



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 05 2018

Ms. Christine Landenberger  
Chief Financial Officer  
470 Manor Operating, LLC  
490 Manor Avenue  
Downingtown, Pennsylvania 19335

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

Dear Ms. Landenberger:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 9, 2018, 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](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.

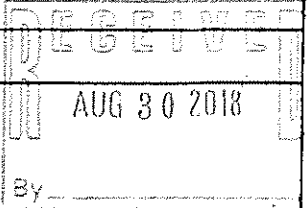
Sincerely,

A handwritten signature in black ink that reads "Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| PCH Name: ST Martha Villa                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                             | License Number: 14108                                                               |
| Address: 490 Manor Ave, Downingtown, PA 19335                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                             | County: Chester                                                                     |
| Administrator: Donna Greiss                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | Region: SOUTHEAST                                                                   |
| Legal Entity Name: 470 Manor Operating LLC                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                             |                                                                                     |
| Legal Entity Address: 490 Manor Ave, PA, PA 19335                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                     |
| Certificate(s) of Occupancy<br>C-2 LP<br>11/25/2002<br>L&I                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                             |  |
| <b>Staffing Hours</b>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                             |                                                                                     |
| Resident Support: 0                                                                                                                                                                                                                                                                                                                                   | Total Daily Staff: 93                                                                                                                                                                                                                       | Waking Staff: 70                                                                    |
| Type of Inspection: Full                                                                                                                                                                                                                                                                                                                              | BHA Docket Number:                                                                                                                                                                                                                          | Notice: Unannounced                                                                 |
| Reason(s) for Inspection(s)<br>Renewal                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                             |                                                                                     |
| On-Site Inspections Dates and Department Representatives On-Site<br>05/09/2018: Wooters, Sandra; Braswell, Natasha; Chung, Youn Hie                                                                                                                                                                                                                   |                                                                                                                                                                                                                                             |                                                                                     |
| Off-Site Inspection Dates and Inspectors, if Applicable                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                             |                                                                                     |
| <b>Other Details</b>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |                                                                                     |
| Partial or Full Triggers:                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                             | Random Indicators:                                                                  |
| <b>Resident Demographic Data as of Inspection Dates</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                             |                                                                                     |
| Licensed Capacity: 135<br>Number of Residents Served: 64<br>Secured Dementia Care Unit in Home: Yes<br>Area: Memory Unit<br>Secured Dementia Unit Capacity, if Applicable: 35<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 29<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 64<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 29<br>Have a Physical Disability: 0 |                                                                                     |

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**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**

The home's written policy on reportable incidents does not address the prevention and investigation of reportable incidents.

**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) Policy was re-written to include prevention steps and responsibility for investigation.
- 2) Policy implemented immediately.
- 3) Staff to be inserviced in September, <sup>2018</sup> on prevention and investigation and subsequent paperwork.

4) All new staff will be trained on the policy upon hire and annually thereafter, starting immediately.  
 (Signature) 8/31/18

|                                                                                   |                                   |         |
|-----------------------------------------------------------------------------------|-----------------------------------|---------|
| Repeat Violation: No                                                              | Date(s) of Previous Violation(s): |         |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   |         |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   | Date    |
| DONNA Greiss, Administrator                                                       |                                   | 8-30-18 |

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

|                                                                         |                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8/31/18</u><br>(Date) | Plan of correction Implementation status as of <u>8/31/18</u><br>(Date)                                                                                                                                                                         |
| The above plan of correction was approved by _____<br>(Initials)        | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 14108 - 05/08/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**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, admitted 02/05/2018, was not signed by the resident or the designated person.

