

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

September 8, 2023

██████████, VP OF OPERATIONS
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 ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2023 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,

██████████

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ST. MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING **License #:** 14107 **License Expiration:** 11/03/2023
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:** 05/26/0192 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 04/26/2023

Inspection Dates and Department Representative

04/26/2023 - 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: Memory Care	Capacity: 20	Residents Served: 14
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 53		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 14	Have Physical Disability: 0		

Inspections / Reviews

04/26/2023 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/27/2023
05/30/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 06/15/2023	
Reviewer: [REDACTED]	Follow-Up Type: Document Submission	Follow-Up Date: 06/15/2023

Inspections / Reviews *(continued)*

09/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████) - 05/30/2023)

Direct Care staff member was immediately removed from schedule on ██████████.

Education will be provided to Human Resources Director and RCC by Administrator 5/19/2023 on the importance in ensuring that all documentation is provided prior to onboarding. If we do not have the needed documentation to contact Administrator to see if a waiver can be requested.

Audit will be completed by Human Resources Director on 6/3/23 for all Direct Care staff to ensure that appropriate documentation is on file.

Weekly audit will be completed by Director of Human resources starting 6/5/23 for new hires and reported/submitted to Administrator for QAPI. New hire paperwork will be reviewed to ensure all documentation is accurate when paperwork is being completed by Director of Human Resources.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (████) - 09/08/2023)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4-26-23 at 2:30pm, there were no paper towels in the bathroom for the shared bathroom for the residents in room 72b.

Plan of Correction

Accept (████) - 05/30/2023)

Paper towels were immediately installed on 4/26/2023 by Director of Environmental Services.

Education was provided to Director of Environmental Services and RCC by Administrator on 5/19/23 on the importance of ensuring that sanitary conditions are maintained and that towels are monitored daily to ensure all dispensers are filled.

Audit will be completed by Director of Environment Services starting 5/22/2023 to ensure that facility remains in compliance.

Routine daily audit will be completed by Environmental Services Director to ensure that paper towels have been installed by assigned person starting 5/22/2023.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (████) - 09/08/2023)

105g Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4-26-23, there was an approximate 1/4 inch accumulation of lint and debris in the lint trap of the lint tray. There were no clothes in the dryer at the time.

Plan of Correction

Accept ([redacted]) - 05/30/2023)

Lint was removed on 4/26/23 by Director of Environmental Services.

Education was provided to the Direct Care staff on 5/19/2023 by RCC. Education was provided to RCC and Environmental Services Director on 5/19/2023.

Audit will be completed by Director of Environmental Services starting 5/22/2023 to ensure that facility remains in compliance.

Routine daily audit will be completed by Environmental Services Director and logged to ensure that lint has been removed starting 5/22/2023. Routine checks will be completed by RCC to ensure lint has been removed daily.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented ([redacted]) - 09/08/2023)

185a Implement Storage Procedures

4. 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 # 2, is prescribed [redacted] as needed. On [redacted] at [redacted], the [redacted] cough medication was not available in the home.

Plan of Correction

Accept ([redacted]) - 05/30/2023)

1. Order for medication for Resident #2 was discontinued due to resident not requiring the medication order.

Education was provided to Med Tech.'s who are responsible for medication distribution on 5/19/2023 by RCC to ensure that medication is reordered timely.

Audit was completed by RCC on 5/19/2023.

Starting 5/22/23 RCC will complete an ongoing weekly audit to ensure that all medications that are low have been reordered.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented ([redacted]) - 09/08/2023)

5. 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

On [redacted], at [redacted], the glucometer for resident # 2 was not calibrated to the correct date and time. The

185a Implement Storage Procedures (continued)

glucometer read [REDACTED].

Plan of Correction**Accept [REDACTED] - 05/30/2023)**

2. Glucometer was immediately replaced on [REDACTED] for Resident#2.

Education was provided on 5/19/23 by RCC to Med Technicians.

Audit was completed by RCC on 4/26/2023.

Starting 5/22/23 RCC will complete an ongoing weekly audit to ensure that all glucometers are calibrated correctly.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [REDACTED] - 09/08/2023)