

Department of Human Services
Bureau of Human Service Licensing

July 17, 2020

701 LANSDALE OPERATING LLC
701 LANSDALE AVENUE
LANSDALE, PA, 19446

RE: ST. MARY VILLA FOR INDEPENDENT
& RETIREMENT LIVING
701 LANSDALE AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14107

Dear Ms. URBAN ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information

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

Administrator

Name: *TRACY URBAN* Phone: *2676635389* Email: *TUrban@chg.org*

Legal Entity

Name: *701 LANSDALE OPERATING LLC*
 Address: *701 LANSDALE AVENUE, LANSDALE, PA, 19446*
 Phone: *2153680900* Email: *turban@chg.org*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/26/1992* Issued By: *LABOR & INDUSTRY*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/08/2020*

Inspection Dates and Department Representative

05/13/2020 - Off-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *ST CAMILLUS* Capacity: *20* Residents Served: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/13/2020 - Partial

Lead Inspector: *Natasha Braswell*Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2020*

6/23/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *06/26/2020*

7/17/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

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 U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information". The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

"Individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Staff person A violated HIPAA when she recorded resident #1 displaying her face and stating her name in the video.

Plan of Correction - 06/23/2020

Accept

-Staff member A was immediately suspended when Older Adult Protective services notified facility of the video posting

-Direct care staff were reeducated on the cellphone use/ social media/ privacy policy

-HIPPA audits will be completed by care director with residents and staff. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of these audits will be reported to and reviewed by the QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020

Implemented

Staff member A was immediately suspended when Older Adult Protective services notified facility of the video posting

-Direct care staff were reeducated on the cellphone use/ social media/ privacy policy

-HIPPA audits will be completed by care director with residents and staff. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of these audits will be reported to and reviewed by the QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

Staff Person A posted a video, on Snapchat, showing Resident #1 being verbally taunted and intimidated by Staff Person A, in the bathroom. During the video, Staff Person A is heard telling Resident #1, "I don't know who you think you are," that was a "Pain in the ass" and to "Drop dead!" Staff person A also shook her finger at the resident and said, "You listen to me. I tell you what to do," while snickering.

Resident #1 can be heard saying "Get out of my life" and "I won't listen to you." The resident attempts to exit the bathroom, but Staff Person A positions her body so that the resident is unable to leave. Staff Person A can be heard stating, "What's the word? Say excuse me." The resident is heard saying, "I don't have to." Resident #1 rams walker into Staff Person A repeatedly to get her to move out of the way. Staff Person A does not move, and the resident can be seen backing away while Staff Person A continues to stare at the camera.

Plan of Correction - 06/23/2020**Accept**

Staff member A was immediately suspended when Older Adult Protective Services notified facility of the video posting. Local Authorities were notified and an ACT13 was filed. Resident#1 was interviewed to ensure that resident felt safe at the facility, as well as random resident interviews that were under the care of Staff person A.

-Direct care staff were reeducated on abuse policy

-Abuse audits will be conducted by care director. Audits will be conducted weekly for four weeks, then monthly for 2 months.

Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

Staff member A was immediately suspended when Older Adult Protective Services notified facility of the video posting. Local Authorities were notified and an ACT13 was filed. Resident#1 was interviewed to ensure that resident felt safe at the facility, as well as random resident interviews that were under the care of Staff person A.

-Direct care staff were reeducated on abuse policy

-Abuse audits will be conducted by care director. Audits will be conducted weekly for four weeks, then monthly for 2 months.

Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff person A, posted a video of resident #1 while providing personal care needs in the bathroom for the resident. During the video staff person A is heard telling the resident that " is a pain in the ass and to drop dead." Staff person is also seen waving her finger in the residents face stating " you listen to me and I tell you what to do". Resident #1 was unknowingly being viewed on a social media form known as Snapchat.

Plan of Correction - 06/23/2020

Accept

Staff member A was immediately suspended when Older Ault Protective Services notified facility of the video posting.

