



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 0 5 2015

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 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.

Your regular license for the period March 14, 2015 to March 14, 2016 was issued on November 24, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director _{JH}

Enclosure
License Inspection Summary

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

PCH Name: ST. MARY'S VILLA RESIDENCE		License Number: 20390
Address: ONE PIONEER PLACE, MOSCOW, PA 18444		County: Lackawanna
Administrator: TRACI WINTERS		Region: NORTHEAST
Legal Entity Name: ST. MARY'S VILLA RESIDENCE		
Legal Entity Address: 516 ST. MARY'S VILLA ROAD, ELMHURST TOWNSHIP, PA 18444		
Certificate(s) of Occupancy		
C-2 LP 06/09/1998 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/15/2014: OHaire, Anne; Foulkes, Kimberly		
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: 64 Number of Residents Served: 57 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: 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: 57 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 20390 - 12/15/2014 - OHaire, Anne
PCH Name: ST. MARY'S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The home installed a new boiler system which was inspected by Pennsylvania Dept. of Labor & Industry on 10/14/2014. This inspection found 3 deficiencies in their system which has not been rectified as of this inspection date.

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.
St. Mary's Villa Residence does comply with all Federal, State, and local laws, ordinances and regulations.
Department of Labor & Industry sent letter dated 12/2/14 listing the three deficiencies and allowing 30 days in which to comply. The deficiencies were corrected within one week of the actual Labor & Industry inspection date 10/14/14 as indicated by letter submitted by Troy Mechanical Services, contractor who completed work. Deficiencies were rectified prior to your site visit on 12/15/14. Troy Mechanical Services signed Labor & Industry letter and sent it to Labor & Industry stating the deficiencies were corrected. At this time, we are awaiting for receipt of boiler certificate. Administrator will monitor for on going compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

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 *1/9/2015*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/21/15 (Date)

The above plan of correction was approved by M (initials)

Plan of correction implementation status as of 1/21/15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20390 - 12/15/2014 - O'Haire, Anne
PCH Name: ST. MARY'S VILLA RESIDENCE

1. REGULATION 56 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The fire drills observed by a fire safety expert were conducted on 10/25/13 and 11/10/14.

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:

Fire Safety inspections and fire drills are conducted by Fire Safety Expert annually.

A fire drill was scheduled for week of October 20, 2014 with local fire department. Fire Chief had to reschedule due to availability of volunteers to conduct fire drill.

Administrator made several attempts to reschedule to maintain compliance.

A supervised drill by Fire Department was completed on November 10, 2014.

In future, Administrator will stress importance to Fire Department of conducting timely drills.

Administrator shall be responsible for monitoring and ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Traci Winters*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Traci Winters, Administrator* 1/16/2015

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The above plan of correction is approved as of 1/21/15
(Date)

Plan of correction implementation status as of 1/21/15
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented *Letters*
- Partially Implemented - Adequate Progress
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Violation Report: 20390 - 12/15/2014 - O'Haire, Anne
PCH Name: ST. MARY'S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on 8/19/14. The resident's medical evaluation was completed on 9/23/14.

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.

Residents shall have a medical evaluation completed within 60 days prior to admission or within 30 days after admission.
Resident #1 had an appointment scheduled on 9/15/2014, but was rescheduled by family.
Resident was seen by physician and medical evaluation was completed on 9/23/2014.
To prevent future violations, residents and family members are asked to have evaluation completed prior to admission.
Administrator shall be responsible for monitoring and ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

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 *1/16/2015*

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

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(Date)

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Violation Report: 20390 - 12/15/2014 - O'Haire, Anne
PCH Name: ST. MARY'S VILLA RESIDENCE

1. REGULATION 55 Pa. Code §2600
2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

Resident #2's following medications were not initiated as being given on 12/12/14:
Eligius DX A-Fib, take one tab. 2 times a day was not initiated as being administered at 4:00pm & 8:00pm
Furosemide DX: Congested Heart Failure 40mg. tab. take 1 tab by mouth daily was not initiated as being given at 4:00pm
Metoprolol Tartrate DX: Hypertension 1 tab. daily by mouth was not initiated as being given at 8:00pm

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.

There is already a policy and procedure in place regarding the signing of the Medication Administration record. The Nurse Supervisor counseled and disciplined the nurse involved in the missing initials.
The Nurse Supervisor has reviewed the MAR policy with all nursing staff.
The Nurse Supervisor will complete monthly audits on MARS to assure compliance.
Administrator will be responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

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* Date *1/9/2015*

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