

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

November 3, 2025

[REDACTED]
SISTERS OF SAINTS CYRIL AND METHODIUS
[REDACTED]
[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 09/25/2025 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 JOSEPH MANOR License #: 20032 License Expiration: 09/30/2026
 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 35 Waking Staff: 26

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/25/2025

Inspection Dates and Department Representative

09/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 95 Residents Served: 35
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

09/25/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/10/2025

10/16/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/31/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/21/2025

Inspections / Reviews *(continued)*

10/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

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 resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 10/10/2025)

1. Corrected on 10/3/2025 by Administrator and Community Liaison.
2. The Administrator and Community Liaison will ensure that all resident admission contracts are signed and that each resident is provided the opportunity to sign or make their mark on the contract at the time of admission.
3. The Administrator and Community Liaison will audit all new admissions monthly to verify that all required signatures or marks have been properly obtained and documented 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: 10/09/2025

Implemented [REDACTED] - 11/03/2025)

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management meeting held on [REDACTED] did not include a review of the following required topics: The reportable incident and condition reporting procedures, complaint procedures, or staff training.

Plan of Correction

Accept [REDACTED] - 10/16/2025)

1. Corrected on 10/5/2025 by Administrator.
2. The Administrator revised the Quality Management Plan to ensure it incorporates all required topics outlined in 55 Pa. Code § 2600.16(b).
3. Revised Quality Management Plan was reviewed and approved by Maria Joseph leadership to ensure ongoing monitoring and implementation of corrective actions.
4. The Administrator will monitor the status of the Quality Management Plan through the campus QAPI Committee. The plan will be reviewed and updated quarterly to maintain compliance and ensure continuous quality improvement.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [REDACTED] - 10/23/2025)

28f - Resident's Funds and 30-day Refund

3. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident [redacted] was discharged on [redacted]. The home did not issue a refund to the resident's estate until [redacted].

Plan of Correction

Accept [redacted] - 10/16/2025)

1. Corrected on 10/6/2025 by Administrator and Business Office Manager.
2. Resident refunds will no longer be processed through third-party billing services. All refunds will be issued internally by Maria Joseph Manor to ensure compliance with the 30-day refund requirement following discharge.
3. Upon receipt of a discharge notice, the Business Office Manager will create an Outlook reminder to complete the refund within 20 days, allowing adequate time to meet the 30-day compliance deadline.
4. The Business Office Manager will conduct a monthly audit in PCC to verify that all discharged residents have received refunds within the regulated timeframe. Audit results will be reviewed during the monthly QAPI meeting to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [redacted] - 10/28/2025)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive orientation in the topics required by this regulation until [redacted].

Plan of Correction

Accept [redacted] - 10/16/2025)

1. Corrected on 10/3/2025 by Administrator and HR Director
2. Human Resources Director updated all new hire orientation materials to ensure that Fire Safety training is provided prior to or within the first 24 hours of employment, as required by 55 Pa. Code § 2600.65(a).
3. Orientation materials were restructured and organized by HR Director to ensure that all required topics are clearly presented and can be easily followed by trainers and new staff to maintain compliance.

65a FS Orientation 1st Day (continued)

4. HR Director will conduct an orientation audit following each session to verify that Fire Safety training was completed prior to or within the first day of employment. Audit results will be reviewed with the Administrator during monthly QAPI meetings to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [REDACTED] 11/03/2025)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.

Description of Violation

Staff person A did not receive training in the emergency medical plan within 40 scheduled working hours.

Plan of Correction

Accept [REDACTED] - 10/16/2025)

- 1. Corrected on 10/3/2025 by Administrator and HR Director
- 2. HR Director updated onboarding materials to ensure that the Emergency Medical Plan training is completed within the first 40 scheduled working hours, in accordance with 55 Pa. Code § 2600.65(b)
- 3. Human Resources Director will conduct audits following each orientation to verify that Emergency Medical Plan training has been completed within the required 40 scheduled working hours. Audit results will be reviewed with the Administrator during monthly QAPI meetings to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [REDACTED] - 11/03/2025)

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person D, hired on [REDACTED], did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 10/16/2025)

- 1. Corrected on 9/26/2025 by Administrator and HR Director.
- 2. HR dismissed staff from the floor and was removed from the schedule until completion of the required Direct Care Staff Training and Competency course.
- 3. HR Department received confirmation that the staff member successfully completed the course and provided a copy of the Direct Care Staff Training and Competency Test Certificate, which was placed in the employee's

65d - Initial Direct Care Training (continued)

personnel file.

4. HR Director will audit onboarding documentation using the established onboarding checklist to ensure that all required credentials and training certificates are obtained prior to any employee being scheduled to work on the floor

5. HR Department will ensure that a completed onboarding checklist is maintained in each employee's personnel file as verification of compliance.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [redacted] - 10/28/2025)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Staff persons B and C did not receive training in Emergency preparedness procedures, resident rights, the Older Adult Protective Services Act, or falls and accident prevention during training year 2024.

Plan of Correction

Accept [redacted] - 10/16/2025)

- 1. Corrected on 10/3/2025 by Administrator and HR Director
- 2. HR Director updated the onboarding and annual training materials to ensure that Emergency Preparedness, Resident Rights, the Older Adult Protective Services Act, and Falls and Accident Prevention are included in the annual training curriculum.
- 3. HR Director will conduct audits following each orientation and annual training cycle to verify completion of all required trainings. Audit results will be reviewed with the Administrator during monthly QAPI meetings to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [redacted] - 11/03/2025)

65i - Training Record

8. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for 2024 for staff persons B and C does not include the source of the training or the length of each course.

Plan of Correction

Accept [redacted] - 10/16/2025)

- 1. Corrected by Administrator and LPN Manager on 10/6/2025.
- 2. Administrator revised all annual training documentation by adopting the DHS Record of Training format,

65i - Training Record (continued)

ensuring that each record includes the training source, content, and length of session, as required under 55 Pa. Code § 2600.65.

3. Administrator will conduct audits following each annual training session to verify that the correct DHS documentation was used and that all required information—training source, content, and duration—is accurately recorded. Audit findings will be reviewed during monthly QAPI meetings to ensure continued compliance

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [redacted] - 11/03/2025)

86b - Bathroom

9. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At approximately 9:35 a.m. the women's bathroom next to the dining area did not have a window or operable ventilation fan. The ceiling vent fan was inoperable and there is no window in the bathroom.

Plan of Correction

Accept [redacted] - 10/10/2025)

1. Corrected on 10/6/2025 by Maintenance supervisor.
2. Maintenance Supervisor inspected all rooftop ventilation fans and identified motors requiring replacement to ensure proper air circulation and equipment function.
3. Maintenance supervisor inspected all roof top ventilations fans and numbered to provide clear identification and streamline future maintenance and inspection tracking.
4. Fan motors were replaced, and the Maintenance Supervisor will conduct quarterly inspections of all rooftop ventilation fans to ensure continued safe and proper operation. Inspection results will be documented and reviewed with the Administrator during QAPI meetings to maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented [redacted] - 10/28/2025)