

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

December 17, 2024

[REDACTED]  
SISTERS OF SAINTS CYRIL AND METHODIUS  
[REDACTED]

RE: MARIA JOSEPH MANOR  
1707 MONTOUR BOULEVARD  
DANVILLE, PA, 17821  
LICENSE/COC#: 20032

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: MARIA JOSEPH MANOR License #: 20032 License Expiration: 09/30/2025  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 04/21/1993 Issued By: DLI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 10/22/2024

**Inspection Dates and Department Representative**

10/22/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 95 Residents Served: 42  
 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: 42  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

10/22/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2024

12/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/12/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/11/2024

Inspections / Reviews *(continued)*

12/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2024

12/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

During the kitchen inspection of the home on [REDACTED] the dry food storage area contained a dented #10 can of pumpkin.

Plan of Correction

Accept [REDACTED] - 12/12/2024)

(1) Corrected on [REDACTED] by [REDACTED] General Manager.

(2) Dented can of Pumpkin was removed from inventory and discarded.

(3) [REDACTED] General Manager conducted in-service education with all Manor Staff to re-educate on proper removal of a dented can.

(4) [REDACTED] General Manager will audit foods weekly to ensure that all dented can are removed from [REDACTED] inventory.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 12/17/2024)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

During the initial walkthrough of the home, both the 1st and 2nd floor external dryer vent hose was not fully connected to the vent to the outside of the home.

During the initial walkthrough of the home, the ground area around the 2nd floor dryer had a buildup of lint because the external dryer vent hose was not securely attached to the wall dryer vent hose.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

(1) Corrected on [REDACTED] by Maintenance Supervisor.

(2) The dryer hose was securely reconnected to outside vent using metal clamp.

(3) Maintenance will inspect all dryer vents each month for a duration of 6 months and then quarterly following that period. They will inspect that the dryer hose is properly connected, and that the surrounding area is clear of lint or other combustibles.

(4) Maintenance Staff will initial and date the Manor Dryer Safety Inspection Sheet to confirm that each inspection has been completed.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [REDACTED] - 12/17/2024)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit up from the 1st floor to the rear parking area door was stuck and would not open without an excessive amount of force on it, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept ( [redacted] - 12/12/2024)

(1) Corrected on [redacted] by Maintenance Supervisor.

(2) The Maintenance Supervisor was able to lubricate the door's latching mechanism allowing the door to open and close more freely.

(3) The Maintenance supervisor will inspect all manual doors for functionality each quarter to ensure ease of egress in and out of the facility.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 12/17/2024)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most recent Documentation of Medical Evaluation (DME) for Resident # [redacted] was completed [redacted].

Plan of Correction

Accept ( [redacted] - 12/12/2024)

(1) Corrected on [redacted] by Nursing Manager.

(2) Resident was seen by PCP and a new DME was provided.

(3) The Administrator and Nursing Manager will ensure that all DME and Care Plans are updated annually, and will seek the evaluation of our on campus physician if residents annual appointment is cancelled. This updated care plan will be implemented until a new appointment with PCP is established.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 12/17/2024)

185a - Implement Storage Procedures

5. 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 [redacted] s [redacted] on [redacted] at [redacted] read [redacted] This was recorded incorrectly on the Medication Administration Record (MAR) on [redacted] at [redacted] as [redacted]

Plan of Correction

Accept [redacted] - 12/12/2024)

- (1) Corrected on [redacted] by Nursing Manager.
- (2) Nurse Manager corrected inaccurate entry in PCC to make sure residents' eMARs were accurate and confirmed the proper amount of insulin was administered.
- (3) Nurse Manager and Administrator conducted a staff meeting on [redacted] to review annual inspection deficiencies. During this meeting all Med Techs were met with to be reeducated on the importance of accurate documentation with glucometer readings and sliding scales.
- (4) Nurse Manager and Administrator conducted a staff meeting on [redacted] reeducating on glucometer transcription error and had all med techs attend this meeting.
- (5) Nursing Manager will perform quarterly audits of glucometers, inspecting a weeks worth of entries to ensure accurate documentation.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 12/17/2024)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # [redacted] a bedside mobility device. The Resident Assessment Support Plan (RASP) dated [redacted] does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [redacted] 12/12/2024)

- (1) Corrected on [redacted] by Nursing Manager.
- (2) Nurse Manager reviewed all enabler bars with the residents, POAs, and physicians using the Enabler Bar assessment document. This document will ensure all regulatory guidelines are met and review the following information with each resident; devise to be used, the needs for the device, the intended uses of the device, risks associated with the device, the resident's ability to use the device safely, and if the devise requires an FDA approved cover.
- (3) Nursing Manager and Administrator will ensure that each resident utilizing an enabler bar will have the Enabler Bar Assessment document completed and filed in the resident's care plan.

Licensee's Proposed Overall Completion Date: 12/06/2024

227d - Support Plan Medical/Dental (*continued*)

Implemented ( [REDACTED] - 12/17/2024)