**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 was immediately signed by POA. Resident #1 will sign the contract within 10 days of receipt of this POC. 8/28/18
- 2) Director of Admissions will audit all new paperwork for new admissions prior to admission date, as well as 48 hours post admission, to assure all signatures are obtained and paperwork is complete.
- 3) All Residents admitted within the past 12 months records will be audited to ensure they signed the contract, starting immediately. 8/31/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna Greiss, Administrator* Date *8-30-18*

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|                                                                             |                                                                                                                                                                                                                                                 |
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| The above plan of correction was approved by <u><i>GD</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**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 #1's record did not contain a copy of the resident rights and complaint procedures signed by the designated person.

**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 rights and complaint procedures were immediately distributed to and signed by the designated person and a copy placed in file.
  
- 2) Director of Admissions will audit all paperwork for new admissions prior to admission and 48 hours post admission, to assure completion and distribution of all required documents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Donna Greiss*

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

*Donna Greiss, Administrator*

Date

*8-30-18*

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The above plan of correction is approved as of

*8/31/18*  
 (Date)

Plan of correction implementation status as of

*8/31/18*  
 (Date)

The above plan of correction was approved by

*(Signature)*

(Initials)

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff person B, the home's administrator, completed only 20.75 hours of annual training in training year 2017.

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) Administrator did complete 24 hours of training; however, unable to produce record of one inservice.
- 2) Moving forward, administrator will file all records of training immediately upon completion of course.
- 3) Administrator will audit, quarterly, the number of CEUs obtained, and still needed to meet regulation.

4) The administrator will complete 3.25 hours of additional training during the 2018 training year, in the event, the said additional training certificate cannot be located. Therefore in 2018 27.25 hours of annual training by the administrator will be completed in 2018.  
 (on) 8/31/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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The above plan of correction is approved as of 8/31/18  
 (Date)

Plan of correction Implementation status as of 8/31/18  
 (Date)

The above plan of correction was approved by (82)  
 (Initials)

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

Violation Report: 14108 - 05/09/2018 - Woolers, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 55 Pa.Code §2600**

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person C, D, and E, who began work on 10/29/17, 02/12/18, and 10/29/17 respectively, did not have a record showing that they received a general orientation to their job functions.

**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) Specific job function duties and assignments were immediately discussed with staff.
- 2) Attached are documents, reflecting each department and the specific job functions required during orientation, that need completed prior to independent performance.
- 3) Administrator will audit all new employee's paperwork to assure specific job function checklist and orientation has occurred.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Donna Greiss*

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

Donna Greiss, Administrator

Date 8-30-18

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The above plan of correction is approved as of

8/31/18  
 (Date)

Plan of correction implementation status as of

8/2/18  
 (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: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 65 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 person F's, training record does not indicate the actual number of hours of the training completed during 2017.

**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) Individual employee form for inservice training was updated to reflect length of time for each inservice.
- 2) All standard forms have been updated to include length of time for each inservice.
- 3) DCS HF will complete an additional 12 hours during the 2018 training year to ensure all the required trainings are completed in addition to the required hours by 12/31/18.
- 4) All STATE training records will be audited to ensure all required trainings have been completed, at least twice a year, starting immediately. *EO 8/31/18.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Donna Greiss*

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

*Donna Greiss, Administrator*

Date

*8-30-18*

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*8/31/18*  
 (Date)

Plan of correction implementation status as of

*8/31/18*  
 (Date)

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- Not Implemented

The above plan of correction was approved by

*(EO)*  
 (Initials)

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home's record of direct care staff training for 2017 does not include the length, content, exact date, or source of the training for direct care staff F, hired 01/21/15 and staff person G, hired 02/08/10.

**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) Immediately, and moving forward, we will be utilizing the standard record of training, which is provided by DHS for all inservices.
- 2) Administrator will maintain all records, and will audit all STAFF training records at least bi-annually, starting immediately. @ 8/31/18
- 3) An individual record will then be completed on each employee that attended the specific inservice, notating the inservices attended. (see attached)
- 4) Course content will be filed in the inservice book, with the record of training attached, under the tab, 'content'.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator* Date *8-30-18*

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 (Date)

Plan of correction implementation status as of *8/31/18*  
 (Date)

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

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

Violation Report: 14108 - 05/09/2018 - Woolers, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 65 Pa.Code §2800**

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**

The home's staff training plan for 2018 does not include specific times and dates of the training.

