

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

March 23, 2026

[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 02/04/2026 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: *11/08/2026*
 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*
 Type: *I-1* Date: *05/24/2018* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/04/2026*

Inspection Dates and Department Representative

02/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *36* Residents Served: *17*
 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: *17*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

02/04/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/28/2026*

Inspections / Reviews (*continued*)

02/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/05/2026

03/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2026

03/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 9:05 a.m., Resident [redacted] had a bed enabler that was held in place by the weight of the mattress and was not securely fastened to the bed frame.

Plan of Correction

Directed [redacted] - 03/04/2026)

The Director of Resident Care immediately notified Maintenance about securing the bed enabler, and then had them check the others as well. All were secured within 48 hours. In the future, when an enabler is prescribed and installed, the DRC will make sure it is properly secured. In addition, checking the security of enablers has been added to the periodic maintenance of assistive devices that is done by nursing staff.

Proposed Overall Completion Date: 03/02/2026

Directed: In addition to the above plan of correction, the periodic checks by maintenance on assistive devices will be completed at a minimum of every week. These checks will be documented with the date, person completing the check, room number of the device checked, issues identified if any, and corrective actions taken if any.

Directed Completion Date: 03/20/2026

Implemented [redacted] - 03/23/2026)

121a - Unobstructed Egress

2. 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

At 9:39 a.m., the rear south side stairwell exit door would not open without use of excessive force potentially preventing an escape in the event of an emergency.

Plan of Correction

Directed [redacted] - 03/04/2026)

The immediate solution was lubricating spray between the doors, applied by Maintenance. When that was used, the ice between the doors melted, and they opened. The Administrator has added checking the doors to the periodic maintenance done by Maintenance staff. When there is snow and/or freezing rain, they will perform additional checks. Administrator will verify checks with Maintenance.

Proposed Overall Completion Date: 03/02/2026

Directed: In addition to the above plan of correction, the periodic checks by maintenance on all exits will be completed at a minimum of every week. These checks will be documented with the date, person

121a - Unobstructed Egress (continued)

completing the check, exit door checked, issues identified if any, and corrective actions taken if any.

Directed Completion Date: 03/20/2026

Implemented (█ - 03/23/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident █ medical evaluation dated █ did not include the residents' Cognitive Functioning.

Plan of Correction

Accept █ 03/04/2026)

The Director of Resident Care checked the Resident's DME for completeness by 2/26/26; cognitive functioning is now completed. In the future, when the DME comes back form the physician, the DRC will verify that all information has been completed.

Proposed Overall Completion Date: 03/02/2026

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented █ - 03/18/2026)