pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 2 9 2017

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

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

Dear Ms. Fitzgerald:

As a result of the Department of Human Services' Adult Residential annual licensing inspection on November 28, 2017of 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: Vincent Ruport	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
05/26/1992
L&I

Staffing Hours

Resident Support: 49 | Total Daily Staff: 108 | Waking Staff: 81

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

Reason(s) for Inspection(s)

Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site

11/28/2017: Parker, Shawn; Freeman, Sabrina

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: 49

Secured Dementia Care Unit in Home: Yes

Area: St Camillus (1st floor rear)

Secured Dementia Unit Capacity, if Applicable: 20

Number of Residents Served in Secured Dementia Care Unit, if applicable: 10

Number of Current Hospice Residents: 2

Number of Hospice Residents in past year: 10

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 10

Have a Physical Disability: 0

Violation Report: 14107 - 11/28/2017 - Parker, Shawn
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Staff member A did not follow the homes policy on falls or reportable incidents. Resident # 1 had a fall 10-16-17 Staff member A didn't report the fall to the home until 10-18-17 after being questioned.

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.

2600.16(b):

1. The staff member who failed to follow the facility policy has been terminated.
2. The Personal Care Administrator has in-serviced all staff on the importance of following policy.
3. Staff were in-serviced on policy following regarding reporting of falls. All new hires will be in-serviced on this policy and Staff will receive additional in-service throughout the year.

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

Signature of Legal Entity Representative (Required on EVERY Page) Janet E Rupert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Janet E. Rupert — Date 12.12.2017

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

The above plan of correction is approved as of 12/13/17 (Date)

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

Plan of correction implementation status as of 12/13/17 (Date)

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

Violation Report: 14107 - 11/28/2017 - Parker, Shawn
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 # 2 was not signed by the resident.

The contract for resident # 3 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.

2600.25(b):

1. The Admission Director who admitted this resident to the Personal Care Home is no longer employed At the facility.
2. Resident #2 and # 3 have signed their contracts.
3. The Personal Care Administrator has in serviced the Admissions Director on this regulation.
4. Personal Care Home Administrator will randomly audit admission agreements to ensure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/21/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Vincent E Rupert

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

Date 12.13.2017

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Violation Report: 14107 - 11/28/2017 - Parker, Shawn
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident # 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. . . .

Resident # 3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

2600.41(e)
1. The Admission Director who admitted this resident to the Personal Care Home is no longer employed At the facility.
2. Resident Rights and Complaint Procedures have been provided and reviewed with resident #2 and # 3.
3. The Personal Care Administrator has in serviced the new Admissions Director on this regulation.
4. Personal Care Home Administrator will randomly audit admission agreements to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Date 12.12.2017

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Violation Report: 14107 - 11/28/2017 - Parker, Shawn
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff member B did not have a PA criminal history background clearance in their file. Home did not produce one.

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.

2600.51
1. The criminal background check for staff member B has been found and is attached to this POC.
2. Personal Care Home Administrator has in-serviced Human Resources Director on this regulation.
3. Audit was conducted of all staff currently working in the Personal Care Home to ensure criminal background checks have been completed on every employee.
4. NHA will conduct random audit of employee files to ensure compliance is maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page) Vincent E Rupert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Date 12.13.2017

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Violation Report: 14107 - 11/28/2017 - Parker, Shawn
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
The bed for resident # 1 does not have a source of light that can be turned on/off from bedside.

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.

2600.101 (j) (7)
1. The source of lighting and bedside table were moved back in the proper place, next to the resident # 1's bed
2. Admissions director or designee will complete random audits to ensure every resident has an operable lamp or other source of lighting that can be turned on at bedside.
3. Push button lighting will be purchased and made available next to each resident's bed to ensure that each resident has a source of lighting that can be turned on at bedside.
4. Education was provided to the staff of the importance of bedside lighting.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/21/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Date 10.16.2017

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

The above plan of correction is approved as of 12/13/17 (Date)

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Plan of correction implementation status as of 12/13/17 (Date)

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Violation Report: 14107 - 11/28/2017 - Parker, Shawn
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
The home is using shared "stock medications" for residents # 2, # 4, and # 5.