**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) The 2018 staff training plan was updated to reflect specific dates and times of inservices, using the existing form.
- 2) 2019 and moving forward, will be completed on the standard DHS form.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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

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 (Date)

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

Plan of correction implementation status as of 8/31/18  
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 56 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 05/09/18, the following was observed:  
 - The patio furniture in the SDCU was unclean and a thick layer of dust was visible on the chairs.  
 - Resident room #53 had a strong smell of urine.

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) Outside patio furniture was immediately power washed and new cushions purchased for all furniture.
- 2) Room 53 carpet was immediately shampooed, and carpet was replaced on 8/30/18, due to urine staining and odor.
- 3) Moving forward, outside furniture will be diarled by administrator, to be power washed in early spring.

4) Housekeeping staff will conduct weekly checks of all furniture and carpets, starting immediately. The staff will be trained on how to report unsanitary conditions within 30 days of receipt of this P.O.C. (08/31/18)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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 (Date)

Plan of correction implementation status as of 8/31/18  
 (Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

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  
 The recently mopped kitchen floor was covered with a layer of water, presenting a slipping hazard

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.

Educated dining staff to ensure that all excess water is removed post mopping, and signs placed in prominent area.

The administrator or designee will conduct physical site inspections weekly to ensure all floors are safe, starting immediately. End 8/31/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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 (Date)

The above plan of correction was approved by *SN*  
 (Initials)

Plan of correction implementation status as of 8/31/18  
 (Date)

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 A bag of carrots, stored in the main kitchen refrigerator, was opened and unsealed.

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) Bag of carrots was immediately discarded.
- 2) Dietary staff educated regarding sealing all opened bags of food, along with labels and dates.
- 3) Moving forward, dietary supervisor/manager, will monitor all opened food for proper storage, on a daily basis.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

|                                                                                                                      |                      |
|----------------------------------------------------------------------------------------------------------------------|----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Donna Greiss, Administrator</i> | Date: <i>8-30-18</i> |
|----------------------------------------------------------------------------------------------------------------------|----------------------|

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

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|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u><i>8/31/18</i></u><br>(Date) | Plan of correction Implementation status as of <u><i>8/31/18</i></u><br>(Date)                                                                                                                                                                  |
| The above plan of correction was approved by <u><i>Ⓞ</i></u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 55 Pa.Code §2600**

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**

The home's written emergency procedures do not include contact information for each resident's designated person, the homes plan to provide emergency medical information for each resident that ensures confidentiality, contact phone numbers of local and State emergency management agencies and local resources for housing and emergency care of 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.*

- 1) A laptop was immediately provided to Clinical Director to keep with her at all times, in order to maintain confidentiality and access to contact information, med lists, diagnoses, etc. in the event of an emergency.
- 2) Laminated sheets were provided to each nursing unit, front desk, and department heads, for local and state contact numbers, in the event of an emergency situation.
- 3) Policy was updated to reflect new process for maintaining confidentiality.
- 4) All STAFF will be educated on the updated policy upon hire and annually thereafter, starting immediately @ 8/31/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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

The above plan of correction was approved by *DP*  
 (Initials)

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**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 fire drill record for the drills conducted during the past 12 months does not include the actual evacuate time. The administrator reported rounding up the time for drills conducted on 1/5/18, 2/1/18, 3/20/18 and 4/11/18.

