



Sent via email to: nnewcomb@stmarysvilla.com
MAILING DATE: January 31, 2020

Mr. Michael Perlock
Administrator
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 Mr. Perlock:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 20, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *Michael 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: *06/09/1998*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *69*

Waking Staff: *52*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/20/2019 - On-Site: Amy Deluca, Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68*

Residents Served: *56*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

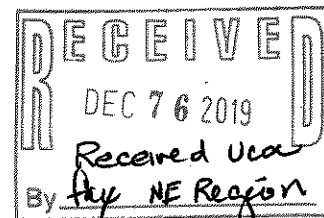
Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *13*

Have Physical Disability: *2*



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

The home's two boilers had boiler certificates that expired 11/5/2019.

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.)

The boiler has since been re-inspected on 12/4/2019, and certificate updated to reflect compliance.

Future boiler inspections will be conducted in a timely manner.

Legal Entity Representative

Diane Anderson
Signature

Diane Anderson Adm. 12-27-19
Printed Name and Title Date

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The above plan of correction is approved as of 1-29-2020
(Date)

Plan of correction implementation status as of 1-29-2020
(Date)

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

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

65f. Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Staff persons A and B did not have training in the following required annual topics for 2018: Medication self administration, instruction on meeting the needs of the residents as described in the preadmission screening form, medical evaluation, and support plan, and safe management techniques.

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.)

Staff A and B will be re-educated on the required training topics.

All staff will be trained according to regulation guidelines going forward.

SEE ATTACHED...

Legal Entity Representative

Diane Anderson
Signature

Diane Anderson Adm. 12-27-19
Printed Name and Title Date

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2600.65f

Within 30 days of receipt of the plan of correction:

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

1-29-2020 - MM

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The floor in the room near the emergency exit located outside the 2nd floor "B" stairwell was covered with plastic drop sheet and presented a tripping hazard and a hinderance to safe evacuation to the fire safe stair well area. The entrance to the door leading to the room leading to the 2nd floor "B" stairwell had a 1 inch step that presented a possible hazard to residents with walkers needing to exit 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.)

The plastic drop sheet covering at the room near the emergency exit located outside the 2nd floor B stairwell was immediately secured during survey to ensure there was no tripping hazard in that area during construction. The entrance to the door leading to 2nd floor B stairwell had the 1 inch step up corrected during survey inspection to prevent any possible hazards to residents with walkers needing to exit in an emergency. These areas will be monitored until completion of the project.

Legal Entity Representative

Dianna Johnson
Signature

DAVE ANDERSON Adm. 12/27/19
Printed Name and Title Date

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91. Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The phone in resident room #208 did not have the required emergency numbers posted near it.

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.)

The emergency phone numbers in room # 208 were located in the drawer under the area of the phone.

The numbers are now displayed near the phone and the resident was educated on the importance of the numbers being visible at all times.

all residents will be educated at resident council meeting by January 31, 2020 on the importance of displaying emergency numbers at all times.

Immediately and ongoing:

The administrator will check all phones in the home to ensure that the required numbers are placed on or by each phone. Staff will be instructed to monitor phones during the course of their duties and report or replace missing numbers. Monitoring shall be weekly X's 4 months 1-29-2020 - MM

Legal Entity Representative

Alaine Johnson
Signature

Dave Anderson Adm. 12-27-19
Printed Name and Title Date

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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's fire safety inspection for 2019 was conducted on 10/17/2019 which was more than one year from the previous fire safety inspection conducted 9/17/2018. The home's last supervised fire drill was conducted 9/17/2018; there was no supervised fire drill conducted by a fire safety expert in 2019.

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.)

A supervised fire drill was conducted prior to September, 2019 however, there was no documentation available at the time of survey.

Going forward all annual supervised fire drills will be conducted in a timely manner.

Staff and Residents will be educated on this regulation and steps we will take to remain compliant, by January 31, 2020

Immediately and Ongoing:

The administrator will ensure that a fire safety inspection and fire drill are conducted by a fire safety expert. Documentation of the inspection and drill will be kept. -- 1-29-2020 - MM

Legal Entity Representative

[Handwritten Signature]
Signature

DAVE ANDERSON Adm. 1222-17
Printed Name and Title Date

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Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The homes maximum safe evacuation time as defined on a letter from a fire safety expert dated 10/17/2019 is 11 minutes and 15 seconds. The fire drill completed on 10/22/2019 was completed in 11 minutes and 20 seconds.

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.)

The fire safety expert re-visited the facility during survey. The maximum safe evacuation time documented was corrected to reflect the actual time originally allotted to allow for a safe evacuation of 11 minutes and 55 seconds.

All fire drills going forward will continue to remain in the safety guidelines determined by the fire safety expert of 11 minutes & 55 seconds, report attached.

Staff will be educated on this regulation by 1/31/2020

Within 5 days of receipt of this plan of correction:

The administrator shall monitor all monthly fire drill-X's 6 months for compliance with this regulation. 1-29-2020

Legal Entity Representative

MM

Alison Johnson
Signature

Diane Anderson Adm 12-27-19
Printed Name and Title Date

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(Initials)

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- Partially Implemented ~~xxxxxx~~
- Partially Implemented ~~xxxxxx~~ Inadequate Progress
- Not Implemented

133.1 - Exit Signs

Regulations:

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There was no exit sign placed on the 2nd floor door leading to the home's newly constructed sitting area that leads to fire safe stair tower B.

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.)

The exit sign was inadvertently removed by the construction crew and was replaced during survey on the door of the 2nd floor leading to the homes newly constructed sitting area that leads to the fire safe stair tower B.
The exit signs will remain in place as per regulation.

Legal Entity Representative

Diase Johnson
Signature

DAVE ANDERSON Adm. 12-27-19
Printed Name and Title Date

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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

Resident #1's Humulin insulin pen and Novolog insulin pen was not dated when it was opened for use, Resident #2's Lantus pen was not dated when it was opened for use.

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.)

Resident #1 Humulin insulin pen and Novolog insulin pen were immediately dated. Resident # 2 Lantus pen was immediately dated.

All nursing staff and med techs will be re-educated on the importance of dating insulin pens and all necessary medications immediately upon opening for use. The education will be conducted by January 10, 2020.

Immediately and Ongoing:

The administrator or designee shall AUDIT all medications monthly X's 6 months to ensure ongoing compliance with this regulation. 1-29-2020

Legal Entity Representative

Alice Anderson
Signature

DAVE ANDERSON Adm. 12-27-19
Printed Name and Title Date

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- Partially Implemented Inadequate Progress
- Not Implemented

184a Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #3's insulin pen was placed in a plastic bag after it was opened for use; neither the bag nor the pen was affixed with a pharmacy label.

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.)

Resident # 3 insulin pen was immediately rectified by having pharmacy re-package with appropriate information on the affixed label to include the residents name, medication name, date prescription was issued, dosage and instructions for usage, and name and title of the prescriber.

all medications will be inspected to ensure above information is attached to the original packaging. Going forward all meds will be reviewed by staff on arrival. Education to nurses & med techs by: 1/10/2020

Legal Entity Representative

SEE BELOW...

Diane Anderson
Signature

Diane Anderson Admin. 12-27-19
Printed Name and Title Date

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11/20/2019

10 of 15

2600. 184a (cont.)
Immediately and Ongoing:

The administrator or designee shall AUDIT all medications monthly X's 6 months to ensure ongoing compliance with this regulation. 1-29-2020 MM

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #3's bottle of Florastor pills was not labeled with the resident's name.

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.)

Resident # 3 bottle of Florastor pills was immediately rectified by contacting pharmacy and having meds repackaged with correct label affixed that included residents name.

All medications will be inspected to ensure above information is attached to the original packaging upon arrival from pharmacy.

All nursing and med tech staff will be re-inserviced to the importance of maintaining this regulation for ongoing resident safety, by January 16, 2020

Immediately and Ongoing:

The administrator or designee shall AUDIT all medications monthly X's 6 months to ensure ongoing compliance with this regulation. 1-29-2020 MM

Legal Entity Representative

[Handwritten Signature]
Signature

D. Ave Anderson Adm. 12-27-19
Printed Name and Title Date

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227.c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #4 started receiving hospice services on 11/12/19. The support plan dated 10/21/2019 was not updated to reflect the change in services.

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.)

Resident #4 support plan dated 10/21/19 was updated to reflect hospice services.
all support plans will be audited to ensure they reflect the residents current level of care.
all nursing staff will be re-instructed to the importance of updating support plans to reflect the residents most current level of care by 1/31/2020

Immediately and Ongoing:

The administrator will develop a system to ensure that all support plans are done correctly, completely, and within the time frames required by this Chapter. Monitoring shall be weekly X's 4 months to ensure

Legal Entity Representative

ongoing compliance with this regulation. 1-29-2020 - MM

Diane Anderson
Signature

Diane Anderson Adm. 12-27-19
Printed Name and Title Date

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 Not Implemented

227g - Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Assessment and Support Plan (RASP) dated 10/21/2019 for resident #4 was not signed by the person who completed the RASP.

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.)

The individual physician that was responsible for Residents # 4 RASP has since signed and dated same. All residents RASP's will be audited to ensure they reflect the date and signature of the person completing same by 1/31/2020.

All staff will be re-inserviced to ensure they understand the guidelines of this regulation by 1/10/2020.

Immediately and Ongoing:

The administrator will develop a system to ensure that all support plans are done correctly, completely, and within the time frames required by this Chapter. Monitoring shall be weekly X's 4 months to ensure

Legal Entity Representative

ongoing compliance with this regulation. 1-29-2020 - MM

[Handwritten Signature]
Signature

DIANE ANDERSON Adm. 12-27-19
Printed Name and Title Date

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 Not Implemented

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The RASP dated 10/21/2019 for resident #4 was not signed by the resident or the resident's designated family member.

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.)

The RASP form for resident #4 was since signed.

All residents RASPs will be audited by 1/31/2020 and going forward will include the signature of the resident or designee or refusal to sign documented.

All nursing staff will be re-inserviced on the importance of this regulation and compliance by 1/10/2020.

Immediately and Ongoing:

The administrator will develop a system to ensure that all support plans are done correctly, completely, and within the time frames required by this Chapter. Monitoring shall be weekly X's 4 months to ensure ongoing compliance with this regulation. 1-29-2020 - MM

Legal Entity Representative

[Handwritten Signature]
Signature

DAVE ANDERSON Adm. 12-27-19
Printed Name and Title Date

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252. Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The face sheet for resident #5 did not state if the resident has any identifying marks.

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.)

The face sheet of resident #5 was updated to reflect the residents identifying marks.

all residents face sheets will be audited to ensure they include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and indentifying marks.

all staff responsible for completing face sheets will be re-serviced on this regulation by 1/10/2020.

Legal Entity Representative

[Handwritten Signature]

Signature

Diane Anderson Adm. 12-27-19

Printed Name and Title

Date

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