

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

March 15, 2023

[REDACTED]
ST. MARY'S VILLA NURSING HOME
[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 02/15/2023 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,
Anne Graziano

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ST. MARY'S VILLA RESIDENCE* License #: *20390* License Expiration: *03/14/2024*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/20/2019* Issued By: *Elmhurst Township*
 Type: *C-2 LP* Date: *06/09/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *48* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *02/15/2023*

Inspection Dates and Department Representative

02/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *68* Residents Served: *48*

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: *48*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/15/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2023*

Inspections / Reviews *(continued)*

03/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/17/2023

03/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged from the home on [redacted]/22, the residents refund was not issued until [redacted]/23.

Plan of Correction

Accept [redacted] - 03/10/2023)

Resident #1's refund was delayed due to inaccurate discharge date relayed to Business office manager. To ensure discharge dates are accurate and resident refunds are made within 30 days an interdepartmental discharge notice will be sent to all departments and a discharge checklist for residents will be completed by the business office staff. Business office manager will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/09/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted], 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator A did not complete any hours of the required 24 hours of annual training for 2022.

Plan of Correction

Accept [redacted] - 03/10/2023)

Administrator will complete 24 hours of training for 2023. administrator has registered for 24 hours of training courses to be completed by 6/8/23.

Licensee's Proposed Overall Completion Date: 03/09/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted], 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.

65b - Rights/Abuse 40 Hours

3. 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:

65b - Rights/Abuse 40 Hours (continued)

- 2. Emergency medical plan.
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Ancillary staff person B hired [redacted]/22 did not receive training in emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

Plan of Correction

Accept [redacted] - 03/10/2023)

Ancillary B staff person did not complete 40 hour scheduled working hour orientation. Orientation for emergency medical plan and reporting of reportable incidents provided on 3/8/23. To ensure orientation is completed in a timely manner, a checklist of orientation will be initiated upon start date and put in all employee files. The administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/09/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted] 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

see attached.

65e - 12 Hours Annual Training

4. Requirements

- 2600.
- 65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
 - 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff member C hired [redacted]/20 completed 8 of the required 12 hours of annual training in 2022.

Plan of Correction

Accept [redacted] - 03/10/2023)

To ensure each direct care staff completes the required amount of training hours, individual staff member will have their own training hour log and signed by the staff member after completing each training. This will be monitored after each in-service by the administrator. If a staff person is unable to attend at the time scheduled they will be provided with a handout/power point or video of the in-service given. Direct care staff member C completed the required amount of training hours for 2022.

Licensee's Proposed Overall Completion Date: 03/10/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted] 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.

65f - Training Topics

5. Requirements

- 2600.
- 65.f. Training topics for the annual training for direct care staff persons shall include the following:

65f - Training Topics (continued)

- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff member C hired [redacted]/20 did not receive training in care for residents with dementia and cognitive impairment, infection control, personal care service needs of the residents, safe management techniques and care for residents with an intellectual disability in 2022.

Plan of Correction

Accept [redacted] - 03/10/2023)

Direct care staff member C completed missed trainings. To ensure all required training are completed, Administrator has created a schedule of trainings to have for 2023. Trainings provided by outside agencies will be recorded to be viewed by staff if they are unable to attend at time scheduled. Each individual staff member will have a record of completed training with length of the training. The schedule will be completed by 3/31/23. Completion of the trainings will be monitored by the administrator.

Licensee's Proposed Overall Completion Date: 03/31/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted] 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 5. Falls and accident prevention.

Description of Violation

Direct care staff member C hired [redacted]/20 and Ancillary staff member D hired [redacted]/19 did not receive training in emergency procedures, resident rights, and falls and accident prevention in 2022.

Plan of Correction

Accept [redacted] - 03/10/2023)

Direct care staff member C and D were provided with missed trainings on 3/1/23, 3/2/23 and 3/3/23 in the areas of emergency preparedness, resident rights, falls and accident prevention. Administrator will monitor each staff member is in compliance with trainings by keeping individual logs of training and reviewing after each training that all staff completed the scheduled training.

Licensee's Proposed Overall Completion Date: 03/10/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted] 3-10-23

65g - Annual Training Content (continued)

Evidence of Completion

Implemented (█ - 03/15/2023)

See attached.

65i - Training Record

7. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care staff member C hired █/20 and Ancillary staff member D hired █/19 training records did not include the length of the course.

Plan of Correction

Accept █ - 03/10/2023)

To ensure compliance of receiving the proper amount of training hours, each staff member will have a training log with each in-service listed with the date, source, content, and length of each training. Administrator will monitor after each training that proper documentation is completed.

Licensee's Proposed Overall Completion Date: 03/10/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

█ 3-10-23

Evidence of Completion

Implemented █ - 03/15/2023)

See attached.

132e - Fire Drill Sleeping Hours

8. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The homes most recent sleeping hours fire drill was conducted on 7/18/22 at 11:34 pm.

Plan of Correction

Accept █ - 03/10/2023)

A sleeping hours fire drill was not conducted in January. Sleeping hours fire drill was conducted on 2/21/23. The next sleeping fire drill will be held in august/2023. Administrator and maintenance director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 03/10/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

█ 3-10-23

Evidence of Completion

Implemented █ - 03/15/2023)

See attached.

183e - Storing Medications

9. Requirements

183e - Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's novolog flexpen was not dated when opened. The manufacturer's instructions note the medication expires 28 days after opening.

Plan of Correction

Accept [redacted] - 03/10/2023)

To ensure insulins are properly dated by med techs/nurses, a weekly audit of dates will be on each residents MAR that is insulin dependent. The DOW will monitor weekly for compliance.

Licensee's Proposed Overall Completion Date: 03/09/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted], 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #2 has an order for stimulant laxative phs tablet once daily. The medication was held from [redacted]/23 for loose stools. The home does not have an order to hold the medication.

Resident #3 has an order for docusate sodium 100mg twice daily. On [redacted]/23 the medication was held for loose stools. The home does not have an order to hold the medication.

Resident #3 has an order for metoprolol succ ER 50mg one tablet twice daily, hold for systolic blood pressure less than 100 or heart rate less than 60. On [redacted]/23 at [redacted] the heart rate was 57, on [redacted]/23 at [redacted] the heart rate was 54. The medication was administered and should have been held per the parameters.

Repeat violation: 3/1/22

Plan of Correction

Accept [redacted] - 03/10/2023)

PCP was immediately notified and parameters to hold were ordered for resident #2 and #3. Notice placed in the front of both MARS with instructions for medications that are requested to be held and do not have parameters in place. DOW will monitor for compliance. Resident #3 had medication with parameters that were not followed. Parameters on any medications will be highlighted in orange to ensure it stands out to be followed. DOW will highlight these areas monthly when receiving new MARS. DOW will monitor for compliance.

Licensee's Proposed Overall Completion Date: 03/10/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted] 3-10-23

187d - Follow Prescriber's Orders (continued)

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.

224a - Preadmission Screen Form

11. 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

Resident #4's preadmission screening dated [redacted]/22 does not include if the resident is able to safely handle and identify poisons or if the home can meet the residents needs.

Plan of Correction

Accept [redacted] - 03/10/2023)

To ensure preadmission screening is completed in its entirety, a copy of the instructions for use and an admission check list will be provided to follow for each admission. administrator and DOW will review after each admission to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/10/2023

Update: 03/10/2023

documents were reviewed and accepted in Step 1.

[redacted], 3-10-23

Evidence of Completion

Implemented [redacted] - 03/15/2023)

See attached.