

Department of Human Services
Bureau of Human Service Licensing

February 9, 2021

██████████ ADMINISTRATOR
ST. MARY'S VILLA NURSING HOME
516 ST. MARY'S VILLA ROAD
ELMHURST TOWNSHIP, PA 18444

RE: ST. MARY'S VILLA RESIDENCE
ONE PIONEER PLACE
MOSCOW, PA, 18444
LICENSE/COC#: 20390

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2021, 01/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: ST. MARY'S VILLA RESIDENCE **Licence #:** 20390 **Licence Expiration Date:** 03/14/2021
Address: ONE PIONEER PLACE, MOSCOW, PA 18444
County: LACKAWANNA **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5708425274 **Email:** [REDACTED]

Legal Entity

Name: ST. MARY'S VILLA NURSING HOME
Address: 516 ST. MARY'S VILLA ROAD, ELMHURST TOWNSHIP, PA, 18444
Phone: 5708425274 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/09/1998 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 55 **Waking Staff:** 41

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 01/13/2021

Inspection Dates and Department Representative

01/12/2021 - On-Site: [REDACTED]
01/13/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68 **Residents Served:** 47

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Resident Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 47
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 8 **Have Physical Disability:** 0

Inspections / Reviews

01/12/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *01/30/2021*

1/28/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/04/2021*

2/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The License Inspection Summary dated 11/20/2019 was posted on the wall with the privacy page still attached revealing resident names.

Plan of Correction

Accept

2600.17

Resident records must be kept confidential this regulation is important for the well being of our residents.

The license Inspection Summary sheet was immediately removed.

Upon receipt of final acceptance of 2021 "Plan of Correction", the summary page will immediately be removed by the administrator prior to posting.

The Administrator is responsible to ensure continued compliance.

Completion Date: 01/13/2021

Document Submission

Implemented

See attached for education training

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/1/2021, there was no CPR certified staff member in the building from 11pm until 7am.

Plan of Correction

Accept

2600.63 (A) At least 1 staff member for every 50 residents who is trained and certified in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

This regulation is important for the safety and well-being of our residents.

- The facility CPR trainer was contacted and advised that we need to ensure that facility staff are trained in CPR. American safety and Health Institute are not entering any area facilities at this time due to COVID 19. Advised that they are currently working on a virtual plan for training. Contact made with skilled facility educator however due to COVID 19 cross over is not allowed per CDC guidance at this time. I was instructed to call back the trainer to possibly secure a date. Multiple calls were placed to other entities with the capacity to teach CPR, awaiting response at this time. Audit will be completed every 6 months to assess expiration dates going forward.

Completion Date: 03/12/2021

Document Submission

Implemented

See attached for education training

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The Initial Documentation of Medical Evaluation for Resident 1 has a form that was signed by a medical professional but was not dated, there was no medical license number indicated, and the date evaluated was left blank.

Plan of Correction

Accept

Regulation 2600.141 (A) Medical evaluation.

This regulation is important for the safety and well-being of our residents.

- (1) DME had no MD license # and no date was evident.
- An audit was created to assess all areas of the DME for completion of dates, this will be an initial audit and will then be random audits completed quarterly.
- Staff in-service will be complete by 2/10/21
- Administrator/designee will be responsible to maintain compliance.

Completion Date: 02/10/2021

Update - 01/28/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

See attached for all education training

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 1 A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4 Special health or dietary needs of the resident.
- 5 Allergies.
- 6 Immunization history.
- 7 Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8 Body positioning and movement stimulation for residents, if appropriate.
- 9 Health status.
- 10 Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Medical Examination dated 9/24/2020 for Resident 2 was incomplete. Section 8 was blank and did not indicate body positioning/movement and section 9 did not indicate health status or cognitive functioning.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

Regulation 2600.141A2 Resident medical evaluation and health care.

- *Medical evaluation is required within 60 days prior or 30 days after admission, annually, upon status change or at department request.*
- *(1) section identified as not complete.*
- *The facility can t retroactively correct this issue as it was in the past.*
- *Staff will be in serviced by 2/10/21 on completion of the medical evaluation.*
- *An initial Audit was created to assess all areas of the DME for completion, this will be completed quarterly on all DMEs completed during the quarter x1 then random audits will be completed every 6 months.*
- *The Administrator/designee is responsible to ensure continued compliance.*

Completion Date 02/10/2021

Update 01/28/2021

Pease send/Attach proof of staff training.

Document Submission**Implemented**

See attached for education training

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

The glucometer for Resident 3 was not calibrated to the correct date and time. On 1/12/2021 at 2:56pm the glucometer showed a date of 3/9/2021 and 4:22pm.

Plan of Correction**Accept**

2600.185A The glucometer for (1) resident was not calibrated with the correct date and time .

Glucometer was immediately corrected. All accu check machines were inspected and were 100% compliant.

Glucometer date was immediately corrected and values were compared to the MAR to ensure accuracy.

Staff in service will be conducted by 2/10/21

Audit will be conducted quarterly to ensure continued compliance.

Administrator/designee will be responsible to maintain compliance.

Completion Date 02/10/2021

Update 01/28/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

See attached for education training

225a - Assessment 15 Days

1. Requirements

225a - Assessment 15 Days (continued)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The Resident Assessment and Support Plan dated 10/2/2020 states that Resident 1 was admitted to the home on [REDACTED]. The assessment needs to be completed within 15 days of admission but was not completed until 29 days after admission on [REDACTED].

Plan of Correction

Accept

Regulation 2600.225(A) Resident shall have an Assessment completed within 15 days of admission.

- 1) Resident had assessment that was not completed until 29 days after admission.*
- 2) The facility can't retroactively correct this issue as it was in the past.*
- 3) Audits will be completed 14 days after admission to ensure compliance.*
- 4) Audit will be completed quarterly on all Rasp's completed during the quarter x1 then random audits will be completed every 6 months.*
- 5) The Administrator/designee is responsible to ensure continued compliance.*

Completion Date: 02/10/2021

Update - 01/28/2021

Please send/Attach proof of Resident #1's RASP.

Document Submission

Implemented

See attached RASP