

Department of Human Services
Bureau of Human Service Licensing

June 7, 2022

[REDACTED]

701 LANSDALE OPERATING LLC
701 LANSDALE AVENUE
LANSDALE, PA, 19446

RE: ST. MARY VILLA FOR INDEPENDENT
& RETIREMENT LIVING
701 LANSDALE AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14107

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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 VILLA FOR INDEPENDENT & RETIREMENT LIVING* License #: *14107* License Expiration: *11/03/2022*

Address: *701 LANSDALE AVENUE, LANSDALE, PA 19446*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-368-0900*

Email: [REDACTED]

Legal Entity

Name: *701 LANSDALE OPERATING LLC*

Address: *701 LANSDALE AVENUE, LANSDALE, PA, 19446*

Phone: *215-368-0900*

Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *75*

Waking Staff: *56*

Inspection Information

Type: *Partial*

Notice: *Unannounced*

BHA Docket #:

Reason: *Complaint*

Exit Conference Date: *04/11/2022*

Inspection Dates and Department Representative

04/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90*

Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes*

Area: *St. Camillus*

Capacity: *20*

Residents Served: *18*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *0*

Inspections / Reviews

04/11/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/01/2022*

05/02/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/12/2022*

06/07/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two tubes of Colgate toothpaste, with a manufacturer's label indicating "if swallowed consult physician or Poison Control Center", were unlocked, unattended, and accessible to residents in the medicine cabinet in room 77 in St. Camillus. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Fluoride toothpaste, with a manufacturer's label indicating "if swallowed consult physician or Poison Control Center", was unlocked, unattended, and accessible to residents in the medicine cabinet in the toilet room next to rooms 69 and 71 in St. Camillus. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Roll on antiperspirant, with a manufacturer's label indicating "if swallowed consult physician or Poison Control Center", was unlocked, unattended, and accessible to residents in the medicine cabinet in room 65 in St. Camillus. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Audit was immediately completed and all poisonous materials were removed and stored in secured location. Clinical team was educated on the importance of ensuring that all poisonous materials are returned to secured location after use. Routine rounds will be completed to ensure that all poisonous materials are in locked location.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attachment.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/11/22 at 9:30 am, there were urine stains on top of the toilet in the bathroom in room [redacted] in St. Camillus. The room had a strong urine odor and there was dried urine on the floor behind the toilet.

The women's tub room on the left side of St. Camillus does not have any form of hand drying.

Trash was on the floor on both sides of the toilet in the women's tub room in St. Camillus.

At 9:44 am, the floor in the hallway between rooms 70 and 74 in St. Camillus had a sticky substance. The hallway had a strong urine odor.

Room [redacted] in St. Camillus had a strong urine odor.

The bathroom next to rooms 69 and 71 in St. Camillus did not have any form of hand drying.

85a - Sanitary Conditions (continued)

The toilet in the bathroom next to rooms 69 and 71 in St. Camillus was covered with dried urine.

There was a discarded empty danish container on top of the medicine cabinet in the toilet room next to rooms 69 and 71 in St. Camillus.

The bathroom in room [REDACTED] in St. Camillus did not have any form of hand drying.

The dining room in St. Camillus had a strong urine odor.

Room [REDACTED] in St. Camillus had a strong urine odor. The floor by both beds in this room had a dried substance that appeared to be urine.

The bathroom in room [REDACTED] in St. Camillus did not have any form of hand drying.

The toilet in the bathroom in room [REDACTED] in St. Camillus was full of feces and brown water. The toilet was overflowing and there was brown liquid on the floor.

The bathroom in room [REDACTED] in St. Camillus did not have any form of hand drying.

In the main dining room there was a large amount of crumbs on the floor around each of the dining tables. There were no residents using the dining room at the time.

