022

Implemented [REDACTED] - 11/21/2022)