pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 1 1 2017

Ms. Tracia Fitzgerald,
Administrator
701 Lansdale Operating, LLC
701 Lansdale Avenue
Lansdale, Pennsylvania 19446

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

Dear Ms. Fitzgerald:

As a result of the Department of Human Services' annual licensing inspections on October 21, 2016 and October 24, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License 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: Tricia Fitzgerald	Region: SOUTHEAST
Legal Entity Name: 701 LANSDALE OPERATING LLC	
Legal Entity Address: 701 LANSDALE AVENUE, LANSDALE, PA 19446	

Certificate(s) of Occupancy

C-2 LP	C-1 05/26/1992
PA Department of L & I	PA Dept. of Health

Staffing Hours

Resident Support: 0 | Total Daily Staff: 75 | Waking Staff: 56

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

10/21/2016: Kazimer, Lauren; Gray, Dean
10/24/2016: Kazimer, Lauren; Gray, Dean

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: 62

Secured Dementia Care Unit In Home: Yes

Area: St. Camillus

Secured Dementia Unit Capacity, If Applicable: 20

Number of Residents Served In Secured Dementia Care Unit, If applicable: 13

Number of Current Hospice Residents: 2

Number of Hospice Residents in past year: 3

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 61

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 13

Have a Physical Disability: 0

Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

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 for resident #1 was not signed by the resident.

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) Contract for resident #1 was signed prior to the exit of this survey.

(2) PCH Administrator/Designee will complete random audits of contracts to ensure compliance.

(3) Trends will be reported to QAPI committee.

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 12/16/16

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

The above plan of correction is approved as of 1/9/17 (Date)

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

Plan of correction implementation status as of 1/9/17 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #2's bedside lamp was inoperable on 10/24/16.

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) Resident #2 lamp was replaced on 10/21/16.
(2) Random inspections will be completed by PCU Administrator | Designee.
(3) Trends will be reported to QAPI committee to determine need for further audits

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tricia Fitzgerald Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

2a. DESCRIPTION OF VIOLATION
According to the home's fire drill records, during the drills conducted on 2/28/16 and 3/31/16, the fire alarm sound system was found to be inoperative.

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) Fire alarm sound system was fixed.
(2) Alarm test will be completed monthly.
(3) Issues will be immediately reported to PCW Administrator.

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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

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 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 designated evacuation time from a fire safety expert is 12 minutes. The fire drill conducted on St. Camillus wing on 8/23/16 was stopped after 15 minutes and not successfully completed. During the fire drill conducted on St. Lucy's wing on 9/23/16, four residents did not evacuate.

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) Fire alarms on St. Camillus and St. Lucy wings are following facility policy.
(2) Residents will be/are evacuated.
(3) PCH Administrator will review fire drills to ensure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Tricia Fitzgerald | Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
On 10/21/16 at 9:08am, two medication carts located in the medication room were unlocked without a staff person present.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(1) Medication carts were locked immediately when nurse became aware.
(2) Random Med carts are completed by PCU RN supervisor / Designee.
(3) Trends will be reported to QAPI.

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)	TRICIA FITZGERALD	Date 12/16/16		

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

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
- On 10/24/16, there was a bottle of Calium 1200mg and a bottle of B-12 1000mcg in the medication cart with resident #1's name on them. Resident #1 does not have a physician's order for those medications.

- Resident #3's order for Dexamethasone 2mg was discontinued on 10/1/16 and was located in the medication cart on 10/24/16.

- Resident #4's order for Lasix 20mg was discontinued on 10/19/16 and was located in the medication cart on 10/24/16.

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) Resident #1 medication not ordered was disposed of. Resident #3 and #4 ~~was~~ medication was disposed of.

(2) Random audits will be completed by RN supervisor/ Designee to ensure med carts have only ordered medications.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tricia Fitzgerald | Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
- Resident #5's Lantus 100u/ml vial was opened on 9/8/16 and was in located in the medication fridge on 10/24/16. According to the manufacturer, Lantus vials should be discarded 28 days after opening.

- Resident #5's Lantus Solostar pen was opened and 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.

(1) Resident #5, Lantus 100u/ML vial was disposed of. Pen was disposed of and new pen was dated.

(2) RN Supervisor will complete random audits to ensure items are dated and dates are adhered to.

(3) Trends will be reported to QAPI.

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) Tricia Fitzgerald Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 has an order for Dexamethasone 1mg, take 1/2 tab (0.5mg) twice daily. The script label for resident #3's Dexamethasone reads, "1mg, take 1 tab daily."

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) Resident #3 had order / label changed to appropriate order.

