

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

June 13, 2025

[REDACTED]
MARIA HALL, INC.
[REDACTED]
[REDACTED]

RE: MARIA HALL
190 MARIA HALL DR., 3RD FLOOR
DANVILLE, PA, 17821
LICENSE/COC#: 21521

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2025 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: MARIA HALL License #: 21521 License Expiration: 11/08/2025
 Address: 190 MARIA HALL DR., 3RD FLOOR, DANVILLE, PA 17821
 County: MONTOUR Region: NORTHEAST

Administrator

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

Legal Entity

Name: MARIA HALL, INC.
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/05/1998 Issued By: L&I
 Type: I-2 Date: 05/24/2018 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 04/10/2025

Inspection Dates and Department Representative

04/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 36 Residents Served: 14
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 14
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

04/10/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/11/2025

Inspections / Reviews (*continued*)

05/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/03/2025

06/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/11/2025

06/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2025

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

On [REDACTED], Resident [REDACTED] fell, was sent to the hospital and admitted for treatment of a [REDACTED]. The home did not report this incident to the Department until [REDACTED].

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 06/09/2025)

A. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, on April 11, 2025, the Administrator and Director of Resident Care reviewed resident incidents in the facility from Nov. 2024 to April 2025 to determine whether those requiring reporting had been reported.

B. Also on April 11, 2025, the DRC and Administrator reviewed the Pennsylvania Code for Personal Care Homes, 2600.16, (a) through (e) to ensure ongoing compliance.

C. Starting April 21, 2025, the Director of Resident Care reviewed all resident incidents in 2025. From May and into 2026, the Director of Resident Care will audit resident incidents as they happen to assure that those reportable are reported in a timely fashion. The Administrator will verify accounting at the monthly Quality Assurance meetings, starting with the June meeting on June 11, 2025.

Licensee's Proposed Overall Completion Date: 06/02/2025

Implemented [REDACTED] - 06/13/2025)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] four bottles of [REDACTED] and one bottle of [REDACTED] was was unlocked, unattended, and accessible on the counter of the employee kitchenette. The door to the employee kitchenette was standing open with these medications in visible from outside of the unattended room.

Repeat Violation: [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 06/09/2025)

A. On April 10, 2025, the Director of Resident Care removed the five bottles of over the counter medications from

183b - Meds and Syringes Locked (continued)

the counter in the kitchenette and placed them in a cabinet in the Medication Room.

B. On April 11 the Director of Resident Care inspected the Personal Care Home (resident rooms and rooms that are open and accessible to the residents) and found no other medications, whether prescription or over the counter medication, left in the open for anyone to access.

C. Beginning May 1, 2025, the Director of Resident Care or designee will perform a random monthly audit of the Personal Care Home (resident rooms and open rooms) to check for medications (prescription and over the counter medications) that are accessible to residents and others. If any medications are found in the open, the DRC or designee will remove them, place them in the resident's locked box/drawer, or place them in a cabinet in the Medication Room.

D. From April 21-25, 2025, the DRC retrained staff to be alert to prescription and over the counter medications that are improperly placed (in the open, in resident rooms, or in open rooms). If staff find medications in any of those places, they will secure the medication, and then observe the resident lock it in [REDACTED] locked box or drawer with a reminder to secure the medication properly. If a medication is found in an open room, staff will secure the item in a cabinet in the Medication Room. In all cases, once the medication is secured, staff report to the DRC what was found, where, and how it was taken care of. Staff watching for unsecured medications is ongoing, with no ending date. When necessary, the DRC or Administrator will remind the resident in whose room the unsecured meds were found of the necessity of securing [REDACTED] meds.

E. The Director of Resident Care will share the results of the inspections at the monthly Quality Assurance meetings, beginning with the June meeting on June 11, 2025.

Licensee's Proposed Overall Completion Date: 06/02/2025

Implemented [REDACTED] - 06/13/2025)