

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

October 1, 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 07/10/2025, 07/14/2025 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: 03/26/1998 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 07/10/2025

Inspection Dates and Department Representative

07/10/2025 - On-Site: [REDACTED]
 07/14/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 36 Residents Served: 16
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

07/10/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/10/2025

Inspections / Reviews *(continued)*

08/25/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/30/2025
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/01/2025

09/09/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/30/2025
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 09/30/2025

10/01/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/30/2025
Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] an incident report was completed by the home reporting allegations that Staff Person A pushed back Resident [REDACTED] head while administering [REDACTED] to the resident on [REDACTED] at approximately 5:00 a.m. However, this allegation of abuse was not immediately reported to the Area Agency on Aging and an Act 13 form was not completed by the home.

Plan of Correction

Accept [REDACTED] - 09/09/2025)

The Administrator admits to not reporting the incident in the required timeline. IMMEDIATE ACTION: June 30, 2025, at 3 p.m. the Administrator left a voicemail message at the Area Agency on Agency. On August 3, 2025, the Administrator filed the Act-13 Mandatory Abuse Report with the Area Agency on Aging in Bloomsburg, PA. FURTHER ACTION: August 5, 2025: Administrator refamiliarized self with Title 55, governing Chapter 2600. PREVENTATIVE ACTION: On August 15, 2025: The administrative Team developed a comprehensive plan addressing abuse allegations. The plan includes training, prevention, identification, investigation, protection, reporting, and chain of command.

August 30, 202: Administrator implemented daily monitoring, staff adherence and measurable outcomes with respect to the implementation of the comprehensive compliance plan. The implemented plan will be followed, modified, and measured by all direct care staff. Duration and frequency of the monitoring, assuring direct care staff adherence, and obtaining measurable outcomes (both quantitative and qualitative) will be collected via observations and daily shift reports (7 a.m., 3 p.m., 11 p.m.), and measurable outcomes validated by monthly quality assurance/management audits performed by either Administrator or Director of Resident Care.

This preventative comprehensive compliance policy will serve to reduce or eliminate the chance of this violation recurring; the monitoring is sustainable and realistic.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [REDACTED] - 10/01/2025)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] an allegation of abuse was made against Staff Person A by Resident [REDACTED]. The home did not immediately suspend the staff member or develop and implement a plan of supervision for the staff member.

Plan of Correction

Accept [REDACTED] - 09/09/2025)

The Administrator is responsible for suspending and/or devising a plan of supervision. IMMEDIATE ACTION: Having assured the Resident's safety, the Administrator informed the Department, Area Agency on Aging by leaving a voicemail, and the Resident's responsible party of the allegation on June 30.

15b Supervisor Plan (continued)

On July 1 [redacted] Administrator conducted an internal investigation, meeting with the Resident and [redacted] responsible party (Religious Superior).

ACTION: July 10 the staff person was placed on a plan of supervision, effective for at least 2 weeks. In addition, [redacted] was retrained in Resident Rights, the Older Adults Protective Services Act, and Care of Residents with Dementia and Other Cognitive Impairments.

MONITORING, MEASURING, & CONTINUING ACTION: Administrator provided staff retraining beginning July 5, and will continue to have semi annual retraining on Abuse Prevention, Reporting Procedures, and Resident Rights, reinforcing topics included in the BHS required annual 12 hours of education and training. New hires will receive this training initially during their first 40 hours of employment.

This ongoing policy/intervention will serve to reduce or eliminate the chances of this violation happening again, while monitoring in a sustainable and realistic manner.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented ([redacted] 10/01/2025)

15c - Supervision

3. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted] an allegation of abuse involving Staff Person A was reported by Resident [redacted]. Staff Person A continued to work in the home between [redacted] and [redacted] and was not suspended/placed on a plan of supervision.

