

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

September 22, 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 08/15/2023 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]
Human Services Licensing Supervisor

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: *04/21/1993* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *08/24/2023*

Inspection Dates and Department Representative

08/15/2023 - On [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: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

08/15/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2023*

09/18/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/21/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/22/2023*

Inspections / Reviews (*continued*)

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have posted and available a copy of the 2600 regulations available to the residents, staff, or visitors to the facility.

Plan of Correction

Accept [REDACTED] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. A copy of the 2600 chapter was placed in the binder that holds most recent inspection summary and will be located right inside The Manor's entrance.
3. The copy of the 2600 chapter was physically attached to binder to deter residents from removing it.
4. Administrator will audit monthly to ensure a copy is present.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/22/2023)

25b - Contract Signatures

2. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 was admitted into the home on [REDACTED]/23 and the resident's contract was not signed by the resident until [REDACTED]/23.

Plan of Correction

Accept [REDACTED] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. Community Liaisons position will be responsible for handling all new resident admissions across campus and ensure all required admission paper work has been reviewed and signed.
3. Administrator and Community Liaisons will review new residents monthly and audit resident's records to verify all admissions paperwork is signed.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/22/2023)

51 - Criminal Background Check

3. 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).

51 - Criminal Background Check (continued)

Description of Violation

The home did not have a record that they obtained a State of Pennsylvania Criminal background check on the following employees: Staff persons A, B and C.

Repeat Violation 8/23/22.

Plan of Correction

Accept [redacted] - 09/18/2023)

1. Corrected on 9/15/2023.
2. Criminal background checks found in HR office in a separate labeled background check.
3. Criminal background checks must be requested by our HR department prior to any future employee being assigned an orientation date.
4. Once and orientation date is assigned for a new employee HR and the Administrator will confirm and sign off that a background check has been received and placed in the employee's personal records.
5. Administrator and HR will perform monthly audits to make sure all active employees have a criminal background checks in their employee files.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 09/22/2023)

65e - 12 Hours Annual Training

4. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person "A" [redacted] 15, did not receive 12 hours of required annual training and had a total of 9.75 hours of annual direct care training for training year 2022.

Plan of Correction

Accept [redacted] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. Direct Care staff annual trainings are currently managed by an online training software (Relias), which outlines required trainings.
3. Employee trainings will be audited monthly for completion by LPN-Manager and Administrator to ensure all employees attended scheduled annual trainings.
4. To ensure employees have received annual trainings a physical sign in sheets was created by the Administrator to track each required training.
5. All sign in sheets will be audited the LPN-Manager and the Administrator to verify that all employee has received annual trainings.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 09/22/2023)

65f - Training Topics

5. Requirements

2600.

65f - Training Topics (continued)

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person "A" [REDACTED] -15, did not receive annual training in - Safe Management techniques for training year 2022.

Plan of Correction

Accept [REDACTED] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. Direct Care staff annual trainings are currently managed by an online training software (Relias), which outlines required trainings.
3. Employee trainings will be audited monthly for completion by LPN-Manager and Administrator to ensure all employees attended scheduled annual trainings.
4. To ensure employees have received annual trainings a physical sign in sheets was created by the Administrator to track each required training.
5. All sign in sheets will be audited the LPN-Manager and the Administrator to verify that all employee has received annual trainings.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/22/2023)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person "A" [REDACTED] -15, did not receive annual training in the following topics: Fire safety; Resident Rights and training in the Older Adult Protective Service Act for training year 2022.

Direct care staff person "D" [REDACTED] /21, did not receive annual training in fire safety for training year 2022.

Plan of Correction

Accept [REDACTED] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. Direct Care staff annual trainings are currently managed by an online training software (Relias), which outlines required trainings.
3. Employee trainings will be audited monthly for completion by LPN-Manager and Administrator to ensure all employees attended scheduled annual trainings.
4. To ensure employees have received annual trainings a physical sign in sheets was created by the Administrator to track each required training.
5. All sign in sheets will be audited the LPN-Manager and the Administrator to verify that all employee has received annual trainings.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/22/2023)

102i - Soap Dispenser

7. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

Shared resident bathroom for resident room # 229 was found to have bar soap that was not in a labeled container,

Plan of Correction

Accept [REDACTED] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. Bar soap was removed from resident's bathroom to labeled with resident's full name.
3. Staff re-educated on infectious control and how hygiene products in a shared bathroom must be clearly labeled with the resident's name.
4. Direct Care Staff will perform monthly audits in resident's bathroom while provide direct care and will remove any products that are not properly labeled.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/22/2023)

187a - Medication Record

8. Requirements

2600.

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

Description of Violation

Resident # 2's Humalog insulin that was administered according to scale was not documented on the resident's MAR's.

The home was recording resident #2's blood glucose test results on a log and document on [REDACTED]/23 that 2 units of Humalog insulin was administered at [REDACTED] AM and [REDACTED] PM on the log, not the resident's MAR.

Resident #3's Novolog Insulin administered according to scale the units of medication administered was documented on the resident Blood Glucose testing log and not on the resident #3's MAR. Resident #3 received additional units of Novolog on [REDACTED]/23 1unit of Novolog at [REDACTED] AM and 1 unit of Novolog at [REDACTED] PM. On [REDACTED]/23 the resident received additional Novolog according to scale at [REDACTED] PM and 2 units at [REDACTED] PM. On [REDACTED]/23 1 unit of Novolog was administered at [REDACTED] PM.

Repeat Violation 01/05/23 & 04/06/23.

Plan of Correction

Accept [REDACTED] - 09/18/2023)

1. Violation corrected on 9/15/2023
2. LPN-Manger created training outing proper sliding scale insulin administration and documentation.
3. Med Technician will sign/initial on the MARs as every other PRN medication.
4. LPN-Manager met with each Med Technician and reviewed sliding scale administration and documentation form. Med Technician signed off on 9/13/2023 that they had received training.
5. Administrator and LPN-Manger will audit MARs monthly to make sure sliding scale insulin administration is properly documented.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] 09/22/2023)

187a - Medication Record (*continued*)