



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
Sent via e-mail [REDACTED]  
April 12, 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 25, 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 "Mia Johnson".

Mia Johnson  
Human Services Licensing Supervisor

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		
<b>Certificate(s) of Occupancy</b> C-2 LP 11/25/2002 Commonwealth of PA, L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 96                      Waking Staff: 72		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/25/2019: Gray, Dean		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 135 Number of Residents Served: 66 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: 30 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 14108 - 03/25/2019 - Gray, Dean  
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 Witness reported seeing staff person A push resident #1 back in her chair and tell resident to stay in her chair. The witness further stated that the staff person yelled at the resident to "put your feet up, I'm tired of this! I'm not dealing with this today!"

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.

**Aide was immediately escorted from the premises and suspended until investigation was complete. Post investigation, the aide was terminated, based on the statements and findings.**

**All staff will be re-educated on OAPSA and our abuse policy over the next 2 weeks.**

**Resident's family/POA was immediately notified of the incident, with subsequent documentation completed.**

Within 60 days of receipt of this POC all staff including direct care staff and management staff will receive training in resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. 4/12/19 *MG*

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) <i>Donna Greiss, Admin.</i>	Date <i>3-29-19</i>
---	---------------------

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

The above plan of correction is approved as of <u>4/12/19</u> (Date)	Plan of correction implementation status as of <u>4/12/19</u> (Date)
The above plan of correction was approved by <u><i>MG</i></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 - 03/25/2019 - Gray, Dean  
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A, hired on 11/29/18, did not have a criminal background check requested until 12/03/18.

**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.*

**Aide completed orientation on 11/29/18, and did not begin direct care orientation until 12/4/18. Upon entering payroll information, I realized a criminal background had not been completed. This was completed on 12/3/18, prior to her floor work.**

**Moving forward, all criminal background checks will be completed before any staff is interviewed/hired.**

**Administrator will audit random HR files to assess completion of all required paperwork.**

Maintain audits for Department review for a period of three years 4/12/19 *MG*

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) <i>Donna Greiss, Admin</i>	Date <i>3-29-19</i>
--	---------------------

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

The above plan of correction is approved as of <u>4/12/19</u> (Date)  The above plan of correction was approved by <u><i>MG</i></u> (Initials)	Plan of correction implementation status as of <u>4/12/19</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
--	--

Violation Report: 14108 - 03/25/2019 - Gray, Dean  
 PCH Name: ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A does not have a high school diploma from a U.S. secondary school, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

**Audit was completed by administrator on all current employees to determine if any require waiver services.**

**Moving forward, waiver submission will occur on all non-US diploma candidates prior to hire date.**

Maintain audits for Department review for a period of three years 4/12/19 *MG*

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) <i>Donna Greiss, Admin</i>	Date <i>3-29-19</i>
--	---------------------

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

The above plan of correction is approved as of <u>4/12/19</u> (Date)  The above plan of correction was approved by <u><i>MG</i></u> (Initials)	Plan of correction implementation status as of <u>4/12/19</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
--	--