

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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (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 27, 2011 until February 27, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203900

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

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 - 01/11



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 28 2011

Ms. Linda Kanarr, CEO
St. Mary's Villa Nursing Home
516 St. Mary's Villa Road
Elmhurst Township, 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 18, 2010 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,


Ronald Melusky
Acting Director

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, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Annette Chickey</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE <i>12/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hany</i>	DATE <i>1-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home's Labor and Industry Boiler Certificate expired 8/2010.	<i>12/22/10</i>	Certificate was issued by Labor and Industry on November 4, 2010 but they failed to send to Personal Care in a timely manner. Certificate was received on November 22, 2010. Home was compliant with Dept. of Labor and Industry Regulations. (See attached)	<i>1-3-11</i>
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">DEC 28 2010</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>				

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Annette Chickey</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE <i>12/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>1-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - 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.	The contract dated 10/5/10 for resident # 1 was not signed by the payer.	12/27/2010	<p style="margin: 0;">Resident's family member who is payer for the resident signed contract over the holiday.</p> <p style="margin: 0;">Administrator is responsible for obtaining accurate information and signatures on the contract at the time of admission.</p>	<i>1-3-11</i>

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

Page 3 of 18

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>St. Mary's Villa Residence</i>			
SIGNATURE OF LEGAL ENTITY <i>Angelle Chieffey</i>	DATE <i>1/27/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Salene</i>	DATE <i>1-27-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The bed used by resident # 2 has a metal frame on it which has open spaces between the bars of the frame, along the length of one side of the mattress and at the head and foot of the mattress. The daybed-style frame has six points on it where the spacing between the bars measured approximately 5 1/2", and at two other points on the frame the spacing measured approximately 13" between the bars. This could pose a possible body part entrapment hazard to the resident. Repeated Violations: 11/16/2009	02/04/11	The metal frame along the side of bed used by resident #2 has been removed. The head and foot of the bed remain attached as they are necessary to keep bed sturdy. Resident #2 prefers this bed to the house bed. Maintenance and house-keeping have worked together to design a covering for the metal frame to ensure this no longer poses a hazard to the resident. Heavy cardboard has been securely taped to the frame until the designed covering can be completed. In the future, new residents and family will be educated if they wish to bring in their own furniture on what is acceptable.	<i>Dev</i> <i>1-27-11</i>

002

ST. MARY'S VILLA


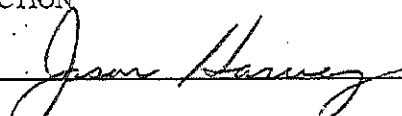
01/27/2011 13:15 FAX

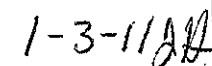
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Annette Chickery</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickery</i>	DATE <i>12/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hunsinger</i>	DATE <i>1-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature in the bathroom sinks adjoining bedroom #s 222 and 317 measured 125.8°F and 126.6°F, respectively.	11/26/10	Maintenance has checked and rechecked temperatures in Room #222 and #317 daily since 11/18/10 and temperatures have been lower than 120 degrees F. (See attached)	<i>1-3-11 JH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home did not have a policy stating the procedure that would be utilized in the event their smoke detector system became inoperable and that this system would be repaired immediately.	11/24/10	Policy was adopted from our Nursing Home and put into place and reviewed with all departments.	1-3-11 

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Annette Chickey</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE <i>12/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason H...</i>	DATE <i>1-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The record of resident #1, who began receiving hospice services on 10/8/10 through Mercy Hospice, did not contain an initial or updated medical evaluation. This resident was admitted to the home on 10/5/10.	<i>11/24/10</i>	Medical evaluation for Resident #1 was received on 11/24/10 from physician and placed in resident record. Physician dated medical evaluation within the 30 days after admission.	<i>1-3-11</i> <i>DL</i>
	The record of resident # 3 did not contain a medical evaluation. The resident was admitted to the home on 9/2/10.	<i>11/29/10</i>	Medical evaluation for Resident #3 was received on 11/29/10 from physician and placed in resident record. Physician did date the medical evaluation within 30 days after admission.	
		<i>1-25-11</i> <i>and on-going</i>	<i>Administrator or Nursing supervisor will review all medical evaluations monthly for completeness, timeliness and that all medical evaluations are signed by the resident's physician and updated in a timely manner</i>	

