



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

Ms. Christine Landenberger,
CFO
470 Manor Operating LLC
490 Manor Avenue
Downingtown, Pennsylvania 19335

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

Dear Ms. Landenberger:

As a result of the Department of Human Services' annual licensing inspections on January 30, 2017 and January 31, 2017 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 that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14108 - 01/30/2017 - Springs, Israel
 PCH Name: St Martha Villa for Independent & Retirement Living

1. REGULATION 55 Pa.Code §2800

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record, labeled "PC 1-15 200-220" was left unsecured and open on top of the med cart with no staff present at 12:55 pm. This record contains the residents' medical information, including medications, medication administration documentation, and diagnoses.

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.

Administrator immediately secured the MAR and locked in medication cart.

Nurses inserviced regarding HIPAA regulations and securing the MAR and other confidential records, to be completed by 3/1/17. (see attached)

Clinical director will perform random audits monthly to assure confidentiality is maintained, to begin 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)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DONNA Greiss	2/27/17

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/7/17</u> (Date)
The above plan of correction was approved by <u>BOAS</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: 14108 - 01/30/2017 - Springs, Israel
 PCH Name: St Martha Villa for Independent & Retirement Living

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

On 1/31/2017, the home had not yet developed a 2017 training plan that identifies dates, times, and location of scheduled training for staff.

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.

Administrator will develop training plan for 2017. (see attached)

Administrator will continue to develop annual training schedules prior to the first of every calendar year.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donna Greiss</i>	Date <i>2/27/17</i>
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The above plan of correction is approved as of 3/6/17
 (Date)

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

Plan of correction implementation status as of 3/7/17
 (Date)

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

Violation Report: 14108 - 01/30/2017 - Springs, Israel
 PCH Name: St Martha Villa for Independent & Retirement Living

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A service panel with the notification "Danger-Shock Hazard" was removed and left propped up against the wall. Due to the removal of the panel, there were accessible exposed electrical wires that presented a shock hazard to the residents.

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.

Administrator immediately locked door to mechanical room containing the service panel. Residents and visitors do not have key to access this room.

Maintenance inserviced on importance of keeping doors locked and inaccessible to residents, as well as replacing panel covers after servicing. (see attached)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Donna Greiss Date 2/27/17

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 (Initials)

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Violation Report: 14108 - 01/30/2017 - Springs, Israel
 PCH Name: St Martha Villa for Independent & Retirement Living

1. REGULATION 55 Pa.Code §2600

2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION

The lid of a Jack & Jill Ice Cream Cooler was open approximately 4 Inches. Inside this cooler were four 5 gallon containers of ice cream (Vanilla, Mint Chocolate, Chocolate, & Strawberry) with loose fitting lids that left the ice cream partially uncovered.

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.

Dietary manager immediately closed the freezer door and replaced the lids on all containers of ice cream.

A sign has been placed on the freezer, indicating the need for lids and total closure of freezer doors.

Dietary staff will be inserviced regarding contamination, infection control and the importance of keeping food covered, to be completed by 3/10/17.

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Donna Greiss RN

Printed Name and Title of Legal Entity Representative
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Donna Greiss

Date 2/27/17

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Violation Report: 14108 - 01/30/2017 - Springs, Israel
 PCH Name: St Martha Villa for Independent & Retirement Living

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The exit doors in the Personal Care dining room (labeled 168) could not be opened completely as they were obstructed by two wicker love seat benches located on the porch outside of the exit doors.

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.

Administrator immediately moved the wicker settee from in front of the outside dining room doors.

Signs were posted on both the settee and door, regarding not blocking the exit.

Administrator will make rounds regularly to assure egress' remain unobstructed.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Donna Greiss RN

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

Donna Greiss

Date 2/27/17

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Violation Report: 14108 - 01/30/2017 - Springs, Israel
 PCH Name: St Martha Villa for Independent & Retirement Living

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 There was no sleeping hours fire drill held between the period of 8/25/15 to 8/20/16.

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.

Sleeping hour fire drills were held as follows:

- 3/23/15, 8/25/15
- 8/20/16, 11/17/16

Administrator misinterpreted the regulation wording of every 6 months to mean 2 times a year, consequently the drills were held, but not 6 months apart.

Administrator will schedule drills every 6 months.

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Violation Report: 14108 - 01/30/2017 - Springs, Israel
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1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The most recent photograph of Resident # 1 was taken on 1/19/2011.

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.

Clinical director immediately took the resident's picture for the resident record.

Clinical director developed an audit tool to monitor dates for pictures, moving forward. (see attached)

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