

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

June 9, 2025

[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 03/20/2025 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: NAZARETH MEMORY CENTER AT MARIA JOSEPH License #: 21115 License Expiration: 01/31/2026
 Address: 15 SCHOOLHOUSE ROAD, DANVILLE, PA 17821
 County: MONTOUR Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

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: 03/20/2025

Inspection Dates and Department Representative

03/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 22
 Secured Dementia Care Unit
 In Home: Yes Area: Nazareth MCC Capacity: 24 Residents Served: 22
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

03/20/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/19/2025

05/05/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/19/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/12/2025

Inspections / Reviews (*continued*)

05/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/20/2025

06/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. 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

The contracts for Resident #1, Resident #2, and Resident #3 were not signed by the residents.

Plan of Correction

Accept () - 05/12/2025

1. Corrected on 4/11/2025 by Administrator and Community Liaison.
2. The Administrator and Community Liaison will ensure that all contracts are signed, and that all residents are presented with the chance to make their mark or write their signature.
3. The Administrator and Community Liaison will audit all new admissions monthly to ensure all appropriate signatures are captured during the admission process.
4. If a resident is unable to sign or mark their mark the POA may sign on their behalf and a note will be placed on the contract stating that residents were unable to sign.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 06/09/2025

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The Resident Rights and contract were not signed for Resident #1, Resident #2, and Resident #3.

Plan of Correction

Accept () - 05/12/2025

1. Corrected on 4/11/2025 by Administrator and Community Liaison.
2. The Administrator and Community Liaison updated resident contracts to include signature lines immediately following our review of Resident Rights. This will ensure all residents and families are aware of their rights and exactly which page to reference in their contracts.
3. The Administrator and Community Liaison will ensure that all contracts are signed, and residents are presented with the chance to make their mark.
4. The Administrator and Community Liaison will audit all new admission monthly to ensure all appropriate signatures are captured during the admission process.
5. If Resident is unable to make their mark the POA may sign on their behalf and a note will be placed on their contract stating such and will be dated and initial by POA.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 06/09/2025

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately, 9:25 a.m., two 8 oz. bottles of shampoo and body wash were observed unlocked and accessible to memory care residents. Items were found stored in an unlocked drawer in the men's main hallway bathroom. The bottles had a warning for external use only.

Plan of Correction

Accept (█ - 05/12/2025)

1. Corrected on 4/14/2025 by Administrator and Nursing Manager.
2. The Administrator and Nursing Manager met with staff to review safety policies regarding all poisonous materials or substances and how they must be locked away when not being used.
3. Administrator and Nurse Manager led Personal Care staff through a training ,review proper handling and storage of toxic and poisonous materials. Training instructed Staff to completely inspect the resident's room for any toxic or poisonous materials and if found, must be locked away before leaving the resident's room.
4. The Administrator and Nursing Manger will also review these trainings on poisonous materials during our monthly staff meeting on 4/24/2025.
5. The Administrator and Nurse Manager will inspect all residents' rooms daily for two weeks looking for toxic or poisonous substances. If none are found, the Administrator and Nurse Manager will step down to monthly audits. If any toxic substances are found daily audits will resume until successfully proving two weeks with no infractions. Audits will be documented and kept at the nursing station.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented (█ - 06/09/2025)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At approximately 9:22 a.m. the menus were posted through 3-22-25.

Plan of Correction

Accept (█ - 05/12/2025)

1. Corrected on 4/11/2025 by Dietary Manager and Administrator and two weeks on menus were hung on our resident's communication board.
2. The Dietary Manager will audit every Monday that menus are hanging at resident communication board menus stating the specific food being served at each meal shall be prepared 2 weeks in advance. Weekly menus shall be posted 2 weeks in advance in a conspicuous place and publicly displayed by our main nursing station communication board.
3. The Dietary Manager will be tasked with weekly audits to ensure two weeks' worth of menus are always present. Audit will be kept by the Dietary manager document that date and staff member who updated the menus.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented (█ - 06/09/2025)