



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **470 MANOR OPERATING LLC**  
LEGAL ENTITY

To operate **ST. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING**  
NAME OF FACILITY OR AGENCY

Located at **490 MANOR AVENUE, DOWNINGTOWN, PA 19335**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **135**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 35**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 8,** **2023** until **June 8,** **2024**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **141081**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: DECEMBER 8, 2023**

████████████████████  
Administrator  
470 Manor Operating, LLC  
490 Manor Avenue  
Downingtown, Pennsylvania 19335

RE: St. Martha Villa for Independent & Retirement Living  
License #: 141081

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 3, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 141080 dated November 3, 2023 to November 3, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 3, 2023 to November 3, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 8, 2023 to June 8, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

**Facility Information**

Name: *ST. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING* License #: *14108* License Expiration: *11/03/2023*

Address: *490 MANOR AVENUE, DOWNINGTOWN, PA 19335*

County: *CHESTER*

Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

**Legal Entity**

Name: *470 MANOR OPERATING LLC*

Address: *490 MANOR AVENUE, DOWNINGTOWN, PA, 19335*

Phone: [REDACTED]

Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP*

Date: *11/20/2002*

Issued By: *Department of 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*

Exit Conference Date: *08/14/2023*

**Inspection Dates and Department Representative**

08/03/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *135*

Residents Served: *45*

**Secured Dementia Care Unit**

In Home: *Yes*

Area: *Memory Care Unit*

Capacity: *35*

Residents Served: *23*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *45*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *0*

**Inspections / Reviews**

08/03/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/31/2023*

## 09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/16/2023

## 09/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/21/2023

## 09/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/30/2023

## 11/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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], 2023, at [redacted] a.m., the facility sent resident 1 for treatment to [redacted] Hospital due to a change in health status whose cause was unknown but warranted hospital treatment. The home did not report this incident to the Department.

Plan of Correction

Accept [redacted] - 09/22/2023)

2600. 16.c.Requirements

1 Facility submitted a reportable incident report for resident 1 for a change in health status by [redacted] Administrator on 9/6/2023.

2.Any resident who had a health status change in the last 14 days were reviewed to ensure the mire status was reported by Administrator [redacted].

3. Nursing staff educated on requirements to notify department on changes in health status leading to hospitalization by [redacted] Administrator on 8/31/23.

4. Review of resident health status and hospitalization to be reviewed weekly for the next 4 weeks. Results of the audit will be reviewed by the Clinical

Director [redacted] and Administrator [redacted] as part of an ongoing Qapi process Completion date POC: 9/21/2023

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] - 11/08/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] 2022, for resident 1 indicates the resident requires assistance with toileting, bladder and bowel management with managing [redacted] care and empty drainage as needed and output measured every shift. The [redacted] must be emptied daily on every shift, and wafers changed every 5 days and as needed. From July 19, 2023 - July 21, 2023 there was no documentation that the resident received this assistance as required. According to additional information based on the care manager's notes, the resident's most recent 2-hour toileting care session, which included [redacted] took place on July 19, 2023, during the first shift.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept [REDACTED] - 09/22/2023)

2.2600. 23.a ADL assistance

1. Resident is deceased.

2. Education will be provided regarding resident's assessment and support plans on an ongoing basis by Clinical Director [REDACTED] Nursing staff educated on [REDACTED] care on 8/23/23 by [REDACTED] nurse and on 9/11& 9/18/23 by [REDACTED] Administrator. Ongoing education to continue to ensure new hires are educated on proper procedure.

3. Audit of all residents with [REDACTED] and ensure assistance with ADL's is being followed as indicated in residents support plan times. Results of the audit will be reviewed by the Administrator [REDACTED] as part of an ongoing Qapi process Completion date POC: 9/21/2023

Licensee's Proposed Overall Completion Date: 10/19/2023

Not Implemented [REDACTED] - 11/08/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

According to the hospital reports, "on [REDACTED], 2023, at [REDACTED] a.m., emergency medical services were called to the facility to pick up a resident. Upon their arrival, they found resident 1 in a t-shirt and boxer-style underwear. Resident 1 was disheveled, wearing urine- and blood-soaked underwear. The resident's bedding was saturated with blood and urine. When asking the staff member, the staff claimed to be unaware of how long the patient had been suffering from this particular malady. Resident 1's appearance and malodorous condition gave the appearance of something that had been developing for days or weeks. Resident 1's condition includes [REDACTED]

[REDACTED] According to the facility staff, they had no recollection of when or how the patient came to be in [REDACTED] current condition". " The facility staff advised that [REDACTED] was maintained several times during the day. The area where [REDACTED] was