

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 28, 2012 until February 28, 2013,  
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

**MAR 13 2012**

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 February 2, 2012 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 black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
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) 02/02/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, JASON HARVEY	
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 Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Annette Chickey</i>	DATE <i>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>2/24/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The first aid kit located in the home's white and red ford bus contained the following expired medications: 2 packages of Certi-Burn burn cream expired on 6/2009. 1 package of Providone Iodine expired on 10/2009.	02/03/12  02/17/12	The First Aid Kit in the Ford Van was examined by the administrator and the expired Burn Cream and Providine Iodine were replaced with current dated items. The monthly First Aid Kit Checklist forms have been revised by the administrator to include an entry for checking dates on the medications included in the First Aid Kits. These forms are to be completed on the first day of each month by the departments listed. Those staff involved in the First Aid checks will be in-serviced on the use of the new form. The administrator will do random checks of the First Aid Kits and document findings.	Steps have been taken to correct violation; full compliance is not verifiable. <i>[Signature]</i> Date Initials (DPW)
<p><b>RECEIVED</b></p> <p>FEB 24 2012</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>				

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) 02/02/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, JASON HARVEY	
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 Chickley</i>	DATE 2/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 2/24/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	Robitussin DM and Milk of Magnesia prescribed to resident # 2 to be administered as needed, were not on-hand at the time of the inspection.	02/24/12	The Administrator has developed and put into place a Policy and Procedure regarding PRN Medications. This change will assure that all PRN medications ordered by our Residents' Physicians will be accounted for upon receipt from our pharmacy, placed in the Medication cart, and documentation of those PRN medications present in the Med Cart will be documented weekly. All Nursing Staff have been trained on this new procedure and the institution of this procedure will begin on February 24, 2012. The 11 to 7 staff members will be responsible for the ongoing tracking of PRN medications on a weekly basis. Documentation of the tracking will be monitored by our Nursing Supervisor and the results will be given to the Administrator also on a weekly basis.	<div style="text-align: right;">                     Steps have been taken to correct violation; full compliance is not verified.                      Date: <i>2/24/12</i>                      Initials (DPW): <i>DPW</i> </div>



