Department of Human Services
Bureau of Human Service Licensing

July 28, 2021

[redacted], EXECUTIVE DIRECTOR
470 MANOR OPERATING LLC
490 MANOR AVENUE
DOWNINGTOWN, PA 19335

RE: ST. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING
490 MANOR AVENUE
DOWNINGTOWN, PA, 19335
LICENSE/COC#: 14108

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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 MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING* **Licen e #**: *14108* **Licen e Expiration Date**: *11/03/2021*

Addre : *490 MANOR AVENUE, DOWNINGTOWN, PA 19335*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *6108735300* **Email**: [redacted]

Legal Entity

Name: *470 MANOR OPERATING LLC*

Address: *490 MANOR AVENUE, DOWNINGTOWN, PA, 19335*

Phone: *6108735300* **Email**: *CGROS@CENTERMGT.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/25/2002* **Issued By**: *L&I*

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *84* **Waking Staff**: *63*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *05/17/2021*

Inspection Dates and Department Representative

05/17/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *The Carson* **Capacity**: *30* **Residents Served**: *25*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *59*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *25*

Have Physical Disability: *0*

Inspections / Reviews

05/17/2021 - Partial

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *06/14/2021*

6/15/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/20/2021*

7/28/2021 - 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 pro y or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 05/17/21, at 10:30am, The computer screen located in the medication room was on full display showing resident's information. The medication room was unlocked, unattended, and accessible to other staff and residents.

Plan of Correction **Accept**

One to one education provided with nurse at time of survey finding.
Education to all nurses and med techs of the importance of keeping the screen down or locked and the medication room locked while unattended.
Clinical Director/Designee will conduct daily rounds times 4 weeks to ensure compliance.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.17

42c Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 05/17/21, Resident #1 stated that when asking staff for assistance, staff persons often reply "you could do it, do it yourself". The resident states that they can sometimes physically perform some tasks independently, but the resident is legally blind and is fearful of falling.

Plan of Correction **Accept**

Staff in service to be scheduled for nursing team on sensitivity and abuse.
Administrator/designee will conduct weekly interviews with random residents to ensure residents are treated with dignity and respect for the next 4 weeks.
Results will be forwarded and reviewed by the QA committee

Completion Date *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.42c

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.

42s - Privacy *(continued)*

Description of Violation

On 05/17/21 at 12:30 pm , staff was administering medications to residents in the common area in the memory care unit.

Plan of Correction **Accept**

Schedule and perform in-service on privacy and dignity with Medication Administration.
Medication Administration Policy has been revised to reflect, Medication Administration will be performed in the apartment of the resident.
Clinical Director/designee will conduct weekly audits to ensure that staff members are administering medications to the residents in their apartments.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.42s

54a - Direct Care Staff

1. **Requirements**

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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 **Accept**

Direct Care Staff A retrieved [redacted] High School transcript that shows [redacted] completed 12th grade with the requirements to graduate.
HR will be educated/in-serviced on the required documents and qualifications for Direct Care Staff. A spreadsheet will be created and must be completed reflecting all required documents received with dates of receipt.
Administrator will conduct weekly audits times 4 weeks on newly hired caregivers to ensure compliance.
Results will be forwarded and reviewed by the QA committee for review.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.54a

65d - Initial Direct Care Training

1. **Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training *(continued)*

Description of Violation

Direct care staff person A, hired on [redacted], began providing unsupervised ADL services on 06/09/20. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction **Accept**

Direct Care Staff A completed her Direct Care Worker training on 5.21.2021.
HR will be educated and given the website to pass along to potential Direct Care staff to complete prior to unsupervised care. This will also be added to the spreadsheet required to have a date of receipt or completion.
Administrator will do audits times 4 weeks for all new hired Direct Care Workers.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.65d

85a - Sanitary Conditions

1. **Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/13/21 at 11am, a plastic bin full of discarded food, plates, silverware, and cups was found on top of the cabinet next to refrigerator in the memory care unit.

Plan of Correction **Accept**

Discarded food, plates, silverware and cups were removed immediately.
A bus cart will be provided for all meals for discarded items.
Nursing and Dining Teams will be educated on the process.
Carlson Nurse/Designee will monitor random meals times 4 weeks.
Results will be forwarded and reviewed by the QA committee for review.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.85a

101o - Walls, Floors, Ceilings

1. **Requirements**

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The carpet in resident #1's room had a dried purple stain measuring about four inches in a splatter shape near the resident's recliner.

101o - Walls, Floors, Ceilings *(continued)*

Plan of Correction **Accept**

Carpet in Resident 1's apartment has been shampooed.
A carpet cleaning schedule will be established by the Director of Housekeeping.
Housekeeping will be educated on the new schedule
Administrator/designee to audit cleaning schedule weekly times 4 weeks to ensure compliance.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.101o

103e - Left Overs

1. **Requirements**

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were two unlabeled, undated plates containing leftover breakfast (eggs, bacon and potatoes) on top of kitchen stove. Breakfast service had concluded at the time of observation.

