

Department of Human Services  
Bureau of Human Service Licensing

November 18, 2021

[REDACTED]  
470 MANOR OPERATING LLC  
490 MANOR AVENUE  
DOWNTOWN, PA 19335

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2021, 10/18/2021 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* License #: *14108* License Expiration Date: *11/03/2022*  
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: *11/25/2002* Issued By: *Commonwealth of PA, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/30/2021*

**Inspection Dates and Department Representative**

09/30/2021 - On-Site: [REDACTED]  
10/18/2021 - Off-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: *Carlson* Capacity: *30* Residents Served: *24*

**Hospice**

Current Residents: *na*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/30/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/31/2021*

10/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/03/2021*

11/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/22/2021*

11/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

### 1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

### Description of Violation

*On Saturday, 09/25/2021 at 10:00 PM, agency staff person A moved resident #1 from the resident's wheel chair to the toilet, back to the wheel chair and then to the bed in a rough manner. A physical exam of the resident, completed on 09/30/2021 showed several bruises on the resident's back and buttocks. This incident was reported to staff person B on Saturday night. However, this allegation of abuse was not reported to the local area agency on aging until Tuesday 09/28/2021 at 7:00 PM.*

### Plan of Correction

### Do Not Accept

*Agency staff person A was immediately removed from the community at the time of reported mistreatment by resident. Agency company notified of incident and agency staff person A no longer allowed back to the community.*

*The resident's immediate safety was top priority and took place at time of incident. Follow-up reporting was completed by Executive director at the time of discovery that the report was not completed by the former administrator, staff member B, who is no longer employed.*

*Education on abuse reporting policy provided to newly appointed administration team on timely mandatory reporting.*

*Audits will be completed monthly times 4 weeks for any allegations and compliance with timely reporting, investigations and completion. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/17/2021

15a - Resident Abuse Report (continued)

**Plan of Correction**

**Accept**

Agency staff person A was immediately removed from the community at the time of reported mistreatment by resident. Agency company notified of incident and agency staff person A no longer allowed back to the community.

The resident's immediate safety was top priority and took place at time of incident. Follow-up reporting was completed by Executive director at the time of discovery that the report was not completed by the former administrator, [REDACTED] who is no longer employed.

Executive Director / Designee will provide Education on abuse reporting policy provided to newly appointed administration team on timely mandatory reporting.

Administrator / Designee will conduct audits weekly times 4 weeks for any allegations and compliance with timely reporting, investigations and completion. Results will be forwarded to Quality Assurance for review.

Completion Date: 11/17/2021

**Document Submission**

**Implemented**

Please see attached audit and education.

16b - Incident Policies

**1. Requirements**

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**Description of Violation**

The home's policy of Resident Abuse, Neglect, Involuntary Seclusion, and Misappropriation of Property (Number A-280) states that "The facility will conduct an investigation of all suspected cases of abuse" and "a final report will be completed within five working days" all in accordance with this regulation. However, following the allegation of abuse by resident #1 against agency staff person A on Saturday 09/25/2021, an investigation had not been initiated until Monday 09/27/2021 by the Executive Director.

**Plan of Correction**

**Do Not Accept**

Staff member B and former administrator are no longer employed.

Education will be provided to newly appointed administration team and nursing team regarding mandatory abuse reporting to supervisors, agencies, complete and thorough investigations, physical examinations, timeliness, and final reports.

Audits will be completed monthly times 4 weeks for any allegations and compliance with timely reporting, investigations and completion. Results will be forwarded to Quality Assurance for review.

