



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Christine Landenberger, CFO  
701 Lansdale Operating, LLC  
701 Lansdale Avenue  
Lansdale, Pennsylvania 19446


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

Dear Ms. Landenberger:

As a result of the Department of Human Services' annual licensing inspections on October 19, 2015, October 20, 2015 and January 26, 2016 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,

  
Matthew J. Jones  
Director  
MSH

Enclosure  
License Inspection Summary



Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 85 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 On 10/19/15, around 10:00 AM, agents of the department requested direct care staff records. Agents of the Department did not receive these records until 2:45 PM.

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.

Upon State arriving, files will be made available immediately on request by PCU Administrator or Designee to ensure ease of access. Audit of employee files to ensure files of vendor employees are kept at the facility completed.

*The administrator or designee will provide training to administrative support staff that will alert staff to the importance of providing access to records immediately upon the request of Department staff, within 30 days of receipt of this plan of correction.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tricia Fitzgerald*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) TRICIA FITZGERALD      Date 1/4/2016

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

The above plan of correction is approved as of 1/11/16  
 (Date)

Plan of correction implementation status as of 1/11/16  
 (Date)

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

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

<b>Violation Report: 14107 - 10/19/2015 - Keppel, Autumn</b> <b>PCH Name: ST MARY VILLA FOR INDEPENDENT &amp; RETIREMENT LIVING</b>	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).	
<b>2a. DESCRIPTION OF VIOLATION</b> The criminal background check for Staff Member's A and B was not documented on the PA State Police Request for Criminal Record Check form or via the e-patch system.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	
<p>Immediately, Housekeeping Director and Dietary Director (Contracted staff) will be educated regarding the need for E-Patch system background checks for all new employees.</p> <p>Criminal background checks via E-Patch system were completed for staff members A &amp; B.</p> <p><i>File to be audited quarterly for continued compliance @</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tricia Fitzgerald</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>TRICIA FITZGERALD</b>	Date <b>1/4/2016</b>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>1/11/16</u> (Date)	Plan of correction implementation status as of <u>1/11/16</u> (Date)
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: 14107 - 10/19/2016 - Keppel, Autumn  
 POH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 58 Pa.Code §2800  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

- Staff Member A was hired on 7/21/15. The criminal background check was not requested until 10/1/15.
- Staff Member B was hired on 2/12/16. The criminal background check was not requested until 10/19/15.

3. PLAN OF CORRECTION (FOC) (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.

Immediately, criminal background checks will be completed via E-Patch system prior to start date on new employees. Criminal background checks will be completed by Human Resources/Designee and contracted companies. Audit completed to ensure contracted staff have been checked via E-Patch system for criminal background checks.

*Files to be audited quarterly per attached compliance @*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tricia Fitzgerald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TRICIA FITZGERALD**      Date *1/4/2016*

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The above plan of correction is approved as of *1/14/16* (Date)

Plan of correction Implementation status as of *1/14/16* (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 14107 - 10/19/2016 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.57(a) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION  
 There are 69 residents who in the home, including 54 residents with mobility needs, requiring a total minimum of 123 hours of direct care. On 10/4/16, only 118.5 hours of direct care staffing was provided.

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.

Upon further investigation by PCU Administrator, it has been determined that the number of immobile residents was reported incorrectly. Direct care hours will immediately be in accordance with the mobility needs in resident population.

PCU Administrator was on vacation at the time of survey making list of residents with mobility needs unavailable. List of residents requiring mobility assistance has since been located and consists of 20 individuals, thus decreasing the minimum required direct care hours to 89 hours.

The home will develop a system to maintain the number of residents with mobility needs and ensure the accessibility of the information. Designated staff will be trained for access and use *M*

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tricia Fitzgerald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TRICIA FITZGERALD** Date *11/4/2016*

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The above plan of correction is approved as of 11/20/16  
 (Date)

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 (Date)

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

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Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION  
 On 10/15/16, a total of 92.26 hours of direct care was required. However, only 91.6 of the required hours, or 89 percent, were provided during waking hours.

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.

Facility's current staffing model supports regulation compliance on required hours. Immediately, a plan will be implemented by PCU Administrator/ Designee to address call offs and coverage for Personal Care staffing hour regulations. A RN Supervisor position has been added to provide additional coverage when needed.

