



**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED March 21, 2019**

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 Incident inspection on October 9, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

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

PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING		License Number: 14108
Address: 490 MANOR AVENUE, DOWNINGTOWN, PA 19335		County: Chester
Administrator: Donna Greiss		Region: SOUTHEAST
Legal Entity Name: 470 MANOR OPERATING LLC		
Legal Entity Address: 490 MANOR AVENUE, DOWNINGTOWN, PA 19335		
Certificate(s) of Occupancy C-2 LP 11/25/2002 L&I		NOV 21 2018
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/09/2018: Chung, Youn Hie; Swisher, Michele		
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: 135 Number of Residents Served: 70 Secured Dementia Care Unit in Home: Yes Area: Memory care Secured Dementia Unit Capacity, if Applicable: 35 Number of Residents Served in Secured Dementia Care Unit, If applicable: 29 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0	

Violation Report: 14108 - 10/09/2018 - Chung, Youn Hie
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 09/30/2018, at approximately 07:10 PM, staff member A removed the 9:00 PM medications for resident #1, put them in a cup, and took them to the resident's room. Staff member A did not put the medications in the resident's hand or in her mouth, nor did she watch the resident ingest them. This resident requires this assistance to take the medications. The medications were found next morning on the resident's kitchen counter-top.

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.

Within 15 days of receiving this POC, all staff having med. administration privileges shall be re-trained on the cited reg. 2600.182c. For the next two consecutive months, the Administrator or designee will provide oversight to staff during med. passing time to ensure that staffs are adhering to the cited reg. Administrator will conduct a random check on staff weekly during med. passing time to ensure continual compliance with the reg. The re-training of staff on med. admin. shall be documented.

Physician immediately notified of medication error.

3/15/18

AAA

Staff inserviced regarding medication administration regulations and policie/procedures.

Clinical Director will audit EMARs for administration time compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Donna Greiss, RN

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

Donna Greiss, Administrator

Date

11-21-18

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

The above plan of correction is approved as of 3/15/19
 (Date)

Plan of correction implementation status as of 3/15/19
 (Date)

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

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

Violation Report: 14108 - 10/09/2018 - Chung, Youn Hie
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Lorazepam 0.5 mg twice daily. On 09/28/2018, at 6:00 AM, the count for this medication was 55. The next entry was 09/29/2018 6 AM with 54 count. The 09/28/2018, 6:00 PM evening count was 51 and it was entered late. It was entered after the 09/30/2018 6:00 AM entry where the count was 52.

Resident # 2 is also prescribed Oxycontin 15 mg every 12 hours. 09/28/2018, the 6:00 AM count was 26. The next entry was 09/29/2018, at 6:00 AM with the count at 25 count. The 09/28/2018, 6:00 PM count was 22 and it was entered late following the 09/30/2018, 6:00 AM count which read 23.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator or designee will ensure that a system to routinely count and reconcile narcotic meds for all residents is put in place; and that the process or count takes place daily. At the minimal, Narcotic med count shall take place daily during staff's change of shift. Any issue of concern shall be promptly reported to the Administrator. Administrator or designee will review narcotic count sheet daily. 3/15/19

Narcotic counts immediately reconciled with documentation and medications.

AAA

Staff inserviced on policy for narcotic counts and investigation of medications missing/wrong counts.

Clinical Director to proactively audit shift narcotic count completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Donna Greiss

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

Donna Greiss, Administrator

Date 11-21-18

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Violation Report: 14108 - 10/09/2018 - Chung, Youn Hie
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

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

Staff member A administered 8:00 PM medications for several residents including resident #3 and resident #4 at 06:40 PM, more than one hour earlier than scheduled.

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.

Residents monitored immediately for adverse effects from early administration of medications.

Staff educated on medication administration policy and regulations.

Clinical Director to audit EMARs for administration time compliance.

Within 15 days of receiving this POC, the Administrator or a designee will re-train all staff on the requisite detailed in the cited reg. The training shall be documented. Administrator or a designee will review MARS weekly to ensure compliance and randomly choose a day to provide oversight to staff weekly. 3/15/19 A-A.A

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, Admin** Date **11-21-18**

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 (Initials)

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Violation Report: 14108 - 10/09/2018 - Chung, Youn Hie
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 10/09/2018, resident #5 was administered Probiotic 250 mg at 01:00 PM and Hydrocodone-APAP 5-325 mg at 02:30 PM. No staff person initialed the medication administration record.

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.

Within 15 days of receiving this POC, all staff will be re-trained on the cited reg. The training provided shall be documented. Staff will be required to review and certified that meds are properly administered and that documentation of the same takes place immediately on daily basis. The Administrator or a designee will review all resident's MARS weekly to ensure continual compliance with the cited reg. 3/15/19

Staff educated regarding EMARs, medication administration and policy for documenting/initialing medication administration.

Clinical Director to audit EMARs to assess for completion of medication administration.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DONNA Greiss, Admin	11-21-18

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Violation Report: 14108 - 10/09/2018 - Chung, Youn Hie
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 09/30/2018, staff member A failed to administer the 9 PM medications for 23 residents including residents # 1, 3, and 4.

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.

Within 15 days of receiving this POC, all staff will be re-trained on the cited reg. The training provided shall be documented. A system to prompt staff to give meds as at when due will be developed. Staff will be required to review and certified that meds are properly administered and that documentation of the same takes place immediately on daily basis. The Administrator or a designee will provide oversight to staff for the next two consecutive months during the med. administration time; and review all resident's MARS weekly to ensure continual compliance with the cited reg.

3/15/19 Staff member immediately terminated.

AAA

Physicians notified of error in medication administration. Residents monitored for adverse effects from medication administration errors.

Staff educated regarding medication administration policy and regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Donna Greiss

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

Donna Greiss, Admin

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1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 09/30/2018, at 9:00 PM, resident # 3 did not receive their dose of Donepezil 10 mg, Pravastatin 40 mg, and Gabapentin 100 mg. The error was not reported to the prescriber.

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.

Within 15 days of receiving this POC, all staff will be re-trained on the cited reg. The training provided shall be documented and any reports made to a physician concerning a resident's meds. shall be documented. The Administrator or a designee will review all resident's MARS weekly to ensure continual compliance with the cited reg. 3/15/19

A.A.A

Clinical Director notified physician regarding medication error.

Staff educated on policy and procedure of medication administration/medication errors.

Clinical Director will audit EMARs for administration times.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
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Donna Greiss, Admin

Date 11-21-18

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 (Initials)

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