



July 24, 2019

Ms. Tara Becker  
Administrator  
470 Manor Operating, LLC  
490 Manor Avenue  
Downingtown, Pennsylvania 19335

RE: St. Martha Villa for Independence &  
Retirement Living  
License #: 141080

Dear Ms. Becker:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 17 & 18, 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](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 that reads "Carolyn K. Ellison".

Carolyn K. Ellison,  
Deputy Secretary, Office of Administration  
Shared Services for Health and Human Services

Enclosure  
Violation Report

## Violation Report

### Facility Information

**Name:** ST MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING  
**Address:** 490 MANOR AVENUE, DOWNINGTOWN, PA 19335  
**County:** CHESTER

**License Number:** 141080

**Region:** SOUTHEAST

### Administrator

**Name:** Tara Becker

**Phone:** 6108735300

**Email:** tbecker@chg.org

### Legal Entity

**Name:** 470 MANOR OPERATING LLC  
**Address:** 490 MANOR AVENUE, PA, 19335

### Certificate(s) of Occupancy

**Type:** C-2 LP

**Date:** 11/25/2002

**Issued By:** L&I

### Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 79

**Waking Staff:** 59

### Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

### Inspection Dates and Department Representative

06/17/2019 - On-Site: Youn Hie Chung, Tahesia Thomas

06/18/2019 - On-Site: Youn Hie Chung, Tahesia Thomas

### Resident Demographic Data as of Inspection Dates

#### General Information

**License Capacity:** 135

**Residents Served:** 55

#### Secured Dementia Care Unit

**In Home:** Yes

**Area:** Memory Support

**Capacity:** 35

**Residents Served:** 22

#### Hospice

**Current Residents:** 8

#### Number of Residents Who

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 55

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 24

**Have Physical Disability:** 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round. According to the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.)

18.

A copy of the influenza information was posted immediately by the clinical director on the bulletin board outside of PC elevator. Random auditing will be conducted monthly by clinical director to ensure continued compliance.

Administrator or a designee will provide weekly check on the posted information to ensure ongoing compliance with the cited reg. 7/8/19

AAA

Legal Entity Representative

*Tara Becker*  
Signature

Tara Becker Administrator 7/8/19  
Printed Name and Title Date

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The above plan of correction is approved as of 7/8/19  
(Date)

Plan of correction implementation status as of 7/8/19  
(Date)

The above plan of correction was approved by AAA  
(Initials)

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

65c - Ancillary Staff Orientation

Regulations

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A hired on 10/31/2017, and ancillary staff person B hired on 10/29/2017, did not have a general orientation to his/her specific job functions.

Plan of Correction (POC)

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65c.

General orientation for staff person B was located and noted to have been completed on 10/24/17. General orientation for staff person A will be conducted upon his return from leave of absence. All new hires will receive general orientation prior to working their assignments. An audit will be conducted monthly by administration to ensure compliance.

The Administrator or a designee will immediately conduct a review of all staff's record to ensure that they are in compliance with all required training. A tracking or checklist will be created, and the same will prompt the need for the required staff's training. 7/8/19

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident #1's medical evaluation, dated 03/13/2019, did not include the resident's ability to self-administer medications.

Plan of Correction (POC)

141a.

Resident 1's medical evaluation has been corrected to include the resident's ability to self administer medications. A review of all residents admitted within the past 30 days was conducted to ensure the medical evaluation was complete and in compliance. The admissions office will monitor all move-ins to ensure medical evaluations are completed with required information. Random audits will be conducted monthly by the Clinical Director to ensure continued compliance.

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183d - Prescription Current

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 06/18/2019, Phenergan DM for cough and congestion for resident #2 and Silver Sulfadiazine 1% cream for resident #3 were in the home's med cart; however, these medications are not current prescriptions.

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.

Phenergan DM and Silver Sulfadiazine were both thrown out immediately during survey. Education of nursing staff will be completed by 7/12/19. Following education, Clinical Director will audit med carts weekly x 1 month. Following education Clinical Director will audit med carts monthly to ensure proper storage of only current, on order, and non-expired items.

The Administrator, will create a checking system that will ensure that once a d/c order is received from the resident's physician; the home will immediately effect the required changes on MARS followed by removing the discontinued med. from the medication cart. 7/8/2019

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 06/18/2019, Fluticasone Propionate Salmeterol Inhalation powder prescribed for resident #4 was in the home's med cart. According to the manufacturer's instructions, this powder should be discarded one month after the open date, but there was no open date indicated.