Plan of Correction

Accept ([redacted] - 09/09/2025)

The Administrator is responsible for suspending the staff member and/or implementing a plan of supervision. An allegation of abuse is a serious matter, and must be dealt with appropriately. After ensuring the Resident's safety, the Administrator notified the Bureau of Human Services and the Area Agency on Aging (left phone message on June 30. ACT 13 Form was submitted on Aug. 3.

ACTION: Administrator conducted a thorough investigation on July 1, meeting with the Resident and [redacted] responsible party. Because of the early hour of the alleged incident, there were no witnesses; the other staff person on duty was questioned but had neither heard nor seen anything out of the ordinary.

The plan of supervision was approved and implemented on July 10. In addition, the staff member was retrained in Resident Rights, the Older Adults Protective Services Act, and Care of Residents with Dementia and Other Cognitive Impairments.

PREVENTATIVE ACTION: August 26, 2025: Administrator established semi annual reeducation/retraining on Abuse Prevention, Reporting Procedures, and Resident Rights, reinforcing these topics required in the annual 12 hours of training. new hires are trained in these topics during the first 40 hours of employment. Supervision of staff by Director of Resident Care is ongoing, to ensure Resident Rights s and Safety are observed.

This ongoing policy/intervention/supervision will serve to reduce or eliminate the chances of this violation happening again, while the monitoring is sustainable and realistic.

15c - Supervision (continued)

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] - 10/01/2025)

16c - Written Incident Report

4. 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] an allegation of abuse occurring at approximately 5:00 a.m. was reported by Resident [REDACTED]. The home did not report this incident to the Department of Human Services until [REDACTED] at 7:00 p.m.

Plan of Correction

Accept [REDACTED] - 09/09/2025)

Administrator notified the Department and Area Agency on Aging more than 24 hours after the alleged incident.

IMMEDIATE SOLUTION: August 12, 2025: Administrative team created a facility policy and procedure for notifying the appropriate person/Agency when a reportable incident occurs. The policy establishes a Chain of Command protocol for direct care staff, as well as a timeline for notification of proper person, and ACCEPTABLE and UNACCEPTABLE means of notification.

This facility policy/procedure is now posted in the Med Room where it will be a constant reminder, monitored at shift changes, and reinforced at monthly staff meetings and semiannually during retraining. By September 15, 2025, all staff will have read and signed this policy. Effectiveness of this preventative action will be MEASURED BY: reduction/elimination of this violation.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [REDACTED] - 10/01/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The resident did not have a medical evaluation completed in the year 2025.

Plan of Correction

Accept [REDACTED] - 09/09/2025)

Administrator is responsible for assuring documentation is completed on time.

ACTION: On August 4, 2025 Resident was scheduled for [REDACTED] annual Medical Evaluation; appointment is September 8, 2025.

SOLUTION: August 1, 2025: Director of Resident Care created and will be the party responsible for maintaining a sustainable tracking system listing monthly periodic audits, staff documentation, and training to reduce or eliminate the recurrence of this violation, a sustainable and realistic approach. The tracking system is reviewed weekly by

141b1 Annual Medical Evaluation (continued)

staff and DRC, and was implemented on creation on August 1, 2025.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented (█ - 10/01/2025)

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

Description of Violation

On █ at 12:00 p.m., Staff Person B did not verify the correct dosage of █ was given to Resident █, who requires this assistance to take the medication. Staff Person B administered Resident █'s █ to Resident █ who has an order for █ of the medication to be administered three times daily at 8:00 a.m. 12:00 p.m. and 8:00 p.m.

Plan of Correction

Accept █ - 09/09/2025)

July 9, 2025, Med Tech, in this case Staff Person B, was responsible for dispensing the right dose, time, date, route, documentation to the right person.

IMMEDIATE ACTION on July 9, 2025: Staff Person B immediately reported to the Resident, the Resident's responsible party, the prescriber of the medication, and the Administrator. Staff Person B documented medication error and the prescriber's response.

