



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 08 2018

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' (Department) annual licensing inspection on November 16, 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20390 - 11/16/2017 - O'Haire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home utilized a gas fired boiler, gas fired hot water heaters located in the furnace room and a commercial gas stove located in the kitchen. The home's carbon monoxide detectors were placed improperly. The two carbon monoxide detectors were less than 15 feet away from the appliance as required by the Care Facility Carbon Monoxide Standards Act.

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.

- Carbon Monoxide Standards Act is important to detect carbon monoxide in facility.
- Carbon Monoxide detectors were less than 15 feet away from appliance.
- Detectors were less than 15 feet.
- Immediately carbon monoxide detectors were repositioned to meet distance requirement.
- Ensure distance requirement is met.
- Maintenance/designee will be responsible to maintain compliance.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature] 12/21/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diane Anderson* Date *12-13-17*

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

The above plan of correction is approved as of 12/21/17
 (Date)

Plan of correction implementation status as of 12/21/17
 (Date)

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

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

Violation Report: 20390 - 11/16/2017 - O'Haire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The home currently serves 61 residents and is required to have 2 staff persons present in the home certified in first aid and CPR. On 10/22/17 only 1 staff person was certified in first aid from 11p-7am. On 10/27 & 10/28/17 only 1 person was certified in first aid from 3am-7am.

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.

- Regulation ensures residents will receive life-saving services in an emergency.
- Census was 61, and facility had 1 staff person certified in first-aid on 11 pm to 7 am shift.
- First Aid was not current on one staff person.
- Staff person trained in first aid on 11-20-17.
- Staff in-service on regulation 2600.63(a) to be completed by 1-5-18.
- Audit was completed on 12-6-17.
- Administrator/designee will be responsible to maintain compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DIANNE ANDERSON</i>	Date <i>12-13-17</i>
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The above plan of correction is approved as of <u>12/21/17</u> (Date)	Plan of correction implementation status as of <u>12/21/17</u> (Date)
The above plan of correction was approved by <u><i>m</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: 20390 - 11/16/2017 - O'Haire, Anne
 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

Direct care staff person "A" hired 5/7/13 did not receive training in safe management techniques in 2016.
 Direct care staff person "B" hired 10/5/09 did not receive training in medication self-administration, instructions on meeting the needs of the residents as described in the pre-admission screening, DME and RASP and safe management techniques in 2016.

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.

- Ensure that DCS receives the necessary training to successfully provide resident care services.
- Staff person "A" and "B" were deficient in annual training in 2016.
- Staff persons did not attend training.
- DCS "A" was in-serviced in safe management techniques on 12-6-17.
- DCS "B" was in-serviced in medication self-administration. Instructions on meeting the needs of the residents as described in the pre-admission screening, DME and RASP and safe management techniques on 12-6-17.
- DCS will be in-serviced on regulation 2600.65(f). To be completed by 1-7-18.
- 2017 DCS Annual training will be audited x 1. This to be completed by 1-31-18.
- Administrator/designee will be responsible to maintain compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/06/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane Anderson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diane Anderson* Date *12-13-17*

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 (Initials)

Violation Report: 20390 - 11/16/2017 - O'Haire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "B" hired 10/5/09 did not receive training in falls and accident prevention in 2016.

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.

- Regulation ensures that staff are familiar with facility's emergency and mandated requirements.
- Staff person "B" was deficient in falls and accident prevention in 2016.
- Staff person did not attend training.
- Staff person "B" was in-serviced in falls and accident prevention on 12-6-17.
- Staff in-service on regulation 2600.65(g) to be completed by 1-14-18. (2017 annual training will be audited x 1 to be completed by 1-31-18.
- Administrator/designee will be responsible to maintain compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Diane Anderson

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

DIANE ANDERSON

Date

12-13-17

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The above plan of correction was approved by

MA
 (Initials)

Violation Report: 20390 - 11/16/2017 - O'Haire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Rooms #206 and #321 did not have the required emergency phone numbers posted for the nearest hospital, local police department, ambulance, poison control, local EMS and personal care home complaint hotline.

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.