Plan of Correction**Accept**

85.a. Sanitary conditions shall be maintained. Urine/Odor was immediately removed from room [REDACTED] and room was thoroughly cleaned. Tub room was immediately provided with paper towels and trash was removed. Substance between room 70 and 74 and odor was immediately removed. Room [REDACTED] and [REDACTED] was immediately provided with paper towels, urine removed and bathroom was thoroughly cleaned, sanitized by housekeeping staff and trash discarded. Odor immediately removed from dining room. Odor and dry substance immediately removed from room [REDACTED]. Paper towels provided in room [REDACTED]. Toilet in room [REDACTED] was unclogged by maintenance and room was thoroughly cleaned and sanitized by housekeeping. Crumbs in dining room were immediately removed by Housekeeping. Audit was immediately completed to identify all areas and they were resolved. Staff educated on importance of maintaining a sanitary environment. Routine rounds will be completed to ensure that all areas maintain sanitary conditions and forms of hand drying are available.

Completion Date: 05/31/2022

Document Submission**Implemented**

The dining room in St. Camillus had a strong urine odor.

Room [REDACTED] in St. Camillus had a strong urine odor.

Please see attachment.

85b - Infestation**1. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

85b - Infestation (continued)

Description of Violation

On 4/11/22 there were mouse droppings next to bed B and bed B's bedside table in room [redacted] in St. Camillus.

There were mouse droppings in corner on right side of room in room [redacted] in St. Camillus.

There were mouse droppings next to bed and bedside table in room [redacted] in St. Camillus. Mouse droppings were also behind the mini refrigerator in this room.

Plan of Correction

Accept

85.b. There may be no evidence of infestation of insects or rodents in the home. Mouse droppings immediately removed from room [redacted] and all rooms identified have been sanitized by housekeeping. Rooms also checked for penetrations and any identified have been resolved by Maintenance. Audit completed to identify any target areas and all identified have been addressed. Pest control has been notified and all areas will be treated on a routine basis. Staff educated on the importance of maintaining a pest free environment. Routine rounds will be completed to ensure there is no evidence of infestations.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/11/22 at 9:40 am there was an overflowing, uncovered, unattended trash can in the women's tub room in St. Camillus. Trash was on the floor on both sides of the toilet.

Plan of Correction

Accept

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. Lid was immediately placed on trash can in the women's tub room and all trash has been removed. All trash cans in kitchen areas and bathrooms have been checked to ensure lids are present. Staff educated on importance of keeping covered trash receptacles. Routine rounds will be completed to ensure that all cans have lids.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Bed A in room [redacted] in St. Camillus had a headboard that is loose and shakes when touched.

95 - Furniture and Equipment (continued)

The sink in the bathroom in room [redacted] does not turn off and is stained brown.

The toilet in the bathroom in room [redacted] leaks when flushed.

The toilet in the bathroom in room [redacted] does not flush.

Plan of Correction

Accept

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards. Headboard Bed A in room [redacted] headboard has been secured by Maintenance. Faucet has been repaired and brown stain has been removed from the sink. Leak has been repaired. Toilet in room [redacted] has been repaired by maintenance. Education provided to staff on informing maintenance staff that repairs are needed when identified. Routine rounds will be completed to ensure all furniture/equipment is secure and operable.

Completion Date: 05/31/2022

Document Submission

Implemented

All repairs have been made. Please see attached.

101j2 - Bedroom Chairs

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom 72 is occupied by 2 residents; however, there is only 1 chair in this room.

Bedroom 74 is occupied by 2 residents; however, there is only 1 chair in this room.

Plan of Correction

Accept

101.j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs. Room 72 and 74 were supplied with additional chairs. Audit completed to identify rooms that need additional seating and they will be placed in room. Education provided to staff on importance of ensuring appropriate seating in each room. Routine rounds will be completed by Maintenance or designee to ensure all rooms have appropriate seating.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident #1 did not have clean bed linen.

101j3 - Bed/Linens/Pillows/Blankets (continued)

The bed for resident #2 did not have clean bed linen.

