Department of Human Services
Bureau of Human Service Licensing

November 10, 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 09/09/2021, 09/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *ST. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING* **License #:** *14108* **License Expiration Date:** *11/03/2021*

Address: *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:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *07/24/2001* **Issued By:** *Commonwealth of PA*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *75* **Waking Staff:** *56*

Inspection

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

Reason: *Renewal* **Exit Conference Date:** *09/10/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [redacted]

09/10/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* **Residents Served:** *53*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *SCDU* **Capacity:** *30* **Residents Served:** *22*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *53*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *22* **Have Physical Disability:** *0*

Inspections / Reviews

09/09/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/19/2021*

11/1/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/12/2021*

11/10/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/10/21, the home's current Licensing Inspection Summary dated 12/28/20 was not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

License was posted immediately at the time of inspection.
Administrator will be educated to ensure current license is always on display.
Weekly rounds x4 weeks will include an inspection of display board to ensure compliance.
Results will be forwarded to Quality assurance for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attachments

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's date of hire is [redacted], staff person A's Criminal Background check was not completed until [redacted].

Plan of Correction **Accept**

Unable to correct employee A's criminal background check that was one day late.
A review of all new hires within the past 30 days will be conducted to ensure compliance of timely review of criminal background checks.
HR manager and administrator will be reeducated to ensure background checks are completed timely.
Administration will conduct weekly audits to ensure compliance. Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached education and audit

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

65a - FS Orientation 1st Day *(continued)*

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, evacuation procedures, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [redacted] did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, evacuation procedures, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person C, whose first day of work was [redacted], did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, evacuation procedures, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

65a - FS Orientation 1st Day *(continued)*

Plan of Correction **Accept**

Staff person B is no longer employed.

Staff persons A and C along with any other staff persons identified if applicable, will be educated by facilities management or designee on staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, evacuation procedures, the designated meeting place within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas and the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Managers will be reeducated on the requirement for orientation for all staff and volunteers.
An audit will be conducted monthly times 4 months to ensure compliance. Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached re-education

65b - Rights/Abuse 40 Hours

1. **Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours *(continued)*

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction **Accept**

Staff person B is no longer employed.

Staff persons A and C along with any other staff persons identified if applicable, will be educated on Resident rights, Emergency Medical Plan, Mandatory reporting of Abuse and Neglect and reporting of reportable incidents and conditions.

Managers will be reeducated on the requirement for orientation for all staff and volunteers.

An audit will be conducted monthly times 4 months to ensure compliance. Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached re-education

92 - Windows

1. **Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 9/10/21, on the third floor of the home there were two windows open about 6 inches with no screens.

92 - Windows *(continued)*

Plan of Correction **Accept**

A screen for the third-floor window was installed immediately during the time of inspection.

All other windows have been inspected and all other windows had a screen in place.

Education will be provided to Maintenance team to ensure screens remain in place at all times.

Weekly rounds will be conducted x 4 weeks to ensure compliance. Results will be forward to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached education and audit

103i - Outdated Food

1. **Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/10/21, there was a dented can of pinto beans found in the home's dry storage of food.

On 9/10/21, there was a dented can of tomato paste found in the home's dry storage of food.

Plan of Correction **Accept**

The dented can of Pinto beans and the Dented can of tomato paste were immediately discarded at the time of inspection. No other dented cans have been identified.

Dining team educated to not place dented cans into circulation and that they are not to be used.

Audits of kitchen food storage will be conducted weekly times 4 weeks. Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached education and audit

105g - Lint Removal and Duct Cleaning

1. **Requirements**

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning *(continued)*

Description of Violation

On 9/10/21, there was an accumulation of lint in the lint trap of the 3rd floor dryer. There were no clothes in the dryer at the time.

Plan of Correction **Accept**

Lint from third floor dryer was removed immediately.

Staff educated to remove lint from dryer after every wash.

Weekly rounds xx 4 weeks will be conducted to ensure compliance. Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached education

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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

On 9/10/21, the medication cart in PC2 had 3 loose pills in the drawer.

On 9/10/21, the medication cart in PC3 had 2 loose pills in the drawer.

On 9/10/21, the glucometer belonging to Resident 1 had the incorrect date and time.

On 8/24/21, at 8:10 am, Resident 1's glucometer reading was 56 but was documented as 57 on the Medication Administration Record.

On 8/28/21, at 10:54 am, Resident 1's glucometer reading was 129 but was documented as 125 on the Medication Administration Record.

On 8/29/21, at 7:19 pm, Resident 1's glucometer reading was 206 but was documented as 209 on the Medication Administration Record.

On 9/3/21, at 2:12 pm, Resident 1's glucometer reading was 120 but was documented as 125 on the Medication Administration Record.

On 8/23/21, at 7:25 pm, Resident 1's Glucose reading is documented on the Medication Administration Record as 240, this reading was not located in Resident 1's glucometer.

On 9/8/21, at 7:13 am, Resident 1's Glucose reading is documented on the Medication Administration Record as 152, this reading was not located in Resident 1's glucometer.

On 9/8/21, at 1:12 pm, Resident 1's Glucose reading is documented on the Medication Administration Record as 154, this reading was not located in Resident 1's glucometer.

On 9/8/21, at 7:58 pm, Resident 1's Glucose reading is documented on the Medication Administration Record as 255, this reading was not located in Resident 1's glucometer.

On 9/9/21, at 7:39 am, Resident 1's Glucose reading is documented on the Medication Administration Record as 173, this reading was not located in Resident 1's glucometer.

On 9/9/21, at 12:37 pm, Resident 1's Glucose reading is documented on the Medication Administration Record as 168, this reading was not located in Resident 1's glucometer.

On 9/9/21, at 3:46 pm, Resident 1's Glucose reading is documented on the Medication Administration Record as 236, this reading was not located in Resident 1's glucometer.

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

Loose pills from PC2 and PC3 carts were immediately removed and discarded at the time inspection.
Unable to correct past documentation errors.
Nurses and Med Techs will be re-education regarding storage of medication.
Nurses and Med Techs will be re-educated on the use of medical equipment and properly documenting outcomes.
Cart audits will be conducted weekly times 4 weeks to ensure proper storage of medications.
Weekly glucometer readings and documentation will be conducted to ensure compliance with documentation and use of medical equipment.
Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached education

224a - Preadmission Screen Form

1. **Requirements**

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

On [redacted], the prescreen form belonging to Resident 1 was incomplete. Section I-E was left blank.

Plan of Correction **Accept**

Resident E1 prescreen form has been completed.
An audit of admissions for prior 30 days was conducted to ensure prescreens were filled out completely. No other issues noted.
Education provided to admission director and administrator regarding full completion of prescreen form.
A weekly audit will be completed weekly times four weeks to ensure compliance. Results will be forwarded to QA for review.

Completion Date: *11/11/2021*

Document Submission **Implemented**

See attached education