

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. MARY'S VILLA NURSING HOME

LEGAL ENTITY

To operate ST. MARY'S VILLA RESIDENCE

NAME OF FACILITY OR AGENCY

Located at ONE PIONEER PLACE, MOSCOW, PA 18444

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 68

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 26, 2010 until February 26, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **203900**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

FEB 18 2010

Ms. Linda Kanarr, CEO
St. Mary's Villa Nursing Home
516 St. Mary's Villa Road
Moscow, Pennsylvania 18444

RE: St. Mary's Villa Residence
One Pioneer Place
Moscow, Pennsylvania 18444

Dear Ms. Kanarr:

As a result of the Department of Public Welfare's licensing inspection on November 16, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, 1 Pioneer Place, Moscow, Pennsylvania 18411		CURRENT LICENSE NUMBER 203900	
INSPECTION DATE(S) (Include all dates of the inspection) November 16, 2009		REGIONAL REPRESENTATIVE Anne Graziano, Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>Anette Chiskey</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Graziano</i>	DATE 2/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
26a The home shall establish and implement a quality management plan.	The home does not have a quality management plan.	12/30/09	Quality Management Plan had been established but was not implemented. Administrator will conduct quarterly and keep records of minutes.	2/8/10 G.B.
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The initial assessment in the record of resident #4 (admitted 4/15/09), completed 4/24/09, does not specify that the resident utilizes a grab assist bar.	11/17/09	Administrator will assure that initial assessment covers all criteria of resident's needs. The administrator will also complete a new assessment in accordance w/ ch.2600.225c to reflect any significant changes in a resident's condition. Bob B.	2/8/10 G.B. 2/8/10

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DEC 07 2009

Original

SCRANTON FIELD OFFICE
Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) November 16, 2009		REGIONAL REPRESENTATIVE Anne Graziano, Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>Arnette Cheeky</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Graziano</i>	DATE 2/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The numbers required by this regulation were not posted on or near the bedside telephone in room #303 and #320.	11/17/09	Administrator will assure that Housekeeping will check for emergency phone numbers on all facility phones and all resident rooms bi-weekly and will document same.	2/8/10 G.B.
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located in the home's kitchen did not contain a thermometer.	11/18/09	Department heads will maintain emergency first aid kits and check monthly that all articles are present in kit and document same.	2/8/10 G.B.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) November 16, 2009		REGIONAL REPRESENTATIVE Anne Graziano, Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>Arnette Chickey</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd Bisognani</i>	DATE 2/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has an immobile resident whose needs and location have not been reported to the local fire company as required.	11/17/09	Local fire department was notified in writing of our current list of residents that are immobile. Administrator will assure maintenance will review the list monthly and update as needed. Changes will be sent to local fire company. Documentation of notification will be kept.	2/8/10 B.S.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Arnette Chiskey</i>	DATE 1/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd Graziano</i>	DATE 2/18/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The letter dated October 13, 2009 from Preparedness Solutions is not acceptable to meet any of the requirements of this regulation, including a fire safe area designation or a safe evacuation time, as the guidelines in the letter violate the provisions of 55 Pa. Code Ch. 2600, sec. 2600.132(d) requiring the evacuation of all residents during each fire drill.	12/8/09	Administrator and Head of maintenance will conduct next monthly fire drill together in order to direct ALL residents to fire safe area in stair towers. The Letter from the Fire Expert has been revised to meet the requirements of this regulation	2/18/10 B.B.

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JAN 08 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>AG</i>	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	Fire drills conducted in 2009 on the following dates all used Towers A and B as evacuation routes: January 30, February 2, April 29, May 10, June 2, July 10 and August 2, 2009.	12/30/09	Administrator will assure that maintenance will change and stagger exit routes. Documentation of evacuation routes will be kept.	Steps have been taken to correct violation; full compliance is not verifiable <u>2/2/10</u> <u>B.S.</u> Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SA Graziano</i>	DATE 2/8/10

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The fire safety letter, dated October 13, 2009, states that the floor of an incident or simulation must be evacuated. Interviews with staff and residents indicate that this is not being done during fire drills and that residents are sometimes only evacuated to common areas on the affected floor which are not designated fire safe areas.	12/30/09	Administrator and maintenance man will conduct a fire drill with staff and residents where all residents will evacuate to a fire safe area. The importance of this will be reviewed with residents at scheduled Resident Council meeting on 12/28/09.	Steps have been taken to correct violation; full compliance is not verifiable. 2/8/10 S.S. Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.S. Graziano</i>	DATE 2/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home's first aid kit located in the home's 11 passenger bus did not contain a breathing shield, eye coverings, or a thermometer.	11/17/09	Items missing from van first aid kit were replaced. All items contained in first aid kit will be checked monthly by Activities Director and same will be documented and copy given to administrator.	2/8/10
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and	Direct care employee # A does not have the required initial training for medication training administration. The home does not have any staff persons scheduled to work in the home from 11 pm to 7 am that is trained to administer insulin as required including the successful completion of a department approved medications administration course that includes the passing of the written performance based	12/03/09 3/1/10	Two 11-7 employees have completed their required initial medication administration training successfully, including a DPW approved diabetes patient education program. <i>The Administrator will review the staff schedule on a weekly basis and ensure that at least one staff person on all 3 shifts has current</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>2/8/10</u> <u>B.S.</u> Date Initials (DPW)

