pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail tschultz@chg.org
October 7, 2019

Mr. Thomas Schultz
Administrator
701 Lansdale Operating, LLC
701 Lansdale Avenue
Lansdale, Pennsylvania 19446

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

Dear Mr. Schultz:

As a result of the Department's Bureau of Human Services Licensing inspection on July 30, 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,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING* **License Number:** *14107*
Address: *701 LANSDALE AVENUE, LANSDALE, PA 19446*
County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: *THOMAS SHULTZ* **Phone:** *2153680900* **Email:** *VRUP@ME COM*

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *82* **Waking Staff:** *62*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

07/30/2019 - On-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served:** *64*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *MEMORY CARE* **Capacity:** *20* **Residents Served:** *18*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *63*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *18* **Have Physical Disability:** *0*

ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

14107

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7-30-19 a broken commode with feces; dispelled a strong odor throughout the hallway near the dining room. The commode was not in good repair with unsanitary conditions for a week

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.)

85.a

1. The bathroom was cleaned and the commode was repaired. Feces were not present on the commode.

2. Public bathrooms will be monitored regularly for cleanliness and function.

3. Public bathrooms will be audited by house keeping director or designee

4. A summary of those results will be reported in QA meeting

Audits will be kept for Department review. 10/7/19 MJ

Legal Entity Representative

Signature [signature] Printed Name and Title THOMAS P. SCHULTZ, ADMIN Date 082819

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

The above plan of correction is approved as of 10/7/19 (Date)

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

Plan of correction implementation status as of 10/7/19 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

14107

95 - Furniture and Equipment

Regulations

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The following objects were not in good repair :

- Non working commode in the bathroom located near the dining room upon entrance to the personal care hallway.

-Two Packaged Terminal Air Conditioner Units were nonoperational in the memory care unit.

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.)

95

1.The commode was repaired.

2. Two packaged terminal air conditioner units were in the processed of being replaced at the time of the survey.

3. A portable air conditioner had been installed prior to the survey while awaiting delivery of air conditioner units.

4. All air conditioner units remain functional at this time.

Within 5 days receipt of this POC, documentation of repairs and receipts will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 10/7/19 MJ

Legal Entity Representative

Thomas P. Schwartz

Signature

Thomas P. Schwartz, Admin.

Printed Name and Title

082819

Date

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ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING

14107

221a - Program Activities

Regulations

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

On 7-30-19, the home failed to provide a form of recreational activities for the residents in the memory care unit at the scheduled time of 10:00 am.

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.)

221.a

1. Part time recreational aides are filling in to ensure activities occur daily.

2. A full time recreation aide was hired specifically for the memory support unit.

3. The memory support unit will be checked on a regular basis by the director of recreation or designee to ensure the activity program is being followed.

Legal Entity Representative

Signature: [signature] Printed Name and Title: THOMAS P SCHULTZ, ADMIN Date: 08-28-19

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The above plan of correction was approved by [initials] (Initials)

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