(2) RN supervision will complete random audits to ensure orders match pharmacy labels.

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) Tricia Fitzgerald Date 12/12/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.185(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 #3's PRN Acetaminophen 650mg ER was not available.

- Resident #6's PRN Atropine 1% was not available.

- Resident #7's PRN Albuterol 0.5-2.5mg/3ml was not available.

- Resident #7's glucometer was not set to the correct date and time.

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) Resident #3, #6, #7 medication was received from pharmacy. Resident #7 had glucometer was set to the correct date and time.

(2) RN Supervisor/Designee will complete random audits to ensure medications are available and glucometers are set correctly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

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 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

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

- The medication administration record for resident #1 does not include the specific indication to take Nabumetone 500mg with food.

- The medication administration record for resident #3 does not include the diagnosis or purpose for the following medications: Enoxaparin 300mg/3ml, Famotidine 20mg, Hydrochlorothiazide 25mg, Levetiracetam 500mg, Vesicare, and Dexamethasone 0.5mg.

- The medication administration record for resident #4 does not include the diagnosis or purpose for the following medications: Bicalutamide 50mg, Calcium 600mg/Vitamin D 400iu, Finasteride 5mg, Olanzapine 7.5mg, and Potassium Chloride ER 20meq.

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) Resident #1 had MAR corrected to include medication take with food. Resident #3 and #4 had diagnosis added.

(2) RN supervisor/Designee will complete random audits.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tricia Fitzgerald Date 12/16/16

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Plan of correction implementation status as of 1/9/17 (Date)

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
- On 10/14/16, resident #5's Lorazepam 0.5mg was administered but not initialed by staff on the medication administration record.

- On 9/17/16, resident #6's Lorazepam 2mg/ml was administered but documented as administered "6/17/16" on the narcotic count sheet.

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) Resident #5 MAR Notes reflect that medication was administered and med error for not signing out.

(2) Resident #6 - correction made of date noted.

(3) RN supervisor / Designee will complete audit to ensure correct documentation is completed.

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) Tricia Fitzgerald Date 12/14/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
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 #7's blood glucose level of 72 was recorded on the MAR on 10/14/16 at 6am. The resident's glucometer does not have a record of this accucheck.

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) Resident #7 - glucometer will check for proper function.

(2) RN supervisor / designee will ensure documentation is complete.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tricia Fitzgerald Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 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

Staff person A completed their annual medication administration training on 4/28/15 and was recertified on 10/14/16. Staff person A administered medication prior to their recertification on 10/14/16.

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) Staff person A is up to date with training.

(2) PCH Administrator Designee will complete random audit of trainings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tricia Fitzgerald — Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
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 60 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 #9, admitted to the SDCU on [redacted]16, had a medical evaluation on 9/2/16 that did not document the resident's diagnosis of dementia.

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) Diagnosis of Dementia was added to Resident #9.

(2) RN Supervisor will complete random audits to ensure Dx dementia is on medical evaluations when appropriate.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2015		

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 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #9, admitted to the SDCU on [redacted]16, did not have a cognitive preadmission screening completed within 72 hours prior to 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.

(1) Resident #9 had cognitive preadmission screening completed prior to survey exit.

(2) RN supervisor will ensure screenings are completed within 72 hours of admission.

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) Tricia Fitzgerald | Date 12/16/16

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Plan of correction implementation status as of 1/9/17 (Date)

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

Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
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 #9 was admitted to the SDCU on [redacted]16. The resident's initial support plan was not developed within 72 hours of 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.

(1) Resident #9 had initial support plan completed.

(2) RN/Supervisor will complete random audit.

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) Tricia Fitzgerald | Date 12/16/16

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

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
Resident #3's medical evaluation dated 7/12/16 contained white-out.

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) Investigation did not constitute where white out came from.
(2) Staff and MD's educated that white out is not to be used.

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): Tricia Fitzgerald — Date: 12/14/16

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Violation Report: 14107 - 10/21/2016 - Kazlmer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #3, resident #6, and resident #10's charts contained a photograph of the resident that 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.

(1) Resident #3, #6, #10 all had photos dated prior to survey exit.

(2) Admissions Department will ensure all residents have updated every 2 years photos with dates.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2016		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Trida Fitzgerald — Date 12/16/16

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Violation Report: 14107 - 10/21/2016 - Kazimer, Lauren
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

On 10/21/16 at 9:08am, two medication administration record binders and other related resident medical information were accessible in the unlocked medication room.

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 Medication room was immediately locked.
② Staff was educated that medication room must be locked when unoccupied.

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)	Traci Fitzgerald		Date	12/16/16

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

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