Completion Date: 11/17/2021

16b - Incident Policies (*continued*)

**Plan of Correction**

**Accept**

*Staff member B and former administrator are no longer employed.*

*Education will be provided to newly appointed administration team and nursing team regarding mandatory abuse reporting to supervisors, agencies, complete and thorough investigations, physical examinations, timeliness, and final reports.*

*Administrator / Designee will completed weekly times 4 weeks for any allegations and compliance with timely reporting, investigations and completion. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/08/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

16c - Written Incident Report

**1. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Repeat Violation**

*On Saturday, 09/25/2021 at 10:00 PM, agency staff person A moved resident #1 from the resident's wheel chair to the toilet, back to the wheel chair and then to the bed in a rough manner. A physical exam of the resident, completed on 09/30/2021 showed several bruises on the resident's back and buttocks. This incident was reported to staff person B on Saturday night. However, the home did not report this incident to the department until 09/29/2021.*

*Repeated Violation: 12/28/2020*

16c - Written Incident Report (continued)

**Plan of Correction**

**Do Not Accept**

*The resident's immediate safety was top priority and took place at time of incident.*

*Follow-up reporting was completed by Executive director at the time of discovery that the report was not completed by the former administrator [REDACTED] who is no longer employed.*

*Education will be provided to newly appointed administration team and nursing team regarding mandatory abuse reporting to supervisors, agencies, complete and thorough investigations, physical examinations, timeliness, and final reports.*

*Audits will be completed monthly times 4 weeks for any allegations and compliance with timely reporting, investigations and completion. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/17/2021

**Plan of Correction**

**Accept**

*The resident's immediate safety was top priority and took place at time of incident.*

*Follow-up reporting was completed by Executive director at the time of discovery that the report was not completed by the former administrator, staff member B, who is no longer employed.*

*Executive Director / Designee will provide education to newly appointed administration team and nursing team regarding mandatory abuse reporting to supervisors, agencies, complete and thorough investigations, physical examinations, timeliness, and final reports.*

*Audits will be completed weekly times 4 weeks for any allegations and compliance with timely reporting, investigations and completion. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/08/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

25b - Contract Signatures

**1. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

25b - Contract Signatures (*continued*)

**Description of Violation**

Resident #1's resident-home contract, dated [REDACTED], was not signed by the resident.

**Plan of Correction**

**Do Not Accept**

Contract will be signed by resident 1.

A 30 day look back on all newly admitted personal care residents will be completed to ensure compliance for all signatures.

Re-education will be provided to newly appointed administration team including admissions to ensure compliance with all new move-ins.

A weekly audit times four weeks will be completed by administration to ensure all required signatures are obtained. Results will be forwarded to Quality Assurance for review.

Completion Date: 11/17/2021

**Plan of Correction**

**Accept**

Contract will be signed by resident 1.

Administrator / Designee will complete a 30 day look back on all newly admitted personal care residents to ensure compliance for all signatures. Completed by 11/12/2021.

Administrator / Designee will provide re-education to newly appointed administration team including admissions to ensure compliance with all new move-ins.

A weekly audit times four weeks will be completed by Administrator/ Designee to ensure all required signatures are obtained. Results will be forwarded to Quality Assurance for review.

Completion Date: 11/17/2021

**Document Submission**

**Implemented**

Please see attached audit and education

41e - Signed Statement

**1. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41e - Signed Statement (*continued*)

**Description of Violation**

*Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

**Plan of Correction**

**Do Not Accept**

*A signed statement will be obtained by the resident and placed in resident's record acknowledging receipt of resident's rights.*

*A 30 day look back on all newly admitted residents will be conducted to ensure the residents records contain a signed statement acknowledging receipt of resident's rights.*

*Re-education will be provided to newly appointed administration team including admissions regarding educating the resident of their rights and having them acknowledge receipt to ensure compliance.*

*A weekly audit times four weeks will be completed by administration to ensure resident rights acknowledgement statements are in the resident record and signed by resident. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/17/2021

**Plan of Correction**

**Accept**

*A signed statement will be obtained by the resident and placed in resident's record acknowledging receipt of resident's rights.*

*A 30 day look back on all newly admitted residents will be conducted by Administrator / Designee to ensure the residents records contain a signed statement acknowledging receipt of resident's rights. Completed by 11/12/2021*

*Administrator will conduct Re-education to newly appointed administration team including admissions regarding educating the resident of their rights and having them acknowledge receipt to ensure compliance. completed by 11/12/2021*

*A weekly audit times four weeks will be completed by Administrator / Designee to ensure resident rights acknowledgement statements are in the resident record and signed by resident. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/17/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

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.

