



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 20 2015

Mr. Charles Edouard Gros, Managing Member
701 Lansdale Operating, LLC
701 Lansdale Avenue
Lansdale, Pennsylvania 19446

RE: St. Mary Villa for Independent & Retirement Living
License #: 141070

Dear Mr. Gros:

As a result of the Department of Human Services' licensing inspection on December 15, 2014 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Adams".

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING		License Number: 14107
Address: 701 LANSDALE AVENUE, LANSDALE, PA 19446		County: Montgomery
Administrator: Patti Bailey		Region: SOUTHEAST
Legal Entity Name: 701 LANSDALE OPERATING LLC		
Legal Entity Address: 701 LANSDALE AVENUE, LANSDALE, PA 19446		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 97	Waking Staff: 73
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/15/2014: Kazimer, Lauren; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 77 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, If applicable: 20 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0	

Violation Report: 14107 - 12/15/2014 - Kazimer, Lauren
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

- 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent assessment completed on 6/27/2014 states the resident's irritability, agitation, and aggression are a minimal problem. The resident had incidents of aggression toward other residents of the home on 8/28/14, 9/4/14, 9/6/14, 11/24/14, and 12/2/14. The resident's RASP was not updated to reflect the changes in the resident's behavior.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

- ① RASP of Resident #1 was updated on irritability, agitation, & aggression, completed on 12/15/14.
- ② Charge Nurses Med-techs will be educated on updating RASP's when change (significant) occurs. To be completed by March 1, 2015.
- ③ QM system monitoring
- ④ PCA will oversee process.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Patti To Briley, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patti To Briley, PCA</i>	Date <i>2/17/15</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>2/23/15</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>2/23/15</u> (Date) <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
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