

Department of Human Services
Bureau of Human Service Licensing

June 1, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2022, 03/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *20390* License Expiration: *03/14/2023*
Address: *ONE PIONEER PLACE, MOSCOW, PA 18444*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *12/20/2019* Issued By: *Elmhurst Township*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/02/2022*

Inspection Dates and Department Representative

03/01/2022 - On-Site: [REDACTED]
03/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

03/01/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/06/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/17/2022*

06/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Violation

On [redacted] a medication error occurred with resident #1. It was not reported to the department until [redacted]. On [redacted] resident #2 fell in their room. Resident #2 complained of pain and was sent to the ER for eval and treatment. The incident was not reported to the department until [redacted].

Plan of Correction

Accept

Administrator will ensure incidents are reported to DHS within 24hrs of incident.

Staff will be re-educated on the incidents/conditions that require reporting to notify administrator to be reported in a timely manner.

Nursing staff will be re-educated on the incident/condition that requires reporting by the administrator. To be completed by 5/27/22

An audit will be conducted by administrator monthly x's 3 June, July, August

Completion Date: 05/03/2022

Update: 05/10/2022

Please send proof of staff education. 5-10-2022 MM

Document Submission

Implemented

Please send proof of staff education. 5-10-2022 MM

See attachment.

28a - Refunds

1. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident #3 was discharged on [redacted]. However a refund was not issued until [redacted].

Plan of Correction

Accept

Resident #3 was discharged on [redacted]. During this time a new Business office manager started [redacted] employment, [redacted] contracted Covid and was out for 14 days. The refund was noted and sent upon return. In order to maintain compliance with regulation, administrator will have updated spread sheet with discharge dates and refunds due emailed periodically for review to ensure all refunds are given in a timely manner.

Completion Date: 05/05/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

28a - Refunds (continued)

Document Submission

Implemented

Who will monitor and be responsible for ongoing compliance?
Administrator and Business office manager

88a - Surfaces

1. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The emergency exit located in the dining room had peeling paint hanging from the top of the doorframe.

Plan of Correction

Accept

Maintenance immediately notified, paint scraped and sanded. Paint ordered and will be completed by 5/27/22.
Director of Maintenance will monitor building for areas of repair to ensure repairs are done in a timely manner.

Completion Date: 05/27/2022

Update: 05/10/2022

Please send proof of compliance (picture). 5-10-2022 MM

Document Submission

Implemented

Please send proof of compliance (picture). 5-10-2022 MM
Pictures attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in room 202 did not have a lamp within reach of the resident's bed.

Plan of Correction

Accept

Resident's lamp was on the nightstand next to the bed, resident unable to reach the lamp due to position of the lamp on the nightstand. Lamp was immediately moved to the side of the nightstand closer to the bed. Housekeeping will monitor daily with the cleaning of the rooms to ensure lamps are properly positioned. An audit will be conducted monthly x's 3 by director of housekeeping to ensure compliance. June, July and August

Completion Date: 05/03/2022

Document Submission

Implemented

103i - Outdated Food

1. Requirements

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

103i - Outdated Food (continued)

Description of Violation

Located in the dry storage area of the kitchen was a #10 can of cranberry sauce that was dented.

Plan of Correction

Accept

Dented can was immediately discarded. Dietary staff will be re-educated on placing dented cans in a designated marked area to be returned to supplier. Dietary manager will audit deliveries for dented cans. In-service will be completed by 5/27/22

Completion Date: 05/27/2022

Document Submission

Implemented

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The fire exit located off main dining room would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency. On 3/1/22, at approximately 1:00pm, a walker was parked in front of the emergency exit located in the dining room obstructing egress.

Plan of Correction

Accept

Maintenance contacted immediately, latches, closers, and threshold adjusted on emergency door. Door now opens easily. Director of maintenance will audit all emergency exits monthly to ensure proper functionality of doors to exit without difficulty during an emergency.

A resident's walker was placed in front of emergency exit during lunch, maintenance moved the table away from the door so resident has more room to place her walker next to the table without blocking the exit. Dietary manager will monitor daily for any assistive devices blocking the emergency exit during meals.

Completion Date: 05/05/2022

Document Submission

Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #4 does not self-medicate. On [redacted] at 2:15pm, resident # 4 had a shoebox of medication on their dresser. The medications were [redacted]. Resident #4 indicated there was additional medication in their drawer. Those medications were [redacted]. All of these medications were unlocked, unattended, and accessible in resident #4's room.

Plan of Correction

Accept

Resident immediately educated on storage of medications and medications removed from room with residents permission. Reviewed medications with resident and called PCP for medication orders. Resident agreeable to medication to be kept locked/stored in wellness station and to be administered by nurse/med tech. Room audits to

183b - Meds and Syringes Locked (continued)

be completed by director of wellness with residents permission of rooms for improperly stored medications x's 3 months June, July, August.

Completion Date: 05/04/2022

Document Submission

Implemented

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

Resident #5 glucometer was not calibrated to the correct date and time.

Resident #9 has a PRN order for [REDACTED], 2 tablet by mouth every 4 hours for pain. This medication was not available.

Plan of Correction

Accept

Glucometer was immediately corrected, and all other glucometers were checked at that time to ensure compliance. Staff to be re-educated by 5/27/22. Audit will be conducted monthly by Director of wellness to maintain compliance. Resident's PRN acetaminophen 325mg was not available, call was immediately placed to pharmacy delivery. Medication was scheduled to be delivered that day, pharmacy was waiting for a refill prescription from PCP. Director of wellness will do a monthly audit of all as needed medication to ensure they are available for use.

Completion Date: 05/27/2022

Document Submission

Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 has a doctors order for accuchecks 4 times a day. On 2/19/22 through 2/21/22, resident #6 did not have 4 accuchecks completed.

Plan of Correction

Accept

Resident #6 did not have accuchecks completed x's 2 days per order. Pharmacy was unable to fill accuchecks strips, as they were on backorder in order to obtain accuchecks. Proper documentation was not completed. Director of wellness will reeducate nursing on proper documentation of medication administration and notifying PCP if unable to obtain supplies/medications for possible alternate order. In-service will be completed by 5/27/22

Completion Date: 05/27/2022

Document Submission

Implemented

191 - Resident Right to Refuse

1. Requirements

191 - Resident Right to Refuse (continued)

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.

Description of Violation

Resident #7 and resident #2 were not educated on their right to question or refuse medication if the resident believes there may be a medication error.

Plan of Correction

Accept

Residents both missing education piece from admission packet in chart. Audit done of admission packets by administrator to ensure education is provided. Education will be provided to resident #7 and #2 immediately. Administrator will review admission packet prior to each admission to ensure education piece is present.

Completion Date: 05/04/2022

Document Submission

Implemented

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 #7 picture was dated [redacted] and Resident #8's picture was dated [redacted]. Resident #7 and #8's pictures were more than 2 years old.

Plan of Correction

Accept

Updated picture of resident #7 from 12/21 and resident #8 from 02/21 located in business office. Updated pictures placed on both residents records. Business Office manager will audit resident records periodically to ensure all updated pictures are present on resident record.

Completion Date: 05/04/2022

Document Submission

Implemented