



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [REDACTED]

April 15, 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 inspection on March 1, 2019 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 cursive script that reads "Shawn Parker".

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 14108 - 03/01/2019 - Swisher, Michele
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

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 automatic sliding door located on the first floor between the reception area and the dining area has a track embedded in the floor. The track is raised above floor level on the dining area side and needs to be repaired to be flush with the level of the floor surrounding the track to prevent a tripping 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.

Maintenance immediately added additional tapcons in the threshold to secure the track from movement. Latex floor leveler was added under the carpeting to bevel the floor edge on the dining room side of the sliding door. Carpet was reinstalled and is now flush with the threshold.

Administrator or designee will ensure all surfaces are clean and in good repair for safety purposes. Housekeeping rounds will be increased if necessary. SP 04-15-19

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	Date 3-25-19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>04-15-19</u> (Date)	Plan of correction implementation status as of <u>04-15-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14108 - 03/01/2018 - Swisher, Michele
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 58 Pa.Code §2800
 2800.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #1 uses a walker to ambulate. The use of this walker has been documented in previous support plans completed in 2017 and 2018. The resident's current RASP dated 5/8/18 does not include a description of need or support plan to meet the need for the use of the walker.

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.

RASP was immediately updated to reflect the use of the mobility device. Staff was educated on the importance of maintaining an accurate, up to date RASP with current information. Inservice on the additional form that can be used to update information, making the RASP a dynamic, working document.

Clinical director will audit RASPs on a monthly basis, for accurate, up to date resident information.

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* Date *3-25-19*

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