



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 16, 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 March 17, 2015 and March 20, 2015 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 cursive script that reads "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 INDEPENDANT AND RETIREMENT LIVING		License Number: 14107
Address: 701 LANSDALE AVENUE, LANSDALE, PA 19446		County: Montgomery
Adminlstrator: Patti Jo Bailey		Region: SOUTHEAST
Legal Entity Name:		
Legal Entity Address: 701 LANSDALE AVENUE, LANSDALE, PA		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/17/2015: Keppel, Autumn; McIlvain, Shawn		
Off-Site Inspection Dates and Inspectors, if Applicable 03/20/2015: Keppel, Autumn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90	Number of Residents who:	
Number of Residents Served: 67	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 67	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 18	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 14107 - 03/17/2015 - Keppei, Autumn  
 PCH Name: ST. MARY VILLA FOR INDEPENDANT AND RETIREMENT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/8/15, an allegation of abuse was made against Staff Member A regarding Resident #1. The home did not develop or implement a plan of supervision, and Staff Member A returned to work for their regular 3-11PM shift on 3/8/15.

**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.

- ① "Plan of Supervision" will be implemented on 3/17/15.
- ② PCA will initiate + implement Plan.
- ③ Staff education to employees to not delegate care of [redacted] to staff member [redacted].
- ④ Education to be given to employee [redacted] on Resident Rights Define Resident Rights Tips & Tools for Drgg, Dressed Easier to Arthritis, + Personal Care/Bathing Tips / Drgg. Tips.
- ⑤ Yearly Education will include ADL's + Resident Rights.
- ⑥ 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 Jo Bailey RN/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patti Jo Bailey RN/PCA* Date *8/17/15*

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

The above plan of correction is approved as of <u>8/19/15</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>8/19/15</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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Violation Report: 14107 - 03/17/2015 - Keppel, Autumn  
 PCH Name: ST.MARY VILLA FOR INDEPENDANT AND 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 medical evaluation, dated 8/20/14, documents that the resident has shoulder pain and degenerative joint disease. This is not included in the resident's most recent assessment and support plan dated 10/31/14, only that there is a history of joint pain.

- Resident #1's assessment dated 10/31/15, documents that the resident requires assistance with personal hygiene, but does not address that the resident experiences chronic pain when being dressed or undressed due to degenerative joint disease. On 3/8/15, the resident reported that Staff Member A was rough when undressing them, and hurt them.

**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.*

- ① Residents medical diagnosis updated: "Pain in joint, shoulder region.
- ② Medications (pain) will be offered per x ice bag for pain.
- ③ Continue Glucosamine - Chondroitin Oral Capsule for pain.
- ④ DM2 (MA-55) will address shoulder pain/DJD,
- ⑤ Care plan updated re shoulder pain & interventions.
- ⑥ If shoulder pain worsens, M.D. will be notified for new interventions.
- ⑦ 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 J. Bailey RN/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patti J. Bailey RN/PCA* Date *8/17/15*

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Plan of correction implementation status as of *8/19/15* (Date)

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

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