



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Ms. Nancy Newcomb
Chief Executive Officer/President
St. Mary's Villa Nursing Home
516 St. Mary's Villa Road
Elmhurst Township, Pennsylvania 18444

RE: St. Mary's Villa Residence
One Pioneer Place
Moscow, Pennsylvania 18444
License #: 203900

Dear Ms. Newcomb:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 11/1/2015, at 10:45am, the Licensing Inspection Summary from 11/16/2017 was posted next to the front desk; the resident privacy coding was attached to the Licensing Inspection Summary

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.

2600.17

The privacy coding document has been removed from the inspection binder at the front desk.

The facility Administrator will monitor this binder to ensure the privacy coding document is not inadvertently added again.

All staff will be re-inserviced on inspection binder content.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *M. C. Perlock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Perlock Administrator	Date 12/20/2018
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The above plan of correction is approved as of <u>12-27-18</u> (Date)	Plan of correction implementation status as of <u>1-24-19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>ag</u> (Initials)	

Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

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

2a. DESCRIPTION OF VIOLATION
 The facility has not posted the Influenza Awareness Act poster in a public and conspicuous place in the facility as required by the Influenza Awareness Act.
 The home's boiler certificate from Labor and Industry expired on 10/13/18.

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.

The correct Influenza Awareness Act poster has been obtained and posted in the front lobby.

The facility Administrator will ensure going forward that the correct Influenza Awareness Act poster is displayed year round and will monitor any changes to these required postings.

On 11/2/18 Boiler was inspected and passed inspection. A signed document was obtained from the inspector to substitute until the updated certificate arrives.

Staff will be in seviced on flu poster and boiler inspection certificate regulations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2017		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Perlock*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Perlock* Date *12/20/2018*

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 10/26/18 and 10/27/18], from 11pm-7am,68 residents were present in the home. During this time 1 staff persons were present in the home who were certified in first aid and CPR].

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.

All 11p-7a staff are now CPR/First aid certified to ensure there is always a sufficient number of trained staff on this shift.

The facility Administrator and Nursing Supervisor will routinely audit staff CPR/first aid certifications to ensure they are up to date and that an appropriate number of CPR trained staff are always present in the facility.

Staff will be in seviced on CPR/first aid certification regulations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2017	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Perlock	Date 12/20/2018
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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. **REGULATION 55 Pa.Code §2600**
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. **DESCRIPTION OF VIOLATION**
 Resident room # 323 has an enabler bar attached to their bed that doesn't contain a cover causing a possible safety 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.

The identified enabler bar has been covered on resident 323.

Facility Administrator and nursing supervisor will conduct an audit on all residents using enabler bars to ensure any enabler bars being utilized are covered appropriately.

Staff will be in-seviced on enabler bar safety requirements and regulations.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Perlock Administrator* Date *12/26/2018*

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The storage room on the home's second floor was unlocked, and contained several cans of ACE brand and Sherwin Williams brand paint. Not all residents in the home are assessed to be able to safely use or avoid poisonous materials.

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 storage closet was immediately locked upon observation that it was open. All storage closets were checked and found to be locked.

The facility Maintenance supervisor and Housekeeping staff will audit all storage doors during daily rounds to ensure they remain closed and locked.

Staff will be in-seviced on the importance of securing any harmful materials.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Perlock Administrator* Date *12/20/2018*

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

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

2a. DESCRIPTION OF VIOLATION
 The Haier black mini refrigerators located in the 2nd and 3rd floor kitchenette did not contain thermometer in the the freezers.

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.

Thermometers were reordered and placed into the freezers in all refrigerators.

Dietary staff will audit these thermometers are present when restocking the refrigerators.

Staff were reinserviced on the importance of ensuring food is stored at appropriate temperatures.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2017
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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The refrigerator in the home's kitchen contained an opened bottle of Ken's Ranch dressing with an expiration date of 6-10-18.

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.

The expired ranch dressing was disposed of when it was identified.

The dietary manager will conduct weekly audits to ensure that there is no expired food in the kitchen.

Staff will be inseediced on necessity of rotating stock and removing expired items.

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.


2a. DESCRIPTION OF VIOLATION
 The home's notice to the fire department, dated 5-29-18, does not include the total capacity of the 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

The facility fire department notification letter has been updated to include total resident capacity and resubmitted to the fire department.

The updated copy of this letter which will include total capacity of the home will be utilized for any future notifications to the fire department.

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home has a maximum of 3 staff working on the overnight shift. However, over the past 12 months, the home has not run any drills during which only 3 staff were present. The least amount of staff that the home has had participating in fire drills in the past 12 months is 6.