**Description of Violation**

*Resident #1 states that on Saturday, 09/25/2021 at 10:00 PM, while assisting the resident with toileting, agency staff person A "threw" the resident from the wheelchair to the toilet, then "threw" the resident back to the wheelchair and then to the resident's bed. A physical exam of the resident, completed on 09/28/2021 showed several bruises on the resident's back and buttocks.*

**Plan of Correction**

**Do Not Accept**

*Agency staff A was immediately and permanently removed from the property at the time of report.*

*No other residents reported mistreatment.*

*Mandatory abuse education will be provided to all staff to include neglect, intimidation, the different types of abuse and the use of punishment or discipline towards residents.*

*Weekly random weekly resident interviews will be conducted times four weeks by the Administrator assistant and Executive director to ensure residents are treated with dignity and respect. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

**Plan of Correction**

**Accept**

*Agency staff A was immediately and permanently removed from the property at the time of report.*

*No other residents reported mistreatment.*

*Mandatory abuse education will be provided to all staff by executive director to include neglect, intimidation, the different types of abuse and the use of punishment or discipline towards residents. Completion 11/12/2021*

*Weekly random resident interviews will be conducted times four weeks by the Administrator assistant and Executive director to ensure residents are treated with dignity and respect. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Repeat Violation

Resident #1 stated that agency staff person A did not treat the resident with dignity and respect on several occasions. During these interactions, Staff person A was verbally abusive, yelled at the resident, laughed at the resident's physical condition and perpetrated lies to the resident alleging that the [REDACTED] wished the resident to wear two sets of Depends.

Repeated Violation: 05/17/2021

Plan of Correction

Do Not Accept

Agency staff A was immediately and permanently removed from the property at the time of report.

No other residents reported mistreatment.

Mandatory abuse education will be provided to all staff to include neglect, intimidation, the different types of abuse and the use of punishment or discipline towards residents.

Weekly random weekly resident interviews will be conducted times four weeks by the Administrator assistant and Executive director to ensure residents are treated with dignity and respect. Results will be forwards to Quality Assurance for Review.

Completion Date: 11/17/2021

42c - Treatment of Residents (*continued*)

**Plan of Correction**

**Accept**

*Agency staff A was immediately and permanently removed from the property at the time of report.*

*No other residents reported mistreatment.*

*Mandatory abuse education will be provided by Executive Director to all staff to include neglect, intimidation, the different types of abuse and the use of punishment or discipline towards residents.*

*Agency to sign-off abuse training when assigned to work at the community prior to thier first shift.  
Any agency who fails to sign-off on abuse training will not be allowed to pick-up any additional shifts until this requirement is met.*

*Random weekly resident interviews times four weeks will be conducted by the Administrator assistant and Executive director to ensure residents are treated with dignity and respect. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

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**

*Resident #1's medical evaluation did not include special health or dietary needs of the resident, nor immunization history.*

141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

**Do Not Accept**

*Resident 1's medical evaluation form was completed to include special health /dietary needs and immunization history.*

*A 30 day look back of all newly admitted resident records will be review for required completion of Medical Evaluation information.*

*Re-education will be provided to newly appointed administration team including admissions to ensure compliance with all new move-ins.*

*A weekly audit times four weeks will be completed by administration to ensure all required medical evaluation information is obtained and documented. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/17/2021

**Plan of Correction**

**Accept**

*Resident 1's medical evaluation form was completed to include special health /dietary needs and immunization history.*

*Administrator will complete a 30 day look back of all newly admitted resident records for required completion of Medical Evaluation information. completed by 11/12/2021.*

*Re-education will be provided to newly appointed administration team including admissions to ensure compliance with all new move-ins. completion by 11/12/2021*

*A weekly audit times four weeks will be completed by Administrator / Designee to ensure all required medical evaluation information is obtained and documented. Results will be forwarded to Quality Assurance for review.*

