



**Sent via e-mail [tschultz@chg.org](mailto:tschultz@chg.org)  
Sent via e-mail [aortolani@chg.org](mailto:aortolani@chg.org)  
November 22, 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 September 17 and 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.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

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

License Number: *14107*

## Administrator

Name: *Thomas Schultz* Phone: *2153680900* Email: *tschultz@chq.org, aortolani@chq.org*

## 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: *0* Total Daily Staff: *83* Waking Staff: *62*

## Inspection

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

## Inspection Dates and Department Representative

*09/17/2019 - On-Site: Dean Gray, Tahesia Thomas*

*09/18/2019 - On-Site: Dean Gray, Tahesia Thomas*

## Resident Demographic Data as of Inspection Dates

### General Information

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

### Secured Dementia Care Unit

In Home: *Yes* Area: *Camilus* Capacity: *20* Residents Served: *19*

### Hospice

Current Residents: *3/12*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *19* Have Physical Disability: *0*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

According to the Personal Care Home Assessment Updates attached to resident's RASP, on 09/03/19 a bruise was found on resident #1's left hand, an x-ray was ordered, a fracture to left proximal 5th phalange was found and a splint was applied. The home did not report this incident to the department until 09/05/19.

On 09/07/19, resident #1 was found on the floor of her room. The resident was unable to respond verbally when addressed. 911 was called and resident was sent to the hospital. A change in mental status was noted on Personal Care Home Assessment Updates form attached to resident's RASP. The home did not submit an incident report to the Department.

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

Maintain documentations of audits for Department review. 11/21/19 *MG*

Legal Entity Representative

Signature *Thomas P. Schulte*

Printed Name and Title *THOMAS P. SCHULTE Admin* Date *11/1/19*

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

The above plan of correction is approved as of 11/21/19  
(Date)

Plan of correction implementation status as of 11/21/19  
(Date)

The above plan of correction was approved by *MG*  
(Initials)

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

POC September 17<sup>th</sup> and 18<sup>th</sup> of 2019

St. Mary Villa for Independent and Retirement Living

701 Lansdale Ave

Lansdale Pa, 19446


November 11, 2019

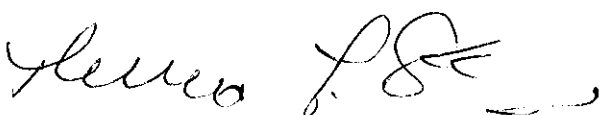
**16.c**

1. Resident #1's X-ray results for a positive fracture did not come back until 9/4/19 and the incident was reported to the department on 9/5/19. There was a documentation error on the RASP indicating that this took place on the 9/3/19. The date was immediately corrected.
2. RASPs will be audited to ensure accuracy of timelines by resident care director on a regular basis. All reportable incidents will continue to be reported to the department within 24 hours of the incident. The regulation on reportable incidents has been reviewed by resident care director.
3. All resident incidents and hospitalizations will be reviewed by resident care director daily to ensure proper reporting procedures are being followed.
4. Reportable incidents and RASP audits will be reviewed at QA meeting.

**25.a**

1. Resident #1's contract was immediately signed by the facility representative and the POA. The POA had it in her possession at the time and wanted to review it. The contract was explained to the POA and the resident.
2. Admission contracts will be signed and explained at time of admission to the POA/and or resident by the admissions coordinator or designee.
3. Audits will be done weekly by care director for any new admissions to ensure that the contracts are in the chart. The admissions coordinator will also keep a copy to have on file.
4. A summary of these results will be reviewed at QA meeting.

11/21/19 



25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted 08/29/19, does not have a resident-home contract on file.

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

Within 5 days receipt of this POC, documentation of signed contract will be submitted to M. Johnson at the Southeast Regional office at ra-pw@rlsoutheast@pa.gov or fax at 610-270-1147. Maintain documentation of audits for Department review. 11/21/19

*MJ*

Legal Entity Representative

Signature *Thomas P. Schultz*

Printed Name and Title *THOMAS P. SCHULTZ, ADMIN*

Date *11/1/19*

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41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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

Within 5 days receipt of this POC, documentation of signed statement will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147. Maintain documentation of audits for Department review. 11/21/19 *MJ*

Legal Entity Representative

Signature *Thomas P. Schwitz*

Printed Name and Title *THOMAS P. SCHWITZ, ADMIN* Date *11/19*

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 09/18/19, licensing representative witnessed resident request and receive a cup of water with breakfast after finishing a cup of orange juice. Resident #1 is prescribed a liquid restriction of 1000 ml/day starting 09/09/19. The home is not documenting or measuring the resident's liquid intake.