Resident # 2 is using stock Acetaminophen 325 mg (PRN)

Resident # 4 is using stock Acetaminophen 325 mg (PRN), Guaifnessin DM 100 (PRN, 10 mg), and Ibuprofen 200 mg

Resident # 5 is using stock Acetaminophen 325 mg (PRN), and milk of magnesia 400 mg

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.

2600.184(a)
1. Resident #2 was ordered a bottle of Acetaminophen 325mg for individual use only. Resident #4 was ordered a bottle of Acetaminophen 325mg, Guaifenesin DM 100 (PRN, 10mg), and Ibuprofen 200mg for individual use only. Resident #5 was ordered a bottle of Acetaminophen 325mg, and Milk of Magnesia 400mg for individual use only.
2. Administrative Nurse or designee will ensure that each resident has their prescription medication labeled with a pharmacy label that includes the residents name, the name of the medication, the date the prescription was issued, the prescription dosage and instructions for administration, and the name and title of the prescriber by completing random audits of Medication Administration Record and Medication Carts.
3. Administrative Nurse has in-serviced nursing staff on this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):	10/21/2016		

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Date 12.12.2017

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The above plan of correction is approved as of 12/13/17 (Date)

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

Plan of correction implementation status as of 12/13/17 (Date)

- ☐ Fully Implemented
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Violation Report: 14107 - 11/28/2017 - Parker, Shawn
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 #4 PRN Acetaminophen 325 mg was not available in 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.

2600.185 (a)
1. Acetaminophen 325mg PRN was immediately made available in the home for Resident #4.
2. Administrative Nurse in-serviced nursing staff on the importance of having PRN medication readily available for all residents in the medication carts at all times.
3. Administrative Nurse or designee will complete random audits of all PRN medication orders to ensure availability of medications in the home.

Repeat Violation: No	Date(s) of Previous Violation(s):	10/21/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Vincent P. Rupert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent P. Rupert

Date 12.16.2017

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

The above plan of correction is approved as of 12/15/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 12/15/17 (Date)

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

Violation Report: 14107 - 11/28/2017 - Parker, Shawn
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Residents #2 and #3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

2600.191
1. The Admission Director who admitted this resident to the Personal Care Home is no longer employed At the facility.
2. Resident Right to Refuse Medications has been reviewed with resident #2 and # 3.
3. The Personal Care Administrator has in-serviced the Admissions Director on this regulation.
4. Personal Care Home Administrator will randomly audit admission agreements to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARCELLE F. RUGETT

Date 12.18.2017

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

The above plan of correction is approved as of 12/13/17 (Date)

The above plan of correction was approved by [signature] (Title)

Plan of correction implementation status as of 12/13/17 (Date)

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

Violation Report: 14107 - 11/28/2017 - Parker, Shawn
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
Resident # 3 pre screen part 3 (determination statement) not completed

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.

2600.224(a)
1. Resident #3 preadmission screen part three was immediately completed by Administrative Nurse.
2. The new Admissions Director was in-serviced on this regulation.
3. Random Audits of preadmission screens will be completed by Administrative Nurse to ensure all sections of preadmission screening are completed within 30 days prior to admission and documented on the Departments preadmission screening form that the needs of the resident can be met by the services provided by the home.

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) Vincent E. Russo

Date 12.12.2017

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Plan of correction implementation status as of _____ (Date)

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- ☐ Not Implemented

Violation Report: 14107 - 11/28/2017 - Parker, Shawn
PCH Name: ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU. Nor or they posted in the SDU courtyard.

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.

2600.233 (C)
1. The directions for operating the home's locking mechanism were immediately posted near the door to the SDCU and by the SDCU Courtyard.
2. All Staff were in-serviced on the location of the directions for operating home's locking mechanism in the SDCU.
3. Personal Care Home Administrator or designee will complete random audits to ensure directions for this operation are conspicuously posted near the device.

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

Signature of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vincent E. Rupert — Date 12-12-2017

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