A daily staffing sheet for each shift has been developed to ensure the required hours of direct care is available. *W*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
TRICIA FITZGERALD			1/4/2016
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The above plan of correction was approved by <i>W</i> (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: 14107 - 10/19/2016 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 58 Pa.Code §2600  
 2600.85(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
  - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  - (5) The location and use of fire extinguishers.
  - (6) Smoke detectors and fire alarms.
  - (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION  
 - Staff Member A, who was hired on 7/21/16, did not receive orientation on any of the topics required by this regulation prior to or during their first work day.  
 - Staff Member B, who was hired on 2/12/16, did not receive orientation on any of the topics required by this regulation prior to or during their first work day.

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.

Orientation programs have been implemented for all staff, including contracted employees, to be consistent with regulation requirement. Contracted employees have been educated in the above topics. Staff Educator/Designee now includes contracted staff in facility orientation. - Checklist in place to assist compliance Staff education - responsible for continued compliance. STATE A + B will complete required training within 30 days of receipt of POC.

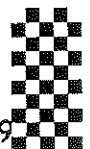
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 TRICIA FITZGERALD      1/4/2016

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The above plan of correction is approved as of <u>1/11/16</u> (Date)  The above plan of correction was approved by <i>[Handwritten Initials]</i> (Initials)	Plan of correction implementation status as of <u>1/11/16</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 - 10/10/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2800  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 Staff Member's A and B did not receive an orientation on (2) emergency medical plan, (3) mandatory reporting under the Older Adult Protective Services Act, and (4) reportable incidents.

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.

Orientation programs have been implemented for all staff, including contracted employees, to be consistent with regulation requirement. Contracted employees have been educated in the above topics. Staff Educator/Designee now includes contracted staff in facility orientation.

A checklist was developed to assist with continued compliance. The staff educator is responsible for continued compliance. *(Signature)*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tricia Fitzgerald*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date 1/4/2016  
 TRICIA FITZGERALD

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 (Initials)

- Fully implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14107 - 10/19/2016 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2800  
 2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION  
 Staff Member's C and D did not receive training on 1) medication self-administration, during the 2014 training year.

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.

Staff education was completed by Nursing Supervisor/Designee on medication self-administration protocol. Staff Educator/Designee will include training for Medication Self-administration training to the annual training schedule.

Staff member 'D' is no longer employed at facility.

The annual training schedule will be reviewed and updated to meet the needs of the home's residents at least quarterly. The staff educator/designee responsible for maintain the training schedule *ad*

Repeat Violation: No	Date(s) of Previous Violation(a):	
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Signature of Legal Entity Representative <i>Tricia Fitzgerald</i>	
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Printed Name and Title of Legal Entity Representative <i>TRICIA FITZGERALD</i>	Date <i>1/14/2016</i>
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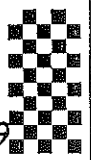
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 (Date)

Plan of correction implementation status as of *1/14/16*  
 (Date)

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

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



Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 66 Pa.Code §2600  
 2600.85(a) - Sanitary condilions shall be maintained.

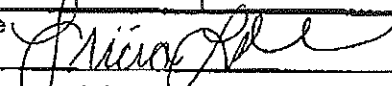
2a. DESCRIPTION OF VIOLATION  
 On 10/20/15, the bath mat in the bathtub located in room #38 was black with mildew.

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.

Bathmat was removed immediately and discarded. Moving forward, facility will not provide bathmats. Non-skid options for families will be made available.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
TRICIA FITZGERALD	11/4/2016

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The above plan of correction is approved as of 11/15/16  
 (Date)

Plan of correction implementation status as of 11/15/16  
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 14107 - 10/19/2015 - Koppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 The dryer ducts in the home are cleaned on an annual basis. The last duct cleaning was completed on 6/10/14.

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.

Immediately, duct cleaning will be completed in accordance with policy. PCU Administrator/Designee will confirm compliance with Maintenance Director through preventative maintenance program conducted annually. Maintenance Director notified duct cleaning company of annual cleaning schedule to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRICIA FITZGERALD	Date 1/4/2016
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The above plan of correction was approved by <i>[Signature]</i> (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: 14107 - 10/19/2016 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION #5 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 The home's maximum evacuation time as designated by a fire safety expert is 12 minutes. On 7/30/16 at 4:40 AM, the home's fire drill evacuation time was 20 minutes.