IMMEDIATE SOLUTION: Effective 7/9/2025: Director or Resident Care or designee reeducated all Med Techs/LPNs on facility's policy on Medication Administration in accordance with PA Code Title 55 Public Welfare Chapter 2600 (Personal Care Homes).

Effective 7/9/2025 nurses were observed by Director of Resident Care or designee during med pass . Staff were reminded to follow the policy on verifying medication and orders, and accurately dispensing medications. No other facility Resident was affected by the error.

Beginning July 9, 2025, staff were in serviced on the facility's policy on Medication Administration, checking medication with physician order/MAR before giving medication. Also in July the Administrative Team began updating the Quality Assurance plan to monitor facility performance to insure corrections are achieved. Updating is ongoing as new situations arise. The Director of Resident Care implemented a quality assurance tool for monitoring the administration of medication on July 11.

These actions/implementations and documentation are ongoing on a daily basis, by all licensed/certified medication dispensing staff at each and every med pass on each and every shift every day and were implemented 7/9/2025. This will serve to reduce or eliminate the recurrence of this violation , while monitoring with a sustainable and realistic approach.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented █ - 10/01/2025)

187d - Follow Prescriber's Orders

7. Requirements

187d - Follow Prescriber's Orders (continued)

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] capsules 3 times daily at 8:00 a.m., 12:00 p.m. and 8:00 p.m. However, Resident [redacted] was administered Resident [redacted] order [redacted] by Staff Person B on [redacted] during the 8:00 a.m. or 12:00 p.m. administration.

Plan of Correction

Accept [redacted] - 09/09/2025)

Responsible party: Staff Member B, Med Tech.

ACTION TAKEN: Staff Member B informed Resident of the error, assessed the Resident for adverse reaction, and notified the physician (by fax), the Resident's responsible party, and the Administrator verbally.

OUTCOME of immediate action revealed no adverse effect with regard to Resident as documented. Staff Member B was reeducated on the 7 Rights of Medication Administration, Med Tech communication, notifying physician via phone call, and Administrator. Med Tech explained med error to Resident, and documented it in Resident's chart.

PREVENTATIVE ACTION: 7/10/2025: Administrator posted 7 Medication Rights (right person, right medication, right dose, right time, right route, right reason, right documentation) in Med Room for reinforcement for every staff member who administers meds. After reading it, each staff member signed on Aug. 7, 2025 that [redacted] had done so.

FURTHER PREVENTATIVE ACTION TARGET DATE 9/20/2025: Administrator adds medication administration and safety videos for staff to watch as part of their required continuing education.

This plan of correction is measurable by a decrease in med errors. And because it is done daily and reinforced periodically, it is sustainable and realistic..

Licensee's Proposed Overall Completion Date: 09/20/2025

Implemented [redacted] - 10/01/2025)

190a - Completion Medication Course

8. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A passes medications in the home, completed the last annual practicum on [redacted], and was originally qualified to pass medications on [redacted]. The staff member completed one medication observation and MAR review on [redacted] and completed an additional two medication observations and MAR reviews on [redacted] which were not completed within 60 days of the original annual practicum due date. The staff member has not successfully completed the Department-approved medications administration course and has administered medications to residents of the home since the certification expired.

Plan of Correction

Accept [redacted] - 09/09/2025)

Administrator is responsible for assuring proper certification.

ACTION: Aug. 12, 2025 Administrator met with [redacted] Administrator of [redacted] a facility sponsored by the same Congregation, and [redacted] the Train-the-Trainer at that facility.

190a - Completion Medication Course (continued)

Aug. 15, 2025: Administrator began the process for [REDACTED] to operate as Med Administration trainer at this facility to assure the Med Techs are certified. Because [REDACTED] certification is from Temple, they must approve the added facility.

SPREVENTATIVE ACTION: Sept. 25, 2025: Target date for recertification to be in place.

Conscientious use of tracking tool devised by Director or Resident Care for Resident documentation and staff training will reduce or eliminate the recurrence of this violation.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] - 10/01/2025)