- Regulation allows a quick response from the appropriate agency in the event of an emergency.
- Resident rooms did not have emergency numbers posted.
- Room #206 and Room #321 did not have required numbers posted.
- Emergency numbers were posted in rooms immediately. All resident rooms were checked for proper posting of emergency numbers by each telephone. Completed on 12-8-17.
- All staff will be educated on regulation 2600.91 to be completed by 1-10-18. Audit will be implemented by 1-31-18.
- Administrator/designee will be responsible to maintain compliance of regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Diane Anderson

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

Diane Anderson

Date *12-13-17*

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- Not Implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 20390 - 11/16/2017 - O'Haire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The Victory brand refrigerator used to store produce had a temperature reading of 50 degrees Fahrenheit at 2:30 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.

- Regulation ensures foods are stored at safe temperatures.
- Refrigerator/freezer thermometers are located inside refrigerators. Inside thermometers were not checked during inspection.
- Outside digital thermometers are malfunctioning.
- Audits have been routinely completed daily x 2, AM and PM hours. Please see attachments.
- Dietary department will continue with audits as outlined in attachments. In-service on regulation 2600.103(f) to be completed by 12-31-17.
- Dietary manager/designee will be responsible to maintain compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANE ANDERSON* Date *12-13-17*

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 (Initials)

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- Not Implemented

Violation Report: 20390 - 11/16/2017 - O'Haire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

The home's residential style dryer located in the laundry room was not cleaned between usages and had a thick heavy layer of lint in the lint filter when checked at the time of inspection.

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.

- Reduces risk of a fire in facility.
- Residential dryer in laundry room was not cleaned from heavy layer of lint in filter.
- Staff did not clean filter after each use.
- Filter was immediately cleaned.
- Staff in-service on regulation 2600.105 (g)(1) to be completed by 1-10-18.
- Housekeeping/designee will audit sign-off sheets weekly x 2 months; December and January.
- Housekeeping/designee will be responsible to maintain compliance.

The administrator shall monitor and be responsible for ongoing compliance.
m 12/21/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diane Anderson* Date *12-13-17*

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Violation Report: 20390 - 11/16/2017 - OHaire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 12-15-16 at 6:00 AM but did not list the number of staff on the fire drill log who participated in the drill on that 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.

- Proper documentation helps to identify and prevent problems with evacuation.
- Incorrect documentation on fire drill record.
- Error made when documenting number of staff from fire drill on 12-15-16.
- Fire drill was corrected with appropriate number of staff who participated in drill.
- Review documentation after each fire drill. In-service on regulation 2600.132 (c) to be completed by 1-10-18.
- Administrator/maintenance/designee will be responsible to monitor compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>D. AIVE ANDERSON</i>	Date <i>12-13-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/21/17
 (Date)

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

Plan of correction implementation status as of 12/21/17
 (Date)

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

Violation Report: 20390 - 11/16/2017 - OHaire, Anne
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

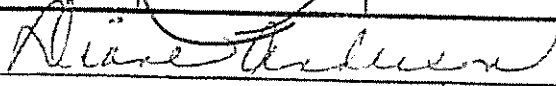
Resident # 1's MAR notes Tylenol ES 500mg and the label to the medication notes Tylenol ES 650mg. The MAR is incorrect.

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.

- Ensures that a resident receives all medications administered as prescribed.
- Tylenol ES 650 mg. was ordered. Nurse documented incorrect dosage, MAR was incorrect.
- MAR was corrected with proper dosage. Audits will be completed monthly x 2; December and January.
- Licensed staff/med-techs/DCS will be trained on regulation 2600.187 (a) to be completed by 12-30-17.
- Administrator/Licensed Nurse will be responsible to maintain compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/06/2016

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diane Anderson Date 12-13-17

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(Date)

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

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(Date)

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- Not Implemented

Violation Report: 20390 - 11/16/2017 - OHaire, Anne
 PCH Name: ST MARY S VILLA RESIDENCE

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 #2, DOA [redacted] 17 and Resident #1, DOA [redacted] 17, both residents information did not state if they had any identifiable marks or not.

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.

- Ensures each resident's records allows staff to know resident history and services needed.
- Identification marks were not listed on resident 1 and 2.
- Incomplete documentation on resident record.
- Resident records were corrected. DCS in-service on regulation 2600.252 to be completed by 1-10-18.
- Audit all resident records to be completed by 12-31-17.
- Administrator/ Licensed Nurse will be responsible to maintain compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DiAnne Anderson* Date *12-13-17*

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 (Initials)

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