Plan of Correction

Accept

101.j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair. Resident#1 and Resident #2 had linens removed and replaced with clean linens. Audit completed to identify soiled linens and any identified were immediately replaced. Education provided to staff regarding the importance of maintaining clean linen. Routine rounds will be completed to ensure all rooms have appropriate linens.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see 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 #1 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Resident #4 does not have access to a source of light that can be turned on/off at bedside.

Resident #5 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

101.j. 7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside. Resident#1, Resident#3, and Resident#5 have been provided with a source of light at bedside. Audit completed by Maintenance Director or designee to ensure all residents have operable light sources. Routine rounds will be completed by Maintenance Director or designee to ensure that all light sources are operable.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached.

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 floor was dirty and had a large amount of grime and dust in bedroom [redacted].

The floor had brown stains that appeared to be dried urine in bedroom [redacted].

The ceiling tile over bed B was bowing and almost falling down in bedroom [redacted] There were three other ceiling tiles in

101o - Walls, Floors, Ceilings (continued)

this room that were bowing as well.

Plan of Correction**Accept**

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair. Room [REDACTED] and [REDACTED] has been detailed by housekeeping. Ceiling tiles in room [REDACTED] have been replaced. Staff educated on the importance of walls, floors and ceilings being clean and in good repair. Routine rounds will be completed by Maintenance Director or designee to ensure that all walls, floors and ceiling are in good repair.

Completion Date: 05/31/2022

Document Submission**Implemented**

Please see attached.

103f - Refrigerator/Freezer Temps**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer in the main dining room.

Plan of Correction**Accept**

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers. There was no thermometer in the ice cream freezer in the main dining room. Audit completed by Director of Dietary or designee to ensure that all thermometers were in place. Dietary staff educated on the importance of thermometer being in freezers/refrigerators. Director of Dietary or designee will complete routine rounds to ensure thermometers are in place.

Completion Date: 05/31/2022

Document Submission**Implemented**

Please see attached.

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED] 2, indicates the resident has a need for toileting. The resident's support plan, dated [REDACTED] 2 documents that the plan is to cue the resident not to urinate on floor. Staff person A states the actual plan is to do 2 hour toileting and watch for cues that the resident needs to use the bathroom. This is not recorded on the support plan and direct care staff are not aware of this plan.

The assessment for resident #2, dated [REDACTED], indicates the resident has a need for toileting. The resident's support plan, dated [REDACTED] documents that the plan is to assist with incontinence. Staff person A states the actual plan is to do 2 hour toileting and watch for cues that the resident needs to use the bathroom. This is not recorded on the support plan and

227d - Support Plan Medical/Dental (continued)

direct care staff are not aware of this plan.

The assessment for resident #7, dated [redacted] indicates the resident has a need for toileting. The resident's support plan, dated [redacted] 1 documents that the plan is direct care staff will assist resident and cue to go to bathroom. Staff person A states the actual plan is to do 2 hour toileting and watch for cues that the resident needs to use the bathroom. This is not recorded on the support plan and direct care staff are not aware of this plan.

Plan of Correction

Accept

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Resident #1, Resident #2, Resident#7 support plans have been reviewed and updated to indicate 2-hour toileting plan. Audit has been completed by the Clinical Director to identify all residents requiring support plan updates to support 2-hour toileting plan. Direct Care Staff educated by Clinical Director on 2hr toileting plan, toileting plan established, and all residents currently care planned. Routine audit will be conducted by Clinical Director to ensure support plan accuracy.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached.

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 #6 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted]

Plan of Correction

Accept

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. Resident#6 was admitted [redacted] and the initial care plan was completed [redacted] which is identified in Part II of the resident assessment and support section. Audit has been conducted by Clinical Director. Clinical Director was educated on ensuring that all residents admitted to the dementia unit have support plans developed within 72 hrs. of the admission or within 72 hours prior to resident's admission to the secured dementia care unit, a support plan must be developed, implemented and documented in the resident record. Routine audit will be conducted to ensure support plans are developed timely.

Completion Date: 05/31/2022

Document Submission

Implemented

Please see attached.