**Completion Date:** 11/17/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

191 - Resident Right to Refuse

**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (*continued*)

**Description of Violation**

*Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

**Plan of Correction**

**Do Not Accept**

*A signed statement will be obtained by the resident and placed in resident's record acknowledging receipt of resident's rights to include right to refuse.*

*Copies of resident rights will be posted in common areas as a reminder to all other residents.*

*Re-education will be provided to newly appointed administration team including admissions regarding educating the resident of their rights and having them acknowledge receipt to ensure compliance.*

*Education will be provided to care team regarding the resident's right to refuse medication if the resident believes there may be a medication error.*

*Weekly random resident interviews will be conducted times four weeks by the Associate Director and Executive Director to ensure residents are treated with dignity and respect and are able to exercise their rights. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

**Plan of Correction**

**Accept**

*A signed statement will be obtained by the resident and placed in resident's record acknowledging receipt of resident's rights to include right to refuse.*

*Copies of resident rights will be posted in common areas as a reminder to all other residents.*

*Re-education will be provided by Executive Director to newly appointed administration team including admissions regarding educating the resident of their rights and having them acknowledge receipt to ensure compliance.  
11/12/2021*

*Education will be provided to care team regarding the resident's right to refuse medication if the resident believes there may be a medication error.*

*Weekly random resident interviews will be conducted times four weeks by the Associate Director and Executive Director to ensure residents are treated with dignity and respect and are able to exercise their rights. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

191 - Resident Right to Refuse (*continued*)

**Document Submission**

**Implemented**

*Please see attached audit and education.*

225a - Assessment 15 Days

**1. Requirements**

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**

*Resident #1's assessment, which is not dated, does not include anything but the resident's name, date of birth, date of admission and the resident's designated person.*

**Plan of Correction**

**Do Not Accept**

*Resident 1's assessment completed.*

*A 30 day look back on all newly admitted residents will be conducted to ensure all initial assessments are completed within 15 days of admission.*

*Education will be provided to newly appointed administration team including admissions to ensure compliance with all new move-ins.*

*A weekly review times four weeks will be conducted to ensure all new admissions who are reaching 15 days have the initial assessments completed. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

225a - Assessment 15 Days (continued)

**Plan of Correction**

**Accept**

*Resident 1's assessment completed.*

*A 30 day look back on all newly admitted residents will be conducted by Administrator / Designee to ensure all initial assessments are completed within 15 days of admission Completed by 11/12/2021.*

*Education will be provided by Executive Director to newly appointed administration team including admissions to ensure compliance with all new move-ins Completed by 11/12/2021.*

*A weekly review times four weeks will be conducted by Administrator / Designee to ensure all new admissions who are reaching 15 days have the initial assessments completed. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*

227a - Support Plan 30 Days

**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident #1 was admitted on [REDACTED]; however, the resident's initial support plan had not been completed as of 09/30/2021.*

**Plan of Correction**

**Do Not Accept**

*Resident 1's support plan has been completed.*

*A 60 day look back on all newly admitted residents will be conducted to ensure support plans have been completed within 30 days.*

*Education will be provided to newly appointed administration team including admissions to ensure compliance with all new move-ins.*

*A monthly review times two months will be conducted to ensure all new admissions to personal care have written support plans completed within 30 days. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

227a - Support Plan 30 Days (continued)

**Plan of Correction**

**Accept**

*Resident 1's support plan has been completed.*

*A 60 day look back on all newly admitted residents will be conducted by Administrator / Designee to ensure support plans have been completed within 30 days completed by 11/12/2021.*

*Education will be provided by Executive Director to newly appointed administration team including admissions to ensure compliance with all new move-ins 11/12/2021.*

*A monthly review times two months will be conducted by Administrator / Designee to ensure all new admissions to personal care have written support plans completed within 30 days. Results will be forwards to Quality Assurance for Review.*

**Completion Date:** 11/17/2021

**Document Submission**

**Implemented**

*Please see attached audit and education*