**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) Stop watch immediately purchased for use with all fire alarms.
- 2) Exact seconds will be quantified on all fire alarms, moving forward.
- 3) The administrator will review all fire drill records on a monthly basis to ensure exact times are noted, starting immediately.  
 (Signature) 8/31/18

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| 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<br>(Required on EVERY Page) <i>Donna Greiss, Administrator</i> | Date <i>8-30-18</i> |
|----------------------------------------------------------------------------------------------------------------------|---------------------|

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

The above plan of correction is approved as of 8/31/18  
 (Date)

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

Plan of correction implementation status as of 8/31/18  
 (Date)

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 55 Pa.Code §2600  
 2600.132(j) - Elevators may not be used during a fire drill or a fire.

2a. DESCRIPTION OF VIOLATION

On 5/9/18, at 12:55 pm, the smoke detector alarmed because of smoke. A visitor and a resident used the elevator to 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) Confirmed that visitor and resident were already in the elevator at the time of alarm. The elevator is designed to immediately move to the first floor upon the alarm sounding.

2) Reminded residents and staff that the elevators are not to be used during a fire alarm.

3) At the next family meeting discuss the importance of NOT using the elevator during any fire alarms.  
 SN 8/31/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dama Greiss*

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

Dama Greiss, Administrator

Date 8-30-18

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The above plan of correction is approved as of

8/31/18  
 (Date)

Plan of correction implementation status as of

8/31/18  
 (Date)

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

The above plan of correction was approved by

*(Initials)*  
 (Initials)

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3, dated 05/11/17, does not include medical information pertinent to diagnosis and treatment in case of an emergency, immunization history and body positioning /movement.

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) The DME was immediately sent to physician for updated signature and field completion, for Resident #3.
- 2) Moving forward, Clinical Director will audit admission paperwork on all new admissions immediately and 30 days after.
- 3) The Clinical Director will review all DME's upon receiving the completed document to ensure the DME includes all the required elements of this regulation, starting immediately.
- 4) An audit of All resident DME's will be conducted within the next 30 days to ensure all the DME's are completed as required. 8/31/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Donna Greiss*

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

Donna Greiss, Administrator

Date 8-30-18

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The above plan of correction is approved as of

8/31/18  
 (Date)

Plan of correction implementation status as of

8/31/18  
 (Date)

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

The above plan of correction was approved by

*SG*  
 (Initials)

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

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 05/09/18, medications prescribed for two residents, who resides in the independent living section of the home, were observed in the home's medication cart.

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) Medications were immediately removed and placed into the resident's independent apartment.
- 2) Moving forward, audits will be performed by the Clinical Director on all medication carts to ensure all meds located in carts are for personal care residents only.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greis, Administrator* Date *8-30-18*

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The above plan of correction is approved as of 8/30/18  
 (Date)

The above plan of correction was approved by *SD*  
 (Initials)

Plan of correction implementation status as of 8/31/18  
 (Date)

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**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**

- A container of Bio Freeze Cold Therapy was found in a med cart without a label.
- An unlabeled container of Thick & Easy was observed in the home's kitchen.

**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) Bio Freeze cold therapy was immediately discarded, as treatment had been completed. Thick and easy immediately labeled.
- 2) Staff education on removing discontinued medications from med cart/treatment cart, as well as labeling and dating.
- 3) Clinical Director will complete monthly audits for treatments and medications.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator* Date *8-30-18*

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

The above plan of correction is approved as of 8/31/18  
 (Date)

Plan of correction implementation status as of 8/31/18  
 (Date)

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

The above plan of correction was approved by *SD*  
 (Initials)

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

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  
 The home does not have procedures for the safe use of medications and medical equipment.

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 The homes policy was updated on 8/28/18.
- ② The Nursing staff of the home will be educated on the updated policy <sup>Please see attached policy.</sup> within 30 days of receipt of the P.O.C.
- ③ An annual review of all policies will be conducted by the administrator or designee <sup>8/31/18</sup>

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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

The above plan of correction is approved as of 8/31/18  
 (Date)

The above plan of correction was approved by *DG*  
 (Initials)

Plan of correction implementation status as of 8/31/18  
 (Date)

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

On 04/08/2018, direct care staff A restrained resident #2 by using a belt to strap her in the wheelchair. Staff person <sup>stated</sup> since the staff was tired of her getting up and down from the chair. RASP dated 03/6/18 indicates that the resident requires cues to use her walker. The resident is unable to free herself from the seat belt, which is a mechanical restraint for 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.*

This was discovered during a review of an employee's file and the subsequent discipline of that employee, regarding using a seatbelt on a family provided wheelchair. This was self identified, rectified immediately, the employee was educated and disciplined. The discipline was located in the employee file.