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.

Maintenance Director has been reeducated on evacuation time to ensure compliance.  
 PCU Administrator/Designee will audit evacuation times to ensure compliance.

*The maintenance director will be retrained regarding the importance of fire drills and evacuations in order to maintain the safety of residents. Training to be completed by fire safety expert within 30 days receipt of POC.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tricia Fitzgerald*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **TRICIA FITZGERALD**      Date *1/4/2016*

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Plan of correction implementation status as of *1/20/16*  
 (Date)

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Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 56 Pa.Code §2600  
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 During the fire drill on 4/30/15 at 1:20 AM the fire alarm was not sounded, instead, the home did a "verbal alarm."

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.

Immediately, fire alarms will sound per regulation. Maintenance Director has been in-serviced regarding regulation.

The maintenance director will be trained regarding the importance of fire drills and sounding a fire alarm or smoke detector by fire safety expert, within 30 days receipt of POC. @

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


Signature of Legal Entity Representative (Required on EVERY Page)  
*Tricia Fitzgerald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 TRICIA FITZGERALD      1/4/2016

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The above plan of correction is approved as of 1/26/14  
 (Date)

Plan of correction implementation status as of 1/26/15  
 (Date)

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 (Initials)

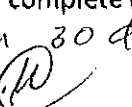
- Fully Implemented
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Violation Report: 14107 - 10/10/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 68 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for Resident #1 was not dated.

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.

Immediately, RN Supervisor will be trained on completion of DME form. RN Supervisor/Designee will complete monthly audits to ensure compliance with DME completion. *within 30 day of receipt of plan of correction* 

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRICIA FITZGERALD	Date 1/4/2016
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Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 85 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- On 10/19/15, Vigamox 0.5% for Resident #2 was located in the homes medication cart. There is no current order for this medication.
- On 10/19/15, Calcitonin Salmon Spray 200 uni/ACT for Resident #3 was located in the homes medication cart. This medication was discontinued on 4/16/14.
- On 10/19/15, Acetaminophen 500mg for Resident #4 was located in the homes medication cart. There is no current order for this medication.

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.

Immediately, discontinued medication was discarded. Nursing Supervisor/Designee will provide staff education on medication order and discontinued medication protocol. Weekly med cart audits will be implemented and completed by RN Supervisor/Designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRICIA FITZGERALD	Date 1/4/2016
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The above plan of correction is approved as of 1/29/16  
 (Date)

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

Plan of correction implementation status as of 1/27/16  
 (Date)

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

Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 68 Pa.Code §2800  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 On 10/19/15, a bottle of Acetaminophen 325mg belonging to Resident #4 was located in the homes medication cart and was not labeled with the resident's name.

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.

Medications will be immediately labeled. All OTC medications will be labeled immediately upon receiving. Audit will be conducted monthly by Nursing Supervisor/Designee to assess all OTC medications and labeling. Staff will be educated on OTC medication and CAM protocol.

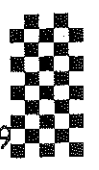
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date: 1/4/2016  
 TRICIA FITZGERALD

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

The above plan of correction is approved as of <u>1/27/16</u> (Date)	Plan of correction implementation status as of <u>1/27/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.186(a) - 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.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 is prescribed Amoxicillin 600mg as needed prior to dental procedures. On 10/19/15 this medication was not available 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.

Facility disputes violation based on the following: Medication would not be kept in home if a dental procedure had not been scheduled as it would add to resident's medication cost and could expire before next dental appointment had been made. Home would fill prior to notification of dental procedure.

Medication for Resident #2 was discharged by the doctor. Staff will be education on safe storage of medications. Weekly medication cart audits will be conducted by RN Supervisor/Designee to ensure compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **TRICIA FITZGERALD** Date **1/4/2016**

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

The above plan of correction is approved as of 1/24/16  
 (Date)

Plan of correction implementation status as of 1/27/16  
 (Date)

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

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

Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

**1. REGULATION 56 Pa.Code §2600**

2600.167(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**

The medication administration record for Resident #2 includes Nasal Saline 0.65%. There is no current order for this medication.