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

Maintain documentation of audits for Department review. 11/21/19 *MG*

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *THOMAS PSCARUZZI, ADM. D.* Date *11-2-19*

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**41.e**


1. Resident rights and complaint procedures were immediately explained to resident and POA. A receipt was signed by POA and resident.
2. A receipt of resident rights will be signed and explained at time of admission to the POA/and or resident by the admissions coordinator or designee.
3. Audits will be done weekly by care director for any new admissions to ensure that a signed copy of resident rights are in the chart. The admissions coordinator will also keep a copy to have on file.
4. A summary of these results will be reviewed at QA meeting.

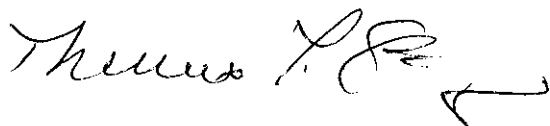
**82.c**

1. The clear moisture barrier and the periguard were immediately removed from resident #1's room and placed in a secure area.
2. All poisonous materials are kept in a locked area in the memory care unit. Each resident has a bin with items needed for care labeled with their name. The CNA/RA will bring the bin in containing the items during care only and returned to locked area afterwards.
3. Weekly audits will be done for each room in the memory care unit to ensure that there are not any poisonous items left behind in resident bedrooms or any resident areas by the care director.
4. The results of these audits will be reviewed at QA meeting.

**187. d**

1. The order for the fluid restriction for Resident #1 and documentation/ measuring of the fluid restriction was immediately put into the system.
2. All prescriber orders will be put into point click care by nursing staff in a timely manner.
3. Nightly chart checks were put into place to be done by 11-7 nurse to ensure accuracy and compliance with prescriber orders.
4. Chart checks will be reviewed on a monthly basis by nursing care director.

11/21/19 



191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 08/29/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

Within 5 days receipt of the POC, documentation of signed right to refuse will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147. 11/21/19 *MJ*

Legal Entity Representative

Signature *Thomas P. Schultz* Printed Name and Title THOMAS P. SCHULTZ, ADM. N Date 11/19

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The above plan of correction was approved by *MJ* (Initials)  Fully Implemented  Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress  Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated 01/15/19, does not include a need for a bed enabler. A bed enabler was observed in the resident's room on 09/18/19.

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.)

See attached

Maintain documentation if audits for Department review. 11/21/19 *MG*

Legal Entity Representative

Signature *Thomas P. Schurz* Printed Name and Title THOMAS P. SCHURZ, ADONIA ... Date 11/19

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

The above plan of correction was approved by *MG* (Initials)

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 08/29/19. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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

Within 5 days receipt of this POC, documentation of signed no objection statement will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 11/21/19 *MJ*

Legal Entity Representative

*Thomas P. Schmitz*  
Signature

THOMAS P. SCHMITZ, ADMIN. *11/21/19*  
Printed Name and Title Date

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(Date)

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(Initials)

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- Not Implemented

**191**


1. Resident right to question or refuse a medication were immediately explained to resident and POA. A receipt was signed by POA and resident.
2. A receipt of resident right to refuse medication will be signed and explained at time of admission to the POA/and or resident by the admissions coordinator or designee.
3. Audits will be done weekly by care director for any new admissions to ensure that a signed copy of resident right to refuse a medication are in the chart. The admissions coordinator will also keep a copy to have on file.
4. A summary of these results will be reviewed at QA meeting.

**227.d**

1. The RASP for resident #2 was immediately updated for the need for a bed enabler secondary to easier transfers and mobility for this resident.
2. All RASPs will be updated immediately for any additional needs of the residents in the home.
3. Bed rail usage will be audited monthly by care director and will ensure that the need exists and assessments are updated.
4. The results of these audits will be reviewed at QA meeting.

**231. e**

1. The Memory Support addendum to the admission contract was immediately explained to resident and POA to ensure there was not an objection to admission to memory support unit. This addendum was immediately signed.
2. The memory support addendum to the admission contract will be signed and explained at time of admission to the POA/and or resident by the admissions coordinator or designee.
3. Audits will be done weekly by care director for any new admissions to the memory care unit to ensure that a signed copy of the addendum is located in the resident record.
4. A summary of these results will be reviewed at QA meeting.

11/21/19 



234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated 08/30/19, for resident #1 does not address the resident's use of bed rails. Based on various witness statements, bed rails were in place on 09/07/19 when resident needed to be taken to the hospital.

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

Within 5 days receipt of this POC, documentation of updated RASP will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147. 11/21/19

*MJ*

Legal Entity Representative

*Thomas P. Schulte*  
Signature

THOMAS P. SCHULTE, ADMIN  
Printed Name and Title  
11/21/19  
Date

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**234.b**

1. The RASP for resident #1 was immediately updated for the need for a bed enabler secondary to easier transfers and mobility for this resident.
2. All RASPs will be updated immediately for any additional needs of the residents in the home.
3. Bed rail usage will be audited monthly by care director and will ensure that the need exists and assessments are updated.
4. The results of these audits will be reported to QA meeting.

11/21/19 