



pennsylvania

DEPARTMENT OF HUMAN SERVICES

APR 13 2017

Ms. Nancy Newcomb,
CEO
St. Mary's Villa Nursing Home
516 St. Mary's Villa Road
Elmhurst Township, Pennsylvania 18444

RE: St. Mary's Villa Residence
One Pioneer Place
Moscow, Pennsylvania 18444
License #: 203900

Dear Ms. Newcomb:

As a result of the Department of Human Services' annual licensing inspection on December 6, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20390 - 12/06/2016 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Staff person A (hired [redacted]/13) does not have a high school diploma, GED, or active registry status on the PA nurse's aide registry. Staff was retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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.

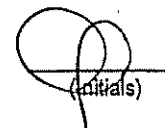
All Current Employee files were audited to ensure direct care staff have the required qualifications as specified in Regulation 54(a).
 Staff person A was put on an immediate leave of absence until the verification process could be completed and we could apply for a waiver. Once explanation of application process of waiver was reviewed with Staff person A she decided to resign her position.
 Administrator will continue to monitor all new direct care staff to ensure they have all of the required qualifications.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Koryn Gallagher, PCHA* Date *12-19-16*

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

The above plan of correction is approved as of <u>3-1-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of _____ (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: 20390 - 12/06/2016 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.65(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 members A and B did not receive trainings in meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and care for residents with mental illness and intellectual disabilities for the 2015 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.


The annual training plan for 2016 and 2017 will include all of the topics outlined in Regulation 65(f) for Direct Care Staff. Before December 31, 2016, all Direct Care Staff will undergo training that will include: Meeting the needs of Residents as described in the Preadmission Screening form, Assessment tool, Medical Evaluation and Support Plan, as well as care for Residents with Mental Illness and Intellectual Disabilities. Administrator will continue to monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Korvn Gallagher, PCHA</i>	Date <i>12-19-16</i>
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Violation Report: 20390 - 12/06/2016 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 Outside lighting is not available from the far rear of the home's sidewalk and along the egress path to the front of the facility. The lack of lighting presents a safety hazard for both residents and staff at night, during fire drills and in the event of an emergency from 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.


Outside lighting will be purchased before December 31, 2016 and will be placed on the rear side of the facility near the sidewalk and along the egress path to the front of the facility.
 Maintenance will include monitoring, to ensure proper lighting is maintained, during routine weekly environmental rounds.
 Administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Koryn Gallagher*

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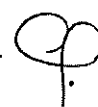
Violation Report: 20390 - 12/06/2016 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There is a 25 foot embankment located to the right rear of the home where the sidewalk ends and closest to emergency Exit B. The embankment presents a potential for a serious injury/death.

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.

A temporary fence was put up to the right rear of the facility where the sidewalk ends and closest to Emergency Exit B. In the Spring of 2017 a more permanent fence will be installed to ensure safety of the Residents. Maintenance will inspect weekly to ensure fence is properly maintained. Administrator will monitor for ongoing compliance.

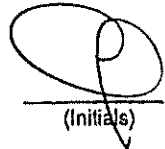
The Adm will update the regional office once construction is begun, and send digital photos upon completion of this repair. 
 3-1-17

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) Koryn Gallagher, PCHA	Date 12-19-16
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Violation Report: 20390 - 12/06/2016 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Robitussin.

The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Baclofen 10mg.

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.

ALL staff that administer medication were re-educated on the importance of having a diagnosis for each medication.
 Nursing Supervisor will monitor MARS weekly x 4 weeks to ensure compliance. Random audits will also be performed.

*Adm will oversee to ensure ongoing compliance.
 Re training documentation submitted 12/23/16. CP. 3-1-17*


Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/10/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Korvn Gallagher*

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