-Direct care staff were reeducated on the social media policy

-Audits on knowledge of the social medica policy will be conducted by care director with staff

-Resident interviews will be conducted by care director to ensure that the residents feel they are being treated with dignity and respect. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of the above audits and resident interviews will be reported to and reviewed by the QA&A committee

- July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020

Implemented

Staff member A was immediately suspended when Older Ault Protective Services notified facility of the video posting.

-Direct care staff were reeducated on the social media policy

-Audits on knowledge of the social medica policy will be conducted by care director with staff

-Resident interviews will be conducted by care director to ensure that the residents feel they are being treated with dignity and respect. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of the above audits and resident interviews will be reported to and reviewed by the QA&A committee

- July 15, 2020

Completion Date: 07/15/2020

42p - Restraints

1. Requirements

2600.

42.p. A resident shall be free from restraints.

42p - Restraints (continued)

Description of Violation

On 5/12/2020, resident #1, was prevented from exiting the bathroom by staff person A. Staff person A positioned her body in front of the bathroom door and would not allow the resident to exit. The resident tried to get pass the staff person by ramming her walker into the staff person's leg.

Plan of Correction - 06/23/2020**Accept**

Staff member A was immediately suspended when Older Adult Protective Services notified facility of video posting
 -Direct care staff were reeducated on resident rights, including Freedom from Abuse and Restraints, by care director
 -Care observations audits / interviews will be completed by care director. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of the above observations and interviews will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

Staff member A was immediately suspended when Older Adult Protective Services notified facility of video posting
 -Direct care staff were reeducated on resident rights, including Freedom from Abuse and Restraints, by care director
 -Care observations audits / interviews will be completed by care director. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of the above observations and interviews will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 5/12/20, at 5:30 pm, resident #1's privacy was violated by a video displayed on Snapchat. Staff person A, recorded resident #1 while providing personal care needs to the resident in her private bathroom of the home.

42s - Privacy (continued)

Plan of Correction - 06/23/2020**Accept**

Staff member A was immediately suspended when Older Adult Protective Services notified facility of video posting

-Direct care staff were reeducated on privacy and social media policy

-Care Director will conduct care observations focusing on privacy as well as resident interviews. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of the care observations and resident interviews will be reported to and reviewed by the QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

Staff member A was immediately suspended when Older Adult Protective Services notified facility of video posting

-Direct care staff were reeducated on privacy and social media policy

-Care Director will conduct care observations focusing on privacy as well as resident interviews. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of the care observations and resident interviews will be reported to and reviewed by the QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction - 06/23/2020**Accept**

Staff member A is no longer employed by the facility.

-New hire checklist has been expanded to include receipt of copy of high school diploma as appropriate

-Audits will be conducted on new hire files for credentials by care director or designee to ensure compliance. Audits will be completed weekly for four weeks then monthly for two months.

-Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

54a - Direct Care Staff (continued)

Document Submission - 07/17/2020**Implemented**

Staff member A is no longer employed by the facility.

-New hire checklist has been expanded to include receipt of copy of high school diploma as appropriate

-Audits will be conducted on new hire files for credentials by care director or designee to ensure compliance. Audits will be completed weekly for four weeks then monthly for two months.

-Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the source, content, length of each course, copies of certificates received.

Plan of Correction - 06/23/2020**Accept**

The facility will utilize the Record of Training that includes the source, content, length of each course, and copies of certificates received, if any.

-The newly adopted form will be utilized going forward to avoid future occurrences

-Staff Development Coordinator and Care Director will ensure all required elements of staff training are included with each education session held. Audits will be completed monthly for 3 months.

-Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

The facility will utilize the Record of Training that includes the source, content, length of each course, and copies of certificates received, if any.

-The newly adopted form will be utilized going forward to avoid future occurrences

-Staff Development Coordinator and Care Director will ensure all required elements of staff training are included with each education session held. Audits will be completed monthly for 3 months.

-Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

202 - Prohibitions (continued)

3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 5/12/20, at 5:30 pm, resident #1 was physically prevented from exiting bathroom. Staff person A positioned her body in front of the bathroom door to prevent the resident from exiting.

