pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 15, 2019

Mr. Vincent E. Rupert
Executive Director
701 Lansdale Operating LLC
701 Lansdale Avenue
Lansdale, Pennsylvania 19446

RE: St. Mary Villa for Independent & Retirement Living
License #: 141070

Dear Mr. Rupert:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 22, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING* **License Number:** *141070*
Address: *701 LANSDALE AVENUE, LANSDALE, PA 19446*
County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: *Tom Schultz* **Phone:** *2153680900* **Email:** *aortolani@chs.org*

Legal Entity

Name: *701 LANSDALE OPERATING LLC*
Address: *701 LANSDALE AVENUE, PA, 19446*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/26/1992* **Issued By:** *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *67* **Waking Staff:** *50*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

04/22/2019 - On-Site: Denise Gillespie, Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served:** *54*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st floor* **Capacity:** *20* **Residents Served:** *13*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13*
Have Physical Disability: *0*

25b - Contract Signatures

Regulations

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 1/17/19, for Resident # 1 was not signed by the Administrator or Designee.

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.)

25b

1. The contract for resident number one was signed by the designee.
2. Contracts will be reviewed for proper signatures regularly by the resident care director or administrator.
3. Audits will be completed indicating that the admissions contract contains proper signatures.
4. Results of the audits will be shared by the resident care director or administrator at meeting of the QA Committee monthly.

Legal Entity Representative

Signature [signature] Printed Name and Title THOMAS SCHULTZ, ADMIN Date 6/20/19

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The above plan of correction is approved as of 6/21/19 (Date)

The above plan of correction was approved by A.A.A (Initials)

Plan of correction implementation status as of 6/21/19 (Date)

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

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/22/19 in Resident Bedroom #13, the shower drain had a build up of soap scum causing the shower to drain very slowly.

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.)

85a

1. The shower drain in apartment number 13 was cleaned and the drain is running appropriately.
2. The shower drain of this apartment and those of other apartments will be checked regularly by the housekeeping director to assure the are draining appropriately.
3. Results of those checks will be documented weekly by the housekeeping director.
4. A summary of those results will be presented at monthly meetings of the QA Committee.

Administrator or a designee will conduct a routine weekly check/walkthrough on the facility, to examine sanitary condition of both interior and exterior, properties, furnitures and fixtures and to ensure compliance with the cited reg. 6/21/19

A-A.A

Legal Entity Representative

Signature | THOMAS SCHULTZ, ADMIN. Printed Name and Title | 06/21/19 Date

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100a - Exterior free of hazards

Regulations

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The outside fence to the left side of exit 4 is not secured to the ground causing gaps in the fencing.

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.)

100a

1. A contractor reviewed repairs needed to the fencing near exit 4.
2. A estimate is being revised to be submitted for approval of the necessary repairs.
3. Fencing will be checked on a weekly basis by maintenance staff.
4. Results of those checks will be summarized and presented at monthly meetings of the QA Committee.

The contractor has submitted an estimate for the fencing project, the same is awaiting approval from the home's management. The repair is expected to be completed by the end of July 2019. Staff will praoctively assist resident while passing through the fencing area. The Administrator, will continue to monitor the fencing area weekly for safety and to ensure that the exterior fencing is repaired timely. 6/21/19

A-A.A

Legal Entity Representative

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Tag/Lighting/Operable Lamp

Regulations

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in Room 71 A does not have access to a source of light that can be turned on/off at bedside.

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.)

101j7

1. The lamp in apartment 71A was replaced.
2. Lamps will be checked by the resident care director or designee monthly.
3. Audits will be kept of the results of the lamp checks.
4. Results of those checks will be summarized and presented at monthly meetings of the QA Committee by the resident care director of designee.

Legal Entity Representative

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121a-Unobstructed Egress

Regulation

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At exit #5 in the courtyard of the SDCU there is a gate with two doors. The left side door is secured closed with a metal stake in the ground and the right-side door is closed by the mag lock. In an emergency the right side releases and the left side does not. This can cause a log jam when evacuating in an emergency.