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.)

183e.

Fluticasone Propionate Salmeterol Inhalation powder was thrown out immediately during survey. Education of nursing staff will be completed by 7/12/19. Following education, Clinical Director will audit med carts weekly x 1 month. Clinical Director will audit med carts monthly to ensure proper storage of only current, on order, and non-expired items.

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183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Symbicort Aer 80/4.5 mcg belonging to resident #5 and Nystatin Cream for resident #6 were in the home's med cart.

The symbicort was opened on 03/10/2019 and should have been discarded/disposed within 3 months of the open date.

The nystatin cream had an expiration date of 02/2018.

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.)

183f.

The Symbicort Aer and Nystatin cream were thrown out immediately during survey. Education of nursing staff will be completed by 7/12/19. Following education, Clinical Director will audit med carts weekly x 1 month. Clinical Director will audit med carts monthly to ensure proper storage of only current, on order, and non-expired items. **Administrator or a designee will create a tracking/checklist that will prompt the need for medications to be sent along with a discharged resident; and that a discontinued medication will be immediately removed from MARS and med. cart. 7/8/19**

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184c - Sample Prescription Meds.

Regulations

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Sample Eucrisa 2 % ointment belonging to resident #7 was in the med cart but it did not have the written instructions from the prescriber.

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.)

184c.

Written instructions for Resident 7 Eucrisa 2% ointment was obtained same day by prescriber. Education of nursing staff will be completed by 7/12/19. Following education, Clinical Director will audit med carts weekly x 1 month. Clinical Director will audit med carts monthly to ensure all medications have written instructions from the prescriber.

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185a - 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 Acetaminophen 325 mg as needed and resident #8 is prescribed Milk of Magnesia as needed. On 06/18/2019, these medications were 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 occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

185a.

Pharmacy orders were placed same day for Resident #2 Acetaminophen and Resident #8 Milk of Magnesia. Education of nursing staff will be completed by 7/12/19. Following education, Clinical Director will audit all med orders weekly to ensure availability of all medications and remain in compliance.

Within 15 days of receiving this POC, the Administrator or a designee will review all residents' record to ensure that their respective prescribed PRN meds. are readily available at the home. Going forward, Administrator or a designee will review MARS monthly at the beginning of each med cycle or when a new doctor's order is given, to ensure the accuracy of the information recorded in MARS in accordance with the Physician's orders. Administrator will liaise with the pharmaceutical company to procure residents required meds. Promptly. 7/8/19

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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:

- 7. Route of administration.
- 8. Frequency of administration.

Description of Violation

Resident #3 is prescribed Lorazepam 0.5 mg gel. The label for this medication says every 6 hours but her medication administration record says PRN.

Resident #9 is prescribed Cyanocobalamin 1000 mg (vitamin B-12). The label says 'inject subcutaneously' but the medication administration record says 'inject intramuscularly'.

Plan of Correction (POC)

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187a.

MAR was corrected immediately to reflect the correct frequency of administration for Resident #3 Lorazepam gel. MAR was changed during survey to reflect the correct route of administration for Resident #9 Cyanocobalamin. Education of nursing staff will be completed by 7/12/19. Following AAA education, Clinical Director will audit all med orders weekly to ensure compliance.

Going forward, on receiving a new order, the Administrator or a designee will immediately review the documentation of a new or change in prescription medication order for the residents; to ensure that the physician's order matches the pharmacy label and the MARS documentation and in compliance with the reg. 7/8/19

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234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #10 was admitted to the Secure Dementia Care Unit (SDCU) on 03/15/2019. However, the resident's initial support plan was completed on 03/21/2019

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234a.

Clinical Director will complete RASPs in the required 72 hours for SDU and 15 days for PC. Clinical Director will ensure timeliness going forward to remain in compliance. Administrator will audit RASPs weekly for timeliness.

Within 10 days of receiving this POC and quarterly thereafter, the Administrator or a designee will review the record for all residents admitted to the SDCU; to ensure that their respective record is accurate and reflects the most current level of care. Administrator, will develop a tracking sheet to prompt the need for updated information, such as pre-admission screening when a resident is being admitted to SDCU; and the same will be reviewed for completion. 7/8/2019

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