

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

February 28, 2023

[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 01/11/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *701 LANSDALE OPERATING LLC*

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

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *05/26/1992* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

Inspection Information

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

Reason: *Complaint, Incident* Exit Conference Date: *01/11/2023*

Inspection Dates and Department Representative

01/11/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *Camillus* Capacity: *20* Residents Served: *13*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*

Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

01/11/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/30/2023*

02/01/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/10/2023*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2023*

Inspections / Reviews *(continued)*

02/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/13/2023

02/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

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]/22, Resident # 1 was pushed down by nursing staff. The home did not report this incident to the department until [REDACTED]/22.

Plan of Correction**Accept [REDACTED] - 02/07/2023)**

This is not an admission of wrongdoing. Immediately following the report of the allegation of abuse on [REDACTED] 2022, the alleged perpetrator was removed from the schedule. This allegation was also immediately reported to DHS on [REDACTED]/2022. The previous employee who reported the allegation refused to provide a statement to assist in the investigation process.

The resident as well as the alleged perpetrator both provided statements regarding the incident. There was a thorough investigation completed to ensure that no signs of abuse had taken place. Statement provided by resident did not identify that any abuse had occurred.

All employees were provided an education on the facilities reporting of abuse and abuse prevention policy on [REDACTED]/2022 by [REDACTED] whom is the Resident Care Coordinator.

The steps that the facility will take to remain in regulatory compliance is that quarterly abuse/ reporting education will be conducted by Resident Care Coordinator and a competency will be completed by each employee.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented ([REDACTED] 02/28/2023)