All STAFF will be educated on what is a mechanical restraint and treating all residents with dignity/respect within the next 15 days, and discussed at monthly STAFF meetings for the next 6 months, starting immediately. @ 8/31/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greis, Administrator*      Date *8-30-18*

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| The above plan of correction is approved as of <u>8/31/18</u><br>(Date)     | Plan of correction implementation status as of <u>8/31/18</u><br>(Date)                                                                                                                                                                         |
| The above plan of correction was approved by <u><i>SG</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra

PCH Name: ST Martha Villa

**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**

The pre-admission screening form for resident #7, admitted 06/07/17, does not include a determination that the home can meet the service needs of 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) Pre-admission screening was immediately updated.
- 2) Clinical Director will audit all admission forms prior to admission date, and within 48 hours post admission, for completion.

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| 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) *Donna Greiss, Administrator* Date *8-30-18*

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The above plan of correction is approved as of 8/31/18  
(Date)

The above plan of correction was approved by *GD*  
(Initials)

Plan of correction implementation status as of 8/31/18  
(Date)

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

Violation Report: 14108 - 05/09/2018 - Woolers, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #3 participated in the development of her support plan on 05/16/17. The resident did not sign the support plan.

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) Support plan was immediately updated with 'resident unable to sign' due to cognition.
- 2) Moving forward, all RASPs will be audited with every new admission and 30 days post admission, for completion of all fields. Clinical Director will perform audit immediately and ongoing via chart audits.

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| 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<br>(Required on EVERY Page) <i>Donna Greiss, Administrator</i> | Date <i>8-30-18</i> |
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| The above plan of correction is approved as of <u>8/31/18</u><br>(Date)     | Plan of correction implementation status as of <u>8/31/18</u><br>(Date)                                                                                                                                                                         |
| The above plan of correction was approved by <u><i>EG</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

1. REGULATION 55 Pa.Code §2800  
 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 electronic card system are not conspicuously posted near the door to the SDCU.

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.

Our security system does not require the use of the secure cards to exit. All exits and egress are labeled with signage regarding, 'push for 15 secs, door will release'.

Secure cards are used for entrance into any resident area. Signage is posted regarding the use of swipe security cards.

The administrator or designee will conduct physical site inspection of all secure doors to ensure directions are posted, at least, monthly, starting immediately. *GD 8/31/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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The above plan of correction is approved as of 8/31/18  
 (Date)

The above plan of correction was approved by *GD*  
 (Initials)

Plan of correction implementation status as of 8/31/18  
 (Date)

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

Violation Report: 14108 - 05/09/2018 - Wooters, Sandra  
 PCH Name: ST Martha Villa

**1. REGULATION 55 Pa.Code §2600**  
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff persons H, hired 03/09/16 and I, hired 07/15/15, records did not contain documentation that 6 hours of dementia training was completed in 2017.

**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) Both employees had documented 6 inservices for dementia; however, length of each inservice was not documented, as cited in previous violation.
- 2) Inservice records updated to reflect the required 6 hours of training.
- 3) Moving forward, all inservice records will be updated to include the length of time for each inservice.
- 4) The administrator will audit all staff training records, at least bi-annually, to ensure the staff have the required hours of dementia training.  
 @ 8/31/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Greiss, Administrator*      Date *8-30-18*

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 (Date)

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

Plan of correction implementation status as of 8/31/18  
 (Date)

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