Plan of Correction **Accept**

Unlabeled and undated plates were immediately discarded.
Meals that are left over will have a plate dome and date placed when meals are being held for resident.
Nursing and Dining Team will be educated of the process.
Carlson Nurse/designee will monitor for random meals times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.103e

105f - Labeling/Return of Clothes

1. **Requirements**

2600.
105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

In the 2nd floor laundry room, there were clothes on the chair, on top of dryer and thrown on the floor. The home did not know which resident the clothing belonged to. A basket of clothing with no label was also present. The home does not have a system to safeguard resident laundry from loss.

105f - Labeling/Return of Clothes *(continued)*

Plan of Correction **Accept**

Nursing staff has washed and returned all clothing tot he owners that was in the laundry room.
Laundry baskets are being purchased and apartment numbers will be placed on each basket .
Nursing team will be educated on the importance of residents clothing being cleaned and returned within 24 hours.
Clinical Director/Designee will conduct random checks of the laundry rooms times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.105f

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

Resident#1's medical evaluation was not complete within 60 days prior to admission or within 30 days after admission.

Plan of Correction **Accept**

Resident 1's DME has been reviewed and signed by their physician.
Educate Clinical and Sales Director of the importance of having this form completed within the time frame.
Administrator/designee will audit all paperwork prior to any admissions to ensure compliance times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.141a

141b2 - Medical Evaluation Changes

1. **Requirements**

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident#1 has a hospital bed with an overhead trapeze. The home does not have a physician order for the use of the bed nor has the resident been evaluated for the use of the hospital bed or trapeze.

141b2 - Medical Evaluation Changes *(continued)*

Plan of Correction **Accept**

Status change DME was reviewed and signed by physician to include the need of the trapeze for independent bed mobility and positioning for Resident #1. Therapy also evaluated resident for safe use.
Clinical Director and nursing team will be educated on the need of a physician order and status change DME for any new need for special medical equipment.
Administrator/designee will monitor all documentation for the need of any special equipment times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.141b2

182c - Medication Administration

1. **Requirements**

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On 5/14/21 at 4:23am, the home did not place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4) for resident #1, who requires this assistance to take Tylenol Extra Strength 500mg for pain. The medication was left in a cup on the resident's nightstand.

Plan of Correction **Accept**

One to one education with the individual that administered medications on this night.
An in-service will be scheduled to education nurse/med-techs on Medication observation and assistance per residents limitations.
Clinical Director/Designee will conduct random interviews to ensure assistance with medication administration times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.182c

227g -Support Plan Signatures

1. **Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on 11/09/20. However, the resident did not sign the support plan. The accessor's signature is missing.

227g -Support Plan Signatures *(continued)*

Plan of Correction **Accept**

Support Plan for status change has been completed and signed by both the accessor and the resident.
Clinical Director will be educated of the importance to have support plans completed with the Residents input and signature.
Administrator will audit all support plans due to changes times 4 weeks to ensure compliance.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.227g

231b - Medical Evaluation

1. **Requirements**

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was not completed.

Plan of Correction **Accept**

DME has been completed and signed by PCP due to residents transition to our SDCU.
Clinical Director will be educated on all documents that are needed when a resident transitions or is admitted to a SDCU.
Administrator/designee will audit all DME's times 4 weeks to ensure compliance.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.231b

231c - Preadmission Screening

1. **Requirements**

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was not completed.

231c - Preadmission Screening *(continued)*

Plan of Correction **Accept**

The preadmission screening had been found and was completed on 4.30.2021 for Resident #2.
Clinical Director will be educated of the importance of completing the preadmission screening and filing the nformation in the correct place.
Administrator/designee will audit all documents for transitions and admissions times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.231c

231e - No Objection Statement

1. **Requirements**

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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction **Accept**

Sales Director was educated on the missing document immediately. Document has been completed and put in the residents file.
Sales Director educated on the importance of the no objection or admission to our SDCU neighborhood.
Administrator/designee will audit al documents for new admissions and transitions to our SDCU times 4 weeks.
Results will be forwarded and reviewed to the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.231e

234a - Admission Support Plan

1. **Requirements**

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was not completed.

234a - Admission Support Plan *(continued)*

Plan of Correction **Accept**

Support Plan was completed and signed by POA of Resident #2.
Clinical Director will receive education of the time frame that support plan must be completed for admission to our SDCU.
Administrator/designee will audit all support plans for all SDCU admissions to ensure they are complete, signed and implemented in the correct time frame.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.234a

252 - Record Content

1. **Requirements**

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction **Accept**

The setting was changed in the Point click care system to have photos added to the face sheet when printed. All face sheets will be printed and placed in the file.
Schedule of photos will be created to ensure photos are updated every 2 years.
Administrator/designee will conduct random audits of resident files for face sheets with current photo times 4 weeks.
Results will be forwarded and reviewed by the QA committee.

Completion Date: *07/19/2021*

Document Submission **Implemented**

See attached documents saved as POC 2600.252