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 facility conducted its overnight fire drill in the month of November. This drill was conducted prior to the arrival of dietary staff. The drill consisted of two staff PCAs in the facility and meant safety compliance.

Future overnight fire drills will continue to be performed prior to the arrival of dietary staff to ensure that only 11p-7a PCA staff are involved in evacuation.

Staff will be inseeduced on proper procedures for conducting fire drills.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Not all residents are evacuating to a designated fire safe area during every fire drill. If too many residents are attempting to evacuate to the home's stairwells, which are fire safe, not all residents can fit into the stairwell, and are instead standing outside of the stairwell.

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

During the facility's November fire drill the facility administrator and nursing supervisor stood in the fire safe stairwells and monitored the evacuation, and stairwell met capacity for all residents. Staff were educated that all residents needed to be evacuated into the stairwell and not to the lounge. All residents were evacuated fully into the stairwells.

Staff have been educated about proper fire drill procedure and during future fire drills the evacuation will be monitored to ensure evacuation meets compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Parlock Administrator</i>	Date <i>12/20/2018</i>
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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP, dated 7-9-18, states that the resident has a special diet of mechanical soft foods. During lunch, the resident was observed eating a full piece of peach pie.

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.

Based on the facility's own policy provided to the Department, as well as standard practices in the healthcare field fruit pies are consistent with a mechanical soft diet provided they do not contain nuts. As the peach pie served this day did not contain nuts this item was appropriate for this resident.

The Facility will continue to follow this diet plan for the resident and make changes to meals as needed.

Staff will be inseeded on the importance of following a prescribed diet.

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)

Michael Perlock Administrator

Date

12/20/2018

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 10/28/18, waffles were listed on the menu for breakfast. The home did not order waffles for 10/28/18 breakfast. No notice was provided to the residents in advance of the meal.

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

Kitchen storage was inventoried to ensure appropriate ingredients were available for the listed items for the rest of the week's meals. All menu items required will be inventoried prior to menu implementation.

Dietary Manager will inventory stock prior to printing selection menus to ensure accurate menu choices are being given to the residents. If there is a change in the menu residents will be notified.

Staff will be in-service on the proper procedure to notify residents of a menu change.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
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Michael Perlock Administrator

Date 12/20/2018

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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

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
 Resident #2's medication of Lorazepam 0.5mg were stored in the home's medication cart after resident #2 was sent to the ER on 10/2/18 then admmitted to St. Mary's Nursing 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.

The medication was removed from the cart upon its identification.

Routine cart audits will be performed by nursing supervisor to ensure all medications for residents not in the facility are removed.

Staff will be inserviced on the importance of keeping only current medications in the med carts.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

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 #3 has two glucometers. Neither glucometer is calibrated to reflect the correct date and time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident's glucometers were recalibrated to reflect the correct date and time.

Nursing supervisor will audit all residents' glucometers to ensure they are properly calibrated.

Staff will be inseeduced on the importance of ensuring glucometers are properly calibrated.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Perlock Administrator</i>	Date <i>12/10/2018</i>
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Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Staff did not sign or initial the Medication Administration Record of resident #4 on 10/17/18 to indicate that 12.5mg of Lisinopril had been administered.

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.

All MARs audited and found to be compliant.

Nursing supervisor will audit all MARs to ensure medication administration is being properly documented.

Staff will be inseeduced on the importance of properly filling out MARs.

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 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #5's RASP, dated 2-10-18, does not indicate whether or not the resident needs assistance with laundry, or who will assist the resident if it is needed.

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 resident's RASP has been updated to reflect the resident's care needs as it pertains to laundry.

Nursing supervisor will audit RASPs to ensure all RASPs correctly reflect all resident care needs.

Staff will be in-seviced on the importance of maintaining accurate RASPs.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Perlock Administrator</i>	Date <i>12/20/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-27-18</u> (Date)	Plan of correction implementation status as of <u>1-24-19</u> (Date)
The above plan of correction was approved by <u>ag</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20390 - 11/01/2018 - Harvey, Jason
 PCH Name: ST MARY S VILLA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1's DME, dated 7-7-18 has the resident's special diet listed as "No concentrated sweets." This special diet is not listed on the resident's RASP, dated 7-9-18.

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

Resident's RASP has been updated to reflect diet.

Nursing supervisor will audit RASPs to ensure all RASPs correctly indicate all resident dietary needs.

Staff will be in seviced on the importance of maintaining accurate RASPs.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Perlock Administrator</i>	Date <i>12/20/2018</i>
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