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.)

121a

1. The metal stakes have been released.
2. The gates will be checked on weekly to assure the stakes are released the resident care director or designee.
3. Audits will be kept of the gate checks.
4. Results of those audits will be summarized and presented at monthly meetings of the QA Committee.

Legal Entity Representative

Signature

THOMAS SCHULTZ, ADMIN. 6/20/19
Printed Name and Title Date

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State Regulation Cited

Regulations:

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/22/19, Loperamide 2 mg prescribed for Resident # 2, was in the home's medication cart; however, the medication was discontinued on 4/12/19.

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.)

183d

1. The medication Loperamide 2mg for resident number two was removed from the medication cart in the presence of the surveyor during the survey.
2. Medication carts were checked for the presence of discontinued meds by the resident care director.
3. Medication carts will be checked monthly and audits completed to check for the presence of discontinued medications by the resident care director or designee.
4. Results of those audits will be summarized and presented at monthly meetings of the QA Committee by the resident care director or designee.

Administrator or a designee will document the routine checks on the MARS, to ensure compliance with the cited reg. 6/21/19

A-A.A

Legal Entity Representative

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- ☐ Not Implemented

F689 - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #2 is prescribed Imodium A-D tablet 2 mg as needed. On 4/22/19 the medication was not available in the home.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

185a

1. Imodium A-D tablet 2mg was reordered from the pharmacy on the day of the survey.
2. Medication carts were checked by resident care director to assure that all prn medications were readily available.
3. Audits of the availability of prn medications will be completed monthly by the resident care director or designee.
4. Results of those audits will be summarized and presented at monthly meetings of the QA Committee by the resident care director or designee.

Administrator or a designee, will complete an audit of the medication cart at the begining of each med. cycle and when there is a change in med. order from the physician; to ensure compliance with the cited reg. Administrator or a designee will promptly liaise with the pharmacy to ensure timely delivery of required medication. 6/21/19.

A-A.A

Legal Entity Representative

Signature

THOMAS SCHULTZ, ADMIN. 6/20/19
Printed Name and Title Date

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187a- Medication Record

Regulations:

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medkation.

Description of Violation:

Resident #3 is prescribed Pramipexole 0.25mg. This medication was administered on 4/2/19 at 1:00 P.M.; however, it was not signed on the medication administration record as administered.

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.)

187a

1. The resident care director spoke with the nurse assigned resident number three and determined that the medication was given. The medication administration record was updated to indicate that Pramipeole 0.25mg was administered as ordered on 04 02 19.
2. Medication administration records were reviewed by the resident care director to assure that medications were signed out with a date and time.
3. Medication administration records will be reviewed monthly by the resident care director or designee to assure that medication administration includes the date, time and initials of the staff member administering the medication.
4. Results of those reviews will be summarized and presented at monthly meetings of the QA Committee by the resident care director.

On receiving this POC, the Administrator will re-train all staff with medication administration privileges on the cited regulation. MARS will be reviewed weekly to ensure ongoing compliance with the cited reg. 6/21/19

Legal Entity Representative: A-A.A

Signature

THOMAS SCHULTZ, Admn. 6/20/19
Printed Name and Title Date

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233c - Key-Locking Devices

Regulations

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the 4, 5, and 6 exit doors in the Secure Dementia Care Unit (SDCU).

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.)
233c

1. Directions for operating the electronic card systems were written, laminated and posted at all exit doors in the Secure Dementia Care Unit by the resident care director.
2. Exits with electronic card systems will be checked for posted operating directions monthly by the resident care director or designee.
3. Results of those audits will be summarized and reported on monthly at the QA Committee by the resident care director or designee.

Legal Entity Representative

Signature | Printed Name and Title | Date

THOMAS SCHULTZ, Admin 6/20/19

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