Plan of Correction - 06/23/2020**Accept**

*Staff member A was immediately suspended when Older Adult Protective Services notified facility of video posting
 -Direct care staff were reeducated on resident rights, including Freedom from Abuse and Restraints, by care director
 -Care observations audits / interviews will be completed by care director. Audits will be conducted weekly for four weeks, then monthly for 2 months.
 -Results of the above observations and interviews will be reported to and reviewed by QA&A committee
 -July 15, 2020*

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

*Staff member A was immediately suspended when Older Adult Protective Services notified facility of video posting
 -Direct care staff were reeducated on resident rights, including Freedom from Abuse and Restraints, by care director
 -Care observations audits / interviews will be completed by care director. Audits will be conducted weekly for four weeks, then monthly for 2 months.
 -Results of the above observations and interviews will be reported to and reviewed by QA&A committee
 -July 15, 2020
 Completion Date: 07/15/2020*

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #1's assessment, dated 5/13/20, does not include the resident is unsafe with poisons.

Resident #1's assessment, dated 5/13/20, does not include the residents need for toileting.

Plan of Correction - 06/23/2020**Accept**

Resident #1's assessment plan update was completed on May 20, 2020 to include that this resident is unsafe with poisons. With the resident's permission, all items that could be potentially unsafe if ingested were removed from room. Belongings placed in personal bin that staff will bring in to resident when supervised at resident's request and during care.

-Resident #1's assessment plan update was completed on May 20, 2020 to include the need for assistance with toileting

-Direct care staff will be educated on identifying and reporting resident change in condition by the Care Director

- Care Director will conduct audits of the 24-hour clinical report to identify any reported changes and ensure the resident assessment reflects these changes. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

Resident #1's assessment plan update was completed on May 20, 2020 to include that this resident is unsafe with poisons. With the resident's permission, all items that could be potentially unsafe if ingested were removed from room. Belongings placed in personal bin that staff will bring in to resident when supervised at resident's request and during care.

-Resident #1's assessment plan update was completed on May 20, 2020 to include the need for assistance with toileting

-Direct care staff will be educated on identifying and reporting resident change in condition by the Care Director

- Care Director will conduct audits of the 24-hour clinical report to identify any reported changes and ensure the resident assessment reflects these changes. Audits will be conducted weekly for four weeks, then monthly for 2 months.

-Results of these audits will be reported to and reviewed by QA&A committee

-July 15, 2020

Completion Date: 07/15/2020

227c - Support Plan Revision

1. Requirements

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

The assessment for resident #1, dated 5/13/20, indicates the resident does not have a need for toileting. However, on 5/12/20, the resident was receiving care while toileting in the bathroom. In addition, the support plan does not address the behaviors and challenges the resident has when care is provided and how they will be addressed to support resident #1.

227c - Support Plan Revision (continued)

Plan of Correction - 06/23/2020**Accept**

Resident #1's Support Plan update was completed on May 20, 2020 with the need to assist resident with toileting

- Resident #1's Support Plan update was completed on May 20, 2020 to address the behaviors that resident may have when care is being provided and how they will be addressed to support the resident*
- Direct care staff will be educated on the importance of reporting changes in resident's ability with ADLS, or behaviors observed to charge nurses*
- Clinical director will conduct audits of the 24-hour clinical report to identify any reported changes and ensure the support plan reflects these changes. Audits will be conducted weekly for four weeks, then monthly for 2 months.*
- Results of audits will be reported to and reviewed by QA&A committee*
- July 15, 2020*

Completion Date: 07/15/2020

Document Submission - 07/17/2020**Implemented**

Resident #1's Support Plan update was completed on May 20, 2020 with the need to assist resident with toileting

- Resident #1's Support Plan update was completed on May 20, 2020 to address the behaviors that resident may have when care is being provided and how they will be addressed to support the resident*
- Direct care staff will be educated on the importance of reporting changes in resident's ability with ADLS, or behaviors observed to charge nurses*
- Clinical director will conduct audits of the 24-hour clinical report to identify any reported changes and ensure the support plan reflects these changes. Audits will be conducted weekly for four weeks, then monthly for 2 months.*
- Results of audits will be reported to and reviewed by QA&A committee*
- July 15, 2020*

Completion Date: 07/15/2020