**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.)*

Immediately, all orders will be gotten prior to any medications being put in the MAR. Staff will be educated on medication record protocol. Nursing Supervisor/Designee will verify compliance via review of 24-hour shift reports.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **TRICIA FITZGERALD** Date **1/4/2016**

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

The above plan of correction is approved as of <u>1/26/16</u> (Date)	Plan of correction implementation status as of <u>1/27/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #14 was ordered Divalproex Oral Tablet Delayed Release 125mg on 10/9/15. The home has been administering Divalproex Sprinkles Oral Capsule 125mg.

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.

PCU Administrator/Designee will re-educate staff on definition of medication errors and reportable incidents. Weekly medication cart audits will be conducted by RN Supervisor/Designee to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
TRICIA FITZGERALD	1/4/2016

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

The above plan of correction is approved as of <u>1/24/16</u> (Date)	Plan of correction implementation status as of <u>1/25/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

**1. REGULATION 65 Pa.Code §2600**  
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 According to the home, Staff Member's C and E administer medications. In reviewing the medication administration record for Resident #3, both of these staff have administered medications to the resident and have not successfully completed the Department-approved medications administration annual practicum course.

**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.*

Immediately, all Medication Technician's will have annual medication administration training per regulations. Nursing Supervisor/Designee will conduct annual audits to ensure compliance. RN Supervisor/Designee will oversee annual training calendar to ensure compliance.

The home will audit staff medication administration training records for completion and compliance quarterly; effective within 30 days of receipt of the POC. *(Signature)*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
TRICIA FITZGERALD		1/4/2016
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	<i>1/26/16</i> (Date)	Plan of correction implementation status as of <i>1/27/16</i> (Date)
The above plan of correction was approved by	<i>(Signature)</i> (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: 14107 - 10/19/2015 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 90 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #5, admitted to the SDCU on 8/17/15, did not have a medical evaluation.

**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.

PCU Administrator/Designee will ensure all admits to Secured Dementia Care Unit will have medical evaluations completed within 72 hours of admission. RN Supervisor/Designee will complete random monthly audits to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
TRICIA FITZGERAUD	11/4/2016

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

The above plan of correction is approved as of <u>1/20/16</u> (Date)	Plan of correction implementation status as of <u>1/20/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14107 - 10/19/2016 - Keppel, Autumn  
 PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 56 Pa.Code §2600  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 - Resident #5 was admitted to the SDCU on 8/17/15. The home has no documentation that the resident and the resident's designated person have not objected to the admission.  
 - Resident #6 was admitted to the SDCU on 8/1/16. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

Per facility policy and in compliance with regulation, a consent for admission to the SDCU is included in the personal care admission contract and SDCU Addendum. Immediately, PCU Administrator/Designee will obtain all signatures for admission to SDCU. Random monthly chart audits will be completed for new admissions.

*adminstrator/Designee will receive training on the importance of regulation C in 30 days of receipt of POC*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TRICIA FITZGERALD** Date **11/4/2016**

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The above plan of correction is approved as of *11/2/16* (Date)

Plan of correction implementation status as of *11/2/16* (Date)

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

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

Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
Resident #5 was admitted to the SDCU on 8/17/15. No support plan has been developed for the resident.  
Resident #6 was admitted to the SDCU on 8/1/15. The resident's initial support plan was developed on 8/12/15.

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.

Support plan for Resident #5 was completed (see attached), Nursing Supervisor/Designee will implement an annual Support Plan calendar and Support Plan Audit, which will encompass completion of Support Plan and date compliance per regulation.

*Nursing Supervisor/Designee will receive training on importance of the regulation & in 30 days of receipt of the POC (u)*

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date

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The above plan of correction is approved as of *1/26/16*  
(Date)

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

Plan of correction implementation status as of *1/27/16*  
(Date)

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

Violation Report: 14107 - 10/19/2015 - Keppel, Autumn  
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 58 Pa.Code §2800  
2800.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The record for Resident's #5, #6, and #7 does not contain a photograph of the resident.

OK

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.

Immediately, all resident pictures will be completed on admission by Admissions/Designee. Nursing Supervisor/Designee will complete admission audits to include current pictures as well as bi annual photo updates. Compliance will be monitored through monthly audits of resident photo list.

The resident records now contain photos of Residents # 5, #6, #7.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date

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(Date)

Plan of correction implementation status as of 1/27/16  
(Date)

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

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