

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

May 5, 2026

[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 03/25/2026 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]
Human Services Licensing Supervisor

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: 36 Waking Staff: 27

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 03/25/2026

Inspection Dates and Department Representative

03/25/2026 - 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: 0

Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

03/25/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/23/2026

04/22/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/30/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/30/2026

Inspections / Reviews *(continued)*

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for Resident [REDACTED] indicates the resident requires assistance with cleaning, wiping of buttocks and anal area after bowel movements. Staff will assist with wiping and cleaning resident after each bowl movement. On [REDACTED] the resident did not receive this assistance after being requested by the resident. The resident was not properly wiped and stated that they experienced an "uncomfortable", "Itchy", and "painful" bottom.

Plan of Correction

Accepted [REDACTED] - 04/22/2026)

- 1. Corrected on 3/12/2026. The residents' care needs were immediately reviewed, and care was provided in accordance with the current support plan by trained staff. The Administrator and Nurse Manager ensured the resident's health and safety were not compromised.
- 2. The staff member was immediately removed from duty and suspended pending investigation on 3/12/2026 for failure to follow the resident's support plan. Incident reported to DHS, Office of Aging, and POA. Following completion of the internal investigation, the allegation of neglect was not substantiated; however, performance concerns were identified requiring corrective action.
- 3. Staff received training on OAPS, Resident Rights, Resident Assessment Support Plans, Abuse, Person-Centered Care, and proper reporting procedure. Training was completed and competency was verified by the Administrator, Nurse Manager, and HR Director.
- 4. Formal Plan of Supervision was developed and submitted to DHS on 3/26/2026. The plan includes retraining and an additional 10 working days of direct supervision to ensure compliance with care plans and facility policies.
- 5. To prevent recurrence all direct care staff will receive refresher training on 4/29/2026 on following resident support plans and abuse training. Any staff identified as not following care plans will receive immediate retraining and disciplinary action as appropriate.
- 6. The Administrator and Nurse Manager will conduct weekly audits for four weeks and then monthly on all care plan related incidents to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [REDACTED] - 05/05/2026)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at 1:30 p.m., Resident [REDACTED] requested that Staff Person A assist them with toileting aftercare. Staff Person A refused stating that "they didn't need cleaning." As a result, the resident was left "uncomfortable", "Itchy", and with a "painful" bottom until they received care on [REDACTED] from other staff.

42c Treatment of Residents (continued)

Plan of Correction

Accept [REDACTED] 04/22/2026)

1. Corrected on 3/12/2026. The resident's care needs were immediately reviewed, and staff were re educated on Resident Rights, including treating all residents with dignity and respect.
2. The staff member was immediately removed from duty and suspended pending investigation on 3/12/2026 for failure to follow the resident's support plan. Incident reported to DHS, Office of Aging, and POA. Following completion of the internal investigation, the allegation of neglect was not substantiated; however, performance concerns were identified requiring corrective action.
3. Staff received training on OAPS, Resident Rights, Resident Assessment Support Plans, Abuse, Person Centered Care, and proper reporting procedure. Training was completed and competency was verified by the Administrator, Nurse Manager, and HR Director.
4. The staff member will be monitored to ensure adherence to resident support plans and provision of care in a manner that maintains resident dignity and respect.
5. All direct care staff will receive refresher training on 4/29/2026 on following resident support plans and Person Centered Care. Any staff reported not treating residents with dignity and respect will receive immediate retraining and disciplinary action as appropriate.
6. The Administrator and Nurse Manager will conduct weekly audits for four weeks and then monthly on dignity and respect related incidents to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [REDACTED] - 05/05/2026)