DAV-25-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Annette Chickney</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickney</i>	DATE <i>12/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John H...</i>	DATE <i>1-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The following resident's did not have a diagnosis listed with their following medications: Resident #5 Vitamin B12 100-mcb/1 ml and Docusate Sodium 100mg. Resident #6 Lasix 40 mg tab. Resident #7 Colce, Droptoiner 0.25 mg % and Furosemide 40 mg. Resident #8 Metoprolol ER 50 mg, Toprol-XL, Visine tears 2% drops, and Coumadin 4 mg. Resident #9 Colace 100 mg. Resident #10 Warfarin Sodium 5 mg. Resident #11 Aggrenox 200 mg, Fosomax 70 mg, Seroquel 25 mg, Voltaren 1 % gel, Lasix 40 mg, Klorcon 10 mg and Nitroglycerin prn. Resident# 12 Plavix and Plurcort 180 mcg AER. Resident #13 Remeron 15 mg, Priosec 20 mg, Mobic 7.5 mg, Transdermal 0.2 mg /1hr ADH patch and Fosemide 20 mg. Resident #14 K-Dur and Mexium 40 mg. Repeated Violations: 11/16/2009	<i>12/1/10</i>	Diagnosis have been added to MARS and pharmacy has been notified to print diagnosis as well.	Steps have been taken to correct violation; full compliance is not verifiable <i>1-3-11</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Arnette Chucky</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Juan Henry</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>See previous page</i>

01/04/2011 11:07 FAX

ST. MARY'S VILLA

0002

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Annette Chickney</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickney</i>	DATE 12/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harvey</i>	DATE 1-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The preadmission screening forms of the following residents did not address the following required areas on the form:</p> <p><u>Resident #15, form dated 7/5/10:</u> Diagnosis, Other Special Care Needs, Behavioral Needs, if the Needs of the Resident could be met by the Services of the Home, or the date the preadmission screening was completed</p> <p><u>Resident #16 and #3, preadmission screenings completed on 4/9/10 and 9/1/10 respectively:</u> Diagnosis, Other Special Care Needs, or Behavioral Needs</p> <p><u>Resident #17, # 18, and #1, forms dated 7/19/10, 3/16/10 and 10/1/10 respectively:</u> Diagnosis, Other Special Care Needs, Behavioral Needs, or the date the preadmission screening was completed</p>	12/23/10	<p>Resident #15 preadmission screening completed 7/5/10. Not checking the appropriate box for services of Home could meet Resident's needs was an oversight - Resident #15's needs can and are being met by services of Home</p> <p>Resident #16 & Resident #3 diagnosis on each was an oversight. Resident #16 and Resident #3 did not have special care needs or behavioral needs which is why these areas were left blank.</p> <p>Resident #16 and #3 diagnosis on each was an oversight. Resident #16 & #3 did not have special care needs or behavioral needs which is why these areas were left blank.</p> <p>Resident #18 and #1 diagnosis on each was an oversight. Resident #17, #18, and #1 did not have any special care needs or behavioral needs which is why areas were left blank. Resident #17 had date of admission.</p>	1-3-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Arnette Chucky</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	<u>Resident # 19, preadmission screening completed 5/10/10; Other Special Care Needs or Behavioral Needs</u>		Resident #19 had no special care needs or behavioral needs which is why boxes were left blank. The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. <i>2/13/11</i>	<i>See previous page</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Annette Chickery</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickery</i>	DATE <i>12/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Henry</i>	DATE <i>1-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #16, who participated in the completion of the support plan developed 4/29/10, did not sign it. There was no documentation of the resident's inability or refusal to sign it.	<i>12/23/10</i>	Resident #16 is unable to sign his support plan because he cannot write. In the future, nursing supervisor shall provide documentation if a resident is unable to or refuses to sign plan. Documentation has been added to support plan to verify this.	<i>1-3-11 JH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only, unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Ann O'Haire</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 1-25-10 1-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The record of resident # 18 did not contain the required Reportable Incident Report dated 2/5/10 for a fall in the home which required services at an emergency room. The original copy was maintained in the home's general file for Reportable Incident Reports.	11/20/10	Original Reportable Incident Report was placed in resident record and copy placed in general file for Reportable Incidents. Administrator is responsible for this requirement and will be more diligent with future reportables.	Steps have been taken to correct violation; full compliance is not verifiable. Date _____ Initials _____ Steps have been taken to correct violation; full compliance is not verifiable. Date <u>1-25-11</u> Initials <u>DCU</u>

01/04/2011 11:07 FAX

ST. MARY'S VILLA

0004

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Mescow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE 11/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (8) Dietary				<i>See previous page</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickney</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>	DATE 1-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				<i>See previous page</i>

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

Page 16 of 18

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kenneth Chickey</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Harvey</i>	DATE 1-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				<i>See previous page</i>

01/04/2011 11:08 FAX

ST. MARY'S VILLA

0007

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

Page 17 of 18

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Debbie Chickley</i>	DATE 11/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Haney</i>	DATE 1-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				<i>See records page</i>

01/04/2011 11:08 FAX

ST. MARY'S VILLA

008

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

Page 18 of 18

NAME AND ADDRESS OF PERSONAL CARE HOME St. Mary's Villa Residence, One Pioneer Place Moscow, PA 18444		CURRENT LICENSE NUMBER 203900	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Dorette Chiskin</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Law</i>	DATE 1-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
In 47. (25) A copy of the resident-home contract. (26) A termination notice, if any				See previous page
RECEIVED DEC 28 SCRANTON FIELD OFFICE Adult Residential Licensing				

01/04/2011 11:08 FAX

ST. MARY'S VILLA

2009