



FEB 19 2014

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
License #: 203900

Dear Ms. Kanarr:

As a result of the Department of Public Welfare's licensing inspection on December 18, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 14, 2014 to March 14, 2015 was issued on November 19, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 20390 - 12/18/2013 - Yellenic, Cindy
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 12-18-2013 the home's current violation report was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

12/18/13 - The homes current inspection summary was placed in binder in a conspicuous and public place at time of inspection.

The office manager will monitor and document to ensure most current report is in a public place

The Administrator will ensure compliance on a quarterly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Traci Winters*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Traci Winters, Administrator</i>	Date <i>1/6/2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/30/14</u> (Date)	Plan of correction implementation status as of <u>1/30/14</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *M*
(Initials)

Violation Report: 20390 - 12/18/2013 - Yellenic, Cindy
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - 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.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 and Resident #2 were not signed by their payors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 - Responsible party signed contract on 12/25/13.
 Resident #2 - Responsible party signed contract on 12/20/13.

The administrator will take steps to assure that the responsible party will sign contract.

The administrator will review contract signature page with both resident and responsible party during admission process.

A log will be maintained by office manager to verify that responsible party signature is present.

The administrator will ensure compliance on quarterly basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/20/2012	11/18/2010
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Traci Winters*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Traci Winters, Administrator* Date *1/6/2014*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20390 - 12/18/2013 - Yellonic, Cindy
 PCH Name: ST MARY'S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident #3 has a bed cane. The bed cane did not have a cover on it, to prevent limbs from getting caught in it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

12/18/13 - A cover was immediately placed on Resident #3's bedcane.

12/18/13 - All bedcanes brought in for residents will be reviewed by nursing supervisor to assure protective cover is in place.

12/18/13 - Nursing staff will conduct weekly checks to ensure all bedcanes have protective cover.

• The administrator shall monitor and assure ongoing compliance -

M
 1/30/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/18/2013	11/16/2009
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Signature of Legal Entity Representative (Required on EVERY Page) *Traci Winters*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Traci Winters Administrator* Date *1/16/2014*

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 (Date)

Plan of correction implementation status as of 1/30/14
 (Date)

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