



**Sent via email to: nnewcomb@stmarysvilla.com
MAILING DATE: November 7, 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 inspection on April 5, 2019 and July 17, 2019 of the above facility, the citations 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 that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: ST MARY'S VILLA RESIDENCE

License Number: 20390

Address: ONE PIONEER PLACE, MOSCOW, PA 18444

County: LACKAWANNA

Region: NORTHEAST

Administrator

Name: Micheal Perlock

Phone: 5708425274

Email: NNEWCOMB@STMARYSVILLA.COM

Legal Entity

Name: ST MARY'S VILLA NURSING HOME

Address: 516 ST MARY'S VILLA ROAD, ELMHURST TOWNSHIP, PA, 18444

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 59

Total Daily Staff: 134

Waking Staff: 101

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

04/05/2019 - On-Site: Duane Valence

07/17/2019 - On-Site: Duane Valence

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68

Residents Served: 59

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 16

Have Physical Disability: 2

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

- On 4/5/19 the home was serving 11 residents that require physical assistance to evacuate in the event of an emergency. 11 residents require one person to assist them. On 7/17/19 the home was serving 16 residents that require physical assistance of staff to evacuate in the event of an emergency. 16 residents require one person to assist them. On 3/24/19, 3/26/19,3/30/19 and 3/31/19 the home only had 2 staff members working the 11PM to 7:30AM shift. On the schedule from 7/14 to 7/27/19, the schedule indicated that two staff persons would work the 11PM to 7:30AM shift on 7/21/19 and 7/27/19. The home has three floors and 6 fire safe areas designated by the fire safety expert to be the stairwell towers on each floor. In the event of an emergency the home would not be able to meet the needs of the residents.

Plan of Correction (POC)

The administrator, nursing supervisor, and scheduler have reviewed our scheduling procedures and are ensuring that a minimum of three staff are on at all times to ensure safe evacuation of the facility. Additional staffing was found for 7/21 and 7/27 to ensure the facility was fully staffed. Administrator and nursing supervisor will also conduct ongoing assessments to monitor resident acuity to ensure adequate staffing on all shifts moving forward.

Legal Entity Representative

[Handwritten Signature], NHA

Signature

Michael Perlock, Administrator 8/6/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

9-10-19
(Date)

Plan of correction implementation status as of

9-10-19
(Date)

The above plan of correction was approved by

ag
(Initials)

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

132g - Fire Drills Days/Times

Regulations

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.

Description of Violation

Overnight fire drills were conducted on 11/27/18 and 5/15/19 at the same time. The start time on both days was 5:03 AM and concluded at 5:11AM. The overnight fire drills were not conducted at different times of the night.

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.)

On August 1st, 2019 we conducted a fire drill at 12:13AM which lasted until 12:22AM. Moving forward Administrator and Maintenance Director will coordinate to ensure that fire drills times are appropriately varied.

Legal Entity Representative

Michael Perlock, NHA

Signature

Michael Perlock, Administrator 8/6/19

Printed Name and Title

Date

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- Not Implemented

132h - Designated Meeting Place

Regulations

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.

Description of Violation

- Interviews conducted with residents indicate that 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 the fire safe areas, not all residents can fit into the stairwell and are instead standing or sitting outside of the stairwell. Residents with wheelchairs are pushed to the stairwell and several have indicated that they are left outside the stairwell exit door in the hallway and not in the fire safe area.

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.)

See Attached

Legal Entity Representative

[Handwritten Signature], NHA

Signature

Michael Perlock, Administrator 8/6/19

Printed Name and Title

Date

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132h – Designated Meeting Place

On July 21st inservices were held with facility staff for enhanced training on fire drill policy and procedure. This training included the necessity for all residents to be moved to the fire safe areas to ensure the safety of all residents. Also, staff were instructed on proper order of evacuation where certain third floor residents who can safely negotiate the stairs should be evacuated first to create sufficient room on the landing. The Administrator and the campus Rehab therapy director identified several residents who were capable of safely negotiating stairs. After explaining the situation to these individuals, they were observed by administrator and rehab director on the stairs and were able to safely use them. A quick reference list was provided for staff to utilize during evacuations.

A meeting was also held with residents on July 21st to make them aware of the necessity of their cooperation with monthly fire drills, and the need for all residents to evacuate fully to the fire safe areas. In addition to this meeting the Roaring Brooke Fire company chief Rich Motichka addressed the residents at the July 30th resident council meeting to further emphasize the importance of these drills.

On August 1st, 2019 we conducted a fire drill at 12:13AM. Administrator, PC Maintenance Director, Nursing Supervisor, and SNF Maintenance Director were all present to observe. The drill was successful, ending at 12:22AM with all residents evacuated fully. Administrator will continue to monitor all fire drills to ensure proper procedures are followed.

The facility has also secured approval to fireproof the end lounges and add new fire doors on the third floor. This construction will provide additional space to evacuate residents to in the case of emergency. We have met with an architect and secured bids from construction companies. Work is scheduled to commence on September 16, 2019, and is to be completed in 3-4 weeks.

9-10-19

ag