



**Sent via e-mail [tschultz@chg.org](mailto:tschultz@chg.org)  
Sent via e-mail [aortolani@chg.org](mailto:aortolani@chg.org)  
February 12, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 26, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

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

**License Number:** 14107

**Name:** Thomas Schultz

**Phone:** 2153680900

**Email:** tschultz@chg.org

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

**Type:** C-2 LP

**Date:**

**Issued By:**

**Resident Support Staff:** 0

**Total Daily Staff:** 95

**Waking Staff:** 71

**Type:** Partial

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Incident

**12/26/2019 - On-Site:** Christina Eberhart, Denise Gillespie

**License Capacity:** 90

**Residents Served:** 75

**In Home:** Yes

**Area:** Camillus

**Capacity:** 20

**Residents Served:** 20

**Current Residents:** 0

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 75

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 20

**Have Physical Disability:** 0

Prescription Medication

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 12/26/19, Resident 1#'s 0.5mg Ativan had tape over the pill in spot number 11 in the blister pack.

Resident #2 was prescribed Oxycodone 5mg 1 tablet by mouth every 6 hours as needed for moderate to severe pain. This medication was found on 12/11/19 to have 10 of the pills missing and replaced with Loratadine. The blister pack had tape over this medication.

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.)

- 1. The tape was removed from resident #1's Ativan 0.5mg pill and wasted on site with the nurse and the surveyor. An order for resident #2 Oxycodone was obtained to discontinue secondary to nonuse. All medication carts in the facility were immediately audited for any discrepancies in the storage of narcotics and prescription medications. Incident was immediately reported to DHS, OAPS, POA, MD and Police. Internal investigation was also started.
- 2. All nursing staff were in-serviced on proper counting of narcotic procedures and medication accountability.
- 3. All medication cart narcotic drawers will be audited on a weekly basis by Resident Care Director. Then changed to monthly, depending on results.
- 4. All results of these audits will be reported to the monthly QA meeting.

Legal Authority Representation

Signature *Thomas P. Schetz*

Printed Name and Title *THOMAS P. SCHEZ, ADMN.* Date *01-16-2020*

DEPARTMENT USE ONLY - HOW IS YOUR COMPLIANCE IN THIS AREA?

The above plan of correction is approved as of 01-24-20 Plan of correction implementation status as of 01-24-20  
 (Date) (Date)

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

Implemented  
 Not Implemented

**2600. Medication Storage & Protection**

**Regulation**

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.

**Details of Violation**

Resident #2 was prescribed Oxycodone 5mg 1 tablet by mouth every 6 hours as needed for moderate to severe pain. This medication was found on 12/11/19 to have 10 of the medications missing and replaced with Loratadine. The blister pack had tape over it. The med techs and LPNS do a narcotic count after each shift. This medication was signed out on 11/21/19 on the narcotic count sheet. The home is not aware exactly when the medications were replaced.

Resident #3 was prescribed Oxycodone 5mg 1 tablet once daily. The medication was received on 12/24/19. The home did not sign off the amount of medication that was received from the pharmacy on the narcotic count sheet.

**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.)

1. Resident #2's Oxycodone was immediately discontinued secondary to nonuse. Nursing staff was in-serviced on making sure the front and backs of the narcotic blister packs are not broken, taped, or tampered with. Resident #3's narcotic sheet from pharmacy was signed immediately on site for accountability of the amount of narcotics present.
2. Resident Care Director in-serviced nursing staff on signing the narcotic sheet immediately stating the amount received when pharmacy drops off medication.
3. Narcotic sheets and books will be audited weekly, then monthly depending on progress by resident care director.
4. Results of these audits will be reported to the monthly QA meeting.

**Signatures & Dates**

Signature Thomas P. Schetz

Printed Name and Title THOMAS P. SCHEZZ, ADMIN. Date 01/16/2020

**ADMINISTRATIVE ONLY - HOME MAY NOT WRITE IN THIS BOX**

The above plan of correction is approved as of 01-24-20 Plan of correction implementation status as of 01-24-20  
 (Date) (Date)

The above plan of correction was approved by SP  Implemented  Not Implemented  
 (Initials)

187b - Date/Time of Medication Admin

Regulations

2600.  
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 was prescribed Oxycodone 5mg 1 tablet once every 6 hours as needed for moderate to severe pain. The medication was signed off on the narcotic count sheet as 1 tablet given on 11/21/19. The home does not have this signed off as given on the medication administration record. The MAR did not have the staff initials of the individual who administered the medication.

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.)

1. The nurse who signed out the oxycodone 5mg on the narcotic sheet for resident #2 is no longer an employee here, therefore the home is unable to verify if the medication was given.
2. MARs will be audited on a weekly basis by resident care director to ensure all medications are being signed out at the time and date that they are given.
3. Nursing will be in-serviced on the importance of signing out a medication at the time of administration.
4. Results of these audits will be reported to the monthly QA meeting.

Legal Entity Representative

Signature: *Thomas P. Schwarz* Printed Name and Title: THOMAS P. SCHWARTZ, ADMIN 01232020 Date: \_\_\_\_\_

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

The above plan of correction is approved as of 01-24-20 (Date) Plan of correction implementation status as of 01-24-20 (Date)  
 Implemented  
 Not Implemented  
 The above plan of correction was approved by SP (Initials)