

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

March 18, 2026

[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 02/12/2026 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: NAZARETH MEMORY CENTER AT MARIA JOSEPH License #: 21115 License Expiration: 01/31/2027
 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: 20 Total Daily Staff: 64 Waking Staff: 48

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 02/12/2026

Inspection Dates and Department Representative

02/12/2026 - 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: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

02/12/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2026

03/10/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/17/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/17/2026

Inspections / Reviews *(continued)*

03/18/2026 - 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 approximately 2:07 p.m., the enabler bar on the side of resident 1's bed was not firmly secured. The enabler bar was approximately two to three inches from the mattress, and the bar moved approximately two to three inches back and forth.

Plan of Correction

Accept (█ - 03/10/2026)

1. Corrected on 2/16/2026 by Maintenance Supervisor.
2. The Administrator and Maintenance Supervisor inspected all resident beds with enabler bars to ensure they were properly secured and that spacing met safety standards.
3. The Administrator, LPN Manager, or Maintenance Supervisor will conduct daily audits of enabler bars for two weeks to ensure they are safely secured to bed frames.
4. After the initial two weeks, audits will be conducted weekly for two weeks, followed by monthly audits for two months to ensure continued compliance.
5. The Administrator and LPN Manager will be responsible for monitoring compliance and ensuring corrective actions are maintained.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented (█ - 03/18/2026)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:12 a.m., the lid to the dumpster was opened allowing for access of insects, rodents and wild animals.

Plan of Correction

Accept (█ - 03/10/2026)

1. Corrected on 2/16/2026
2. The Administrator met with personal care staff and dietary staff to review the requirement that the dumpster lid must remain closed at all times when not in use to maintain sanitation, safety, and pest control standards.
3. The Administrator or designee will conduct daily audits after both meal periods for two weeks to ensure the dumpster lid is properly closed when not in use.
4. After the initial two weeks, audits will be conducted weekly for two weeks, followed by monthly audits for two months to ensure continued compliance.
5. The Administrator or designee will be responsible for monitoring compliance and ensuring corrective actions are maintained.

Licensee's Proposed Overall Completion Date: 03/09/2026

85e - Trash Outside Home (*continued*)

Implemented (█) - 03/18/2026

121a - Unobstructed Egress

3. 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 9:37 a.m., exit door 1 in the secured dementia care unit would not open when the correct code was entered into the keypad, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (█) - 03/10/2026

1. Corrected on 2/16/2026
2. The Administrator, Maintenance Supervisor, and IT Manager verified the door function and confirmed the magnetic locking system released properly when the exit code was entered.
3. The IT Manager and Administrator reviewed procedures for any updates or maintenance performed on the magnetic locking system to ensure all doors are tested for proper function immediately after any system change or reset.
4. The Administrator or designee will conduct weekly checks of the magnetic lock system for four weeks to ensure all doors release properly. After four weeks, monitoring will be incorporated into the facility's monthly environmental safety audit.
5. The Administrator and IT Manager will be responsible for monitoring compliance and ensuring corrective actions are maintained.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented (█) - 03/18/2026

227h - Support Plan Refuse Sign

4. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The initial support plan for resident # 2 dated █ listed the resident's designated person in Part V but was not signed and there was no indication that the designated person was unable to or refused to sign the support plan. The initial support plan for resident #3 dated █ listed the resident's designated person in Part V but was not signed and there was no indication that the designated person was unable to or refused to sign the support plan.

Plan of Correction

Accept (█) - 03/10/2026

1. Corrected on 3/6/2026 when the Administrator and LPN Manager contacted the residents' POAs again to obtain signatures on the support plans.
2. The Administrator and LPN Manager reviewed all resident support plans to ensure signatures were present or that attempts to obtain signatures were properly documented.

227h - Support Plan Refuse Sign (continued)

3. *The Administrator and LPN Manager will contact resident POAs up to three times to obtain signatures on support plans when required. If a signature cannot be obtained after three documented attempts, the refusal will be noted.*
4. *Any refusal or inability to obtain a signature will be documented directly on the support plan, and the contact attempts will be documented in the facility's EMR.*
5. *The Administrator and LPN Manager will review support plans monthly to ensure signatures or documented refusals are present to maintain ongoing compliance.*

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented (█ - 03/18/2026)