

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

April 17, 2023

[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 03/09/2023 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] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/09/2023

Inspection Dates and Department Representative

03/09/2023 - 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: 0 Are 60 Years of Age or Older: 36
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/09/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2023

04/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/14/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2023

Inspections / Reviews *(continued)*

04/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/14/2023

04/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

Resident #1 is prescribed Calcium Carbonate 500mg daily at 8:00 am. The MAR indicates the medication was not administered on 11/15/22, 11/26/22, 11/17/22 and 11/18/22. The home did not report the medication errors to the Department.

Resident #2 did not receive the prescribed jardiance daily from 1/28-2/13/23, the prescribed clopidogrel daily from 1/1-1/20/23 and prescribed isosorbide monoit ER from 1/19-1/20/23. The home did not report the medication errors to the Department.

Plan of Correction

Accept (MM - 04/06/2023)

1. violation corrected on 3/10/23
2. Staff were re-educated on incident reporting on 3//14/23
3. Administrator created Medication Administration Form for each shift to complete daily to audit any medications not administered on that shift. The form is to be completed, signed and put in Nursing supervisors mailbox.
4. Nursing supervisor will check the audits daily to make sure that medications not administered are reported.
5. Weekly the nursing supervisor will audit MARs to make sure that all medications are administered and if not administered they are reported.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (MM - 04/17/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff member A hired [REDACTED] and B hired [REDACTED] did not receive training in emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

Plan of Correction

Accept (MM - 04/11/2023)

1. New orientation checklist packet was created by Administrator ([REDACTED]) on 3/10/23
2. Human Resource Director ([REDACTED]) Will go through page 1 of general orientation items at time of 2 day orientation.
3. Admin Assistant /Scheduler ([REDACTED]) and Training staff will train then initial, sign and date pages 2-5 of orientation checklist within the first 40 hours of supervised training.
4. Administrator ([REDACTED]) will sign and date the packet once all training is complete to ensure ongoing compliance.
5. Attached is copy of orientation packet to be completed with every new hire.

65b - Rights/Abuse 40 Hours (*continued*)

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented (MM - 04/17/2023)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

Description of Violation

Direct care staff member A hired 10/19/22 did not complete the Department approved direct care online competency course.

Plan of Correction

Accept (MM - 04/11/2023)

1. New orientation checklist packet was created by Administrator ([REDACTED]) on 3/10/23
2. Human Resource Director ([REDACTED]) will have new hire complete DCS training and competency course on day 2 of orientation.
3. Human Resource Director ([REDACTED]) will print out Certificate and put in Employee File
4. Administrator ([REDACTED]) will sign and date the packet once all training is complete to ensure ongoing compliance.
5. Administrator ([REDACTED]) will audit the employee files of employees that were hired during the month to ensure all required documentation is their file.
6. Attached is copy of orientation packet to be completed with every new hire.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented (MM - 04/17/2023)

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self administered medications from 9/14-9/27/22 prior to the doctor assessing the resident to be able to do so on 9/28/22.

Plan of Correction

Accept (MM - 04/11/2023)

1. Administrator ([REDACTED]) is requiring that all Medical Evaluations be completed by physician prior to admission.
2. Administrator ([REDACTED]) will review DME at time of admission to ensure the form is completed and the physician orders are received.
3. Nursing Supervisor ([REDACTED]) will audit the new resident's chart the day of admission to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/09/2023

181c - Self-administration Assessment (*continued*)*Implemented (MM - 04/17/2023)*

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

The MAR for Resident #1 indicates Buspirone HCL mg, Celecoxib 100mg and Trazadone 100mg are to be administered daily at 8:00pm. Staff did not initial the MAR for each of these medications on 1/24/23 and 1/29/23 at 8:00pm.

Plan of Correction**Accept (MM - 04/06/2023)**

1. violation corrected on 3/10/23

2. Staff were re-educated on incident reporting on 3//14/23

3. Administrator created Medication Administration Form for each shift to complete daily to audit any medications not administered on that shift. The form is to be completed, signed and put in Nursing supervisors mailbox.

4. Nursing supervisor will check the audits daily to make sure that medications not administered are reported.

5. Weekly the nursing supervisor will audit MARs to make sure that all medications are administered and if not administered they are reported.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (MM - 04/17/2023)

187c - Refusal of Medication

6. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

The MAR for Resident #3 indicates they refused Senexon-s 50 mg daily from 10/1/22 to 10/12/22 and from 10/22/22 to 10/31/22. The home did not notify the residents physician of the refusal.

Plan of Correction**Accept (MM - 04/06/2023)**

1. violation corrected on 3/10/23

2. Staff were re-educated on incident reporting on 3//14/23

3. Administrator created Medication Administration Form for each shift to complete daily to audit any medications refused on that shift. The form is to be completed, signed and put in Nursing supervisors mailbox.

4. Nursing supervisor will check the audits daily to make sure that medications refusals are reported.

5. Weekly the nursing supervisor will audit MARs to make sure that all medications are administered and if not administered they are reported.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (MM - 04/17/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Calcium Carbonate 500mg daily at 8:00 am. The medication was not administered on 11/15/22, 11/26/22, 11/17/22 and 11/18/22.

Resident #2 did not receive the prescribed Jardiance 10mg daily from 1/28-2/13/23, the prescribed 75mg clopidogrel daily from 1/1-1/20/23 and the prescribed isosorbide mononit ER 30 mg daily from 1/19-1/20/23.

Plan of Correction**Accept (MM - 04/06/2023)**

1. violation corrected on 3/10/23
2. Staff were re-educated on incident reporting on 3//14/23
3. Administrator created Medication Administration Form for each shift to complete daily to audit any medications not administered on that shift. The form is to be completed, signed and put in Nursing supervisors mailbox.
4. Nursing supervisor will check the audits daily to make sure that medications not administered are reported.
5. Weekly the nursing supervisor will audit MARs to make sure that all medications are administered and if not administered they are reported.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (MM - 04/17/2023)

188b - Medication Error Reporting

8. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Calcium Carbonate 500mg daily at 8:00 am. The medication was not administered on 11/15/22, 11/26/22, 11/17/22 and 11/18/22. The home did not notify the prescriber regarding the medication errors.

Resident #2 did not receive the prescribed Jardiance 10mg daily from 1/28-2/13/23, the prescribed 75mg clopidogrel daily from 1/1-1/20/23 and the prescribed isosorbide mononit ER 30 mg daily from 1/19-1/20/23. The prescriber was not notified regarding the medication errors.

Plan of Correction**Accept (MM - 04/06/2023)**

1. violation corrected on 3/10/23
2. Staff were re-educated on incident reporting on 3//14/23
3. Administrator created Medication Administration Form for each shift to complete daily to audit any medications not administered on that shift. The form is to be completed, signed and put in Nursing supervisors mailbox.
4. Nursing supervisor will check the audits daily to make sure that medications not administered are reported.
5. Weekly the nursing supervisor will audit MARs to make sure that all medications are administered and if not administered they are reported.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (MM - 04/17/2023)