

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

March 12, 2024

[REDACTED], ADMINISTRATOR
MARIA JOSEPH MANOR INC
[REDACTED]

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 02/16/2024 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: NAZARETH MEMORY CENTER AT MARIA JOSEPH License #: 21115 License Expiration: 01/31/2025
 Address: 15 SCHOOLHOUSE ROAD, DANVILLE, PA 17821
 County: MONTOUR Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: MARIA JOSEPH MANOR INC
 Address: [REDACTED]
 Phone: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 22 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 02/16/2024

Inspection Dates and Department Representative

02/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 23

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 24 Residents Served: 23

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

02/16/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/08/2024

03/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/08/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/13/2024

Inspections / Reviews *(continued)*

03/12/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The carbon monoxide detector in the spa room contained batteries with a replace date of 12/2016.

Plan of Correction

Directed () - 03/08/2024

1. Violation corrected on 2/16/2024.
2. Maintenance personnel inspected each carbon monoxide detector for date to confirm they were present and legible.
3. All dates will be expressed with the four digit year to eliminate any confusion as to when the detectors were last installed or batteries changed.

Semi-annual audits will be completed by Maintenance personnel to ensure batteries are replaced as needed.

Proposed Overall Completion Date: 03/11/2024

Directed Completion Date: 03/11/2024

Implemented () - 03/08/2024

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Interviews with staff reveal that resident #1 sometimes requires three staff members for assistance with ADLs. Staff specifically noted that three staff members are often needed to transfer resident from their bed into their wheelchair. Additionally, two other residents require two staff members for assistance with ADLs. The remainder of the residents requiring cueing and supervision in the event of an emergency. On 01/26/2024, 01/27/2024 and 01/28/2024, from 11:00pm – 7:00am, three staff members were present in the home, with a census of 23 residents. In the event of an emergency, when evacuation would be necessary, there was not sufficient staffing to safely assist all residents.

Repeat Violation: 01/05/2023

Plan of Correction

Accept () - 03/08/2024

1. Violation corrected on 2/27/2024
2. Resident evaluated and moved to a higher level of care.
3. All residents that requires 2 person assist or more will be fully evaluated and if necessary transferred to a higher level of care. Or additional staff will be put on schedule to accommodate the resident's needs and safety in the event of an emergency.
4. Care plan will be updated with the appropriate transfer or assistance level.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented () - 03/08/2024

60a - Staff/Support Plan (continued)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Residents #2, #3, & #4 each had enabler bars on their beds that were not fastened to the bedframe. They were held in place only by the weight of the mattress.

Plan of Correction

Accept (█) - 03/08/2024

1. Violation corrected on 2/17/2024
2. All enabler bars were secured to resident's bed frames.
3. Weekly audits to be performed to confirm enabler bars are completely secured to resident's bed frames.
4. Care plan will be updated to reflect enabler bars security.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented (█) - 03/08/2024

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

Tweezers were missing from the First Aid kit, which was located in the closet behind the nurse's station.

Plan of Correction

Accept (█) - 03/08/2024

1. Violation corrected on 2/17/2024.
2. First Aid kit was audited to ensure all required medical supplies are present.
3. Monthly audits will be performed on first aid kit and direct care staff. Staff will have inspected and confirm all supplies are present and sign when completed

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented (█) - 03/08/2024

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents #3 & #4 do not have operable lighting available to them at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept () - 03/08/2024)

- 1. Violation corrected on 2/17/2024
- 2. Resident's lights that were damaged or not working were replaced.
- 3. A weekly audit will be performed to ensure all lights are working properly and are accessible by bedside.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented () - 03/08/2024)

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator in the kitchenette had a saucepan with unknown food in it that was not labeled or dated.

Plan of Correction

Accept () 03/08/2024)

- 1. Violation corrected on 2/16/2024
- 2. The Activity department will be tasked with auditing the activity fridge after each cooking activity to ensure leftovers are properly labelled, dated, and covered.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented () - 03/08/2024)

233c - Key-Locking Devices

7. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The locked door to enter the home from the outside patio space did not have instructions of use posted with the keypad.

Plan of Correction

Accept () - 03/08/2024)

- 1. Violation corrected on 2/16/2024
- 2. Instructions were remade and posted by outdoor keypad.
- 3. Quarterly audit will be performed to ensure all lock keypad instructions are still present and are hanging next to the keypad.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented () - 03/08/2024)

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

*Resident #5's case record did not include hair color, eye color, or identifying marks.***Plan of Correction****Accept** ([REDACTED] - 03/08/2024)*1. Violation corrected 2/17/2024**2. Community Liaisons will ensure that residents face sheet include identifying marks such as hair color, eye color, and other unique identifying marks, is documented prior to their admission.**3. Personal Care staff to confirm face sheet is completed when received for residents' chart.***Licensee's Proposed Overall Completion Date:** 03/06/2024**Implemented** [REDACTED] 03/08/2024