training under Ch 2600.190a and 190b. Sub B. 2/8/10

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epinephrine injections for insect bites or other allergies.	standards within the past two (2) years by a department approved diabetes patient education program		see previous page	see previous page

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	A bottle of Tums was found in the room of Resident # 1 and Refresh eye drops were found in the room of Resident # 3. Both rooms were unlocked at the time of inspection. Medications were accessible and unsecured.	11/17/09	Medications found in residents' unlocked rooms will not be accessible or unsecured. Discussion with residents was held and the importance of securing meds by locking rooms at all times was reviewed with both residents following violation. Nursing supervisor will check monthly to assure same and report findings to administrator.	2/8/10 B.B.

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SIGNATURE OF LEGAL ENTITY <i>Arnette Chickley</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd. Brucignoni</i>	DATE 2/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW						
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #6 is prescribed Lantus insulin 25 units to be administered in the evening. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin bottle was opened.	12/05/09	Nursing staff instructed to mark date opened immediately upon starting a new bottle. Documentation assures med is current. <table border="1"> <tr> <td>DATE OPENED</td> <td>EXP. DATE</td> <td>INITIAL</td> </tr> <tr> <td>12/5</td> <td>12/5</td> <td>AS</td> </tr> </table>	DATE OPENED	EXP. DATE	INITIAL	12/5	12/5	AS	2/8/10 B.G.
DATE OPENED	EXP. DATE	INITIAL								
12/5	12/5	AS								
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	The overflow medication cart located on the third floor contained 3 sample boxes of Exelon patch 7.6mg prescribed to resident #7, each containing 7 patches. The samples were not labeled with the prescribed dosage, instructions for administration, the date the prescription was issued and the name and title of prescriber.	12/05/09	Administrator will review this regulation with nursing staff and med techs with regard to sample medications. The Administrator will designate a member of the nursing staff to conduct monthly audits of the medication cart(s) to ensure that all sample meds are labeled w/all the information specified in ch.2600. 184a	2/8/10 B.G.						

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SIGNATURE OF LEGAL ENTITY <i>Acette Chucky</i>	DATE 12/7/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd Graziano</i>	DATE 2/8/10

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home's policy regarding controlled medications states that two staff persons shall count the number of controlled medications on each shift. Staff person B signed the medication count log prior to the end of her scheduled shift on 11/16/09 before having actually counted the medications with another staff person. Per the home's policy, the controlled medication count log should have three entries for each day, one entry for each shift indicating that two staff persons counted the controlled medication on each scheduled shift. The medication count log indicates that the controlled medications were counted on only one shift on 11/15/09.	12/07/09	Policy for controlled medication which was developed and in place was reviewed with nursing supervisor and with nursing staff. The importance of adhering to this policy was also reviewed with nursing supervisor by administrator.	2/8/10 B.S.

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	<p>The Medication Administration Record (MAR) of resident #5 was not signed or initialed by staff on 11/13/09 indicating that Aggrenox 200gm and Fluticasone Propionate was administered at 8:00pm.</p> <p>The MAR of resident #8 was not signed or initialed by staff on 11/14/09 indicating Methadone HCL 10mg was administered at 10:00am.</p> <p>The MAR of resident #9 was not signed or initialed on 11/2/09 indicating that Oyst-Cal 500mg was administered at 8:00am, 2:00pm and 8:00pm.</p> <p>Repeated violation: 01/26/09</p>	<p>12/07/09</p> <p>3/1/10</p>	<p>Nursing staff instructed to sign and initial upon administering medication to a resident. This assures accuracy on resident medication record.</p> <p>The Administrator will designate a staff person to conduct weekly audits of the MAR(s) to ensure that all staff who administer medications to residents complete the required documentation under this regulation.</p> <p>Bob G. 2/8/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/8/10 B.S.</p> <p>Date Initials (DPW)</p>

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The home did not notify the physician, designated person and resident of the medication error that took place on 11/15/09 in which resident #10 did not receive Actonel 35mg at 6:30am.	11/17/09	Review of medication error policy and procedure was conducted with nursing staff. The plan for reporting the medication error was also reviewed with staff by administrator and nursing supervisor. Documentation is to assure this violation does not occur again.	2/2/10 G.S.

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DEC 07 2009

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