



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to 470 MANOR OPERATING LLC  
LEGAL ENTITY

To operate ST. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING  
NAME OF FACILITY OR AGENCY

Located at 490 MANOR AVENUE, DOWNINGTOWN, PA 19335  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 128  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 35**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 18, 2016 until November 3, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141080

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 18 2016

Mr. Charles-Edouard Gros, Principal  
470 Manor Operating LLC  
490 Manor Avenue  
Downingtown, Pennsylvania 19335

RE: St. Martha Villa for Independent & Retirement Living  
License #: 141080

Dear Mr. Gros:

As a result of the Department of Human Services' annual licensing inspections on November 18, 2015 and November 19, 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.

As a result of your facility's recent adjustment of the use of physical space, we are revising your licensed SDCU capacity.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish.

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: ST MARTHA VILLA		License Number: 14108
Address: 490 MANOR AVE, DOWNINGTOWN, PA 19335		County: Chester
Administrator: Donna Gates		Region: CENTRAL
Legal Entity Name: 470 MANOR OPERATING LLC		
Legal Entity Address: 701 LANSDALE AVENUE, LANSDALE, PA 19446		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 11/25/2002 L&I	R-3 06/15/2004 Caln Twp.	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 63	Waking Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/18/2015: Hoover, Douglas; Emick, Gloria; Gillespie, Denise		
11/19/2015: Hoover, Douglas; Emick, Gloria; Gillespie, Denise		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 128 <b>Number of Residents Served:</b> 41 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> Memory Support <b>Secured Dementia Unit Capacity, if Applicable:</b> 22 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 19 <b>Number of Current Hospice Residents:</b> 2 <b>Number of Hospice Residents in past year:</b> 6		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 41 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 22 <b>Have a Physical Disability:</b> 0

Violation Report: 14108 - 11/18/2015 - Hoover, Douglas  
 PCH Name: ST MARTHA VILLA

**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, dated 7/30/15, for Resident #1 did not have the signature of the payer.

**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.*

**Director of Admissions immediately obtained the payer signature for Resident #1.**

**Moving forward, all contracts will contain the signature of the resident and when applicable, the payer.**

**Director of Admissions will audit 2015 resident records to assure signatures are present, by**  
 3-1-16 *BE*

**RECEIVED**  
 FEB 03 2016  
 CENTRAL REGION FIELD OFFICE  
 Human Services Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DONNA Gates</i>	Date <i>1-18-16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2-9-16  
 (Date)

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

Plan of correction implementation status as of 2-9-16  
 (Date)

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

Violation Report: 14108 - 11/18/2015 - Hoover, Douglas  
 PCH Name: ST MARTHA VILLA

1. REGULATION 55 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  
 Donepezil, 10 mg., for Resident #2 was discontinued on 7/22/15, however the medication was still in the medication cart on 11/19/15.

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.

**Medication for resident #2 was immediately discarded on 11/18/15.**

**Medication cart audits will be completed quarterly by Clinical Director. Audit will consist of random pulls on current residents and compare the current MAR to medications contained in med cart. Director will keep an ongoing list of audit and names of residents completed. Inservicing will occur on an individual basis to nurses, based on the results of the Director's findings.**

**Inservicing will occur to nursing staff on 1/19 regarding discontinued medications and regulation 183 (d) by Administrator.**

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donna Gates RN</i>	Date <i>1-18-16</i>
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Violation Report: 14108 - 11/18/2015 - Hoover, Douglas

PCH Name: ST MARTHA VILLA

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 did not receive *Advair Diskus* on 11/2/15 at 8:30 pm and *Aspirin, 81 mg.* on 11/10/15 at 7:30 am because the home did not have the medications on hand.

**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 #3 is provided her medications via family members. On various occasions, phone calls were placed by the nurse regarding the physician's orders and the need for medications. Response was always that they were bringing them in.**

**Moving forward, a letter from the administrator, will be sent to resident's families that provide medications, stating that they have 1 week to provide refills and 24 hours to provide newly ordered medications. Otherwise, medications will be ordered via in house pharmacy at their expense.**

**Administrator will inservice nursing staff on 1/19 regarding regulation 187(d).**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Donna Gates RN*

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

*Donna Gates*

Date *1-18-16*

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by *EG*  
(Initials)

Violation Report: 14108 - 11/18/2015 - Hoover, Douglas  
 PCH Name: ST MARTHA VILLA

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was chemically restrained by *Ativan gel* on 10/1/15, 10/20/15 and 11/7/15. The Medication Administration Record documents the administration of the medication because of "Hitting/Striking out", "Physically Aggressive" and "Verbally Aggressive." In addition, progress notes document physical and verbal aggression by Resident #2 on 10/1/15, 10/20/15 and 11/7/15 and the use of *PRN Ativan gel* to control the behaviors.

**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.*

**Physician and family immediately notified regarding regulation #202 and the effects of chemical restraints. Ativan gel prn was immediately discontinued for behaviors. Orders obtained for a straight order to address dementia related issues.**

**Inservice to be completed on 1/19 with nursing staff, by Administrator, relating to regulation #202.**

**Monthly audit to be completed by Clinical Director to assess psychotropic medication use and appropriateness of diagnoses. Results will be presented to QA committee on a quarterly basis.**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Donna Gates RW*

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

*Donna Gates*

Date *1-18-16*

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 (Date)

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 (Date)

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

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Violation Report: 14108 - 11/18/2015 - Hoover, Douglas  
 PCH Name: ST MARTHA VILLA

**1. REGULATION 55 Pa.Code §2600**  
 2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 and the designated person were not involved in the development/revision of the support plan, dated 4/24/15. There were no signatures on the support plan that documented participation/involvement by Resident #2 or the designated person.

**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.

RASP development will be completed by Clinical Director, with participation from resident and/or designated person, upon admission, *moving forward - etc*

Clinical Director will obtain all signatures related to RASP, upon completion.

Clinical Director will audit all new admissions on a quarterly basis to assure all signatures have been obtained.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Gates RW*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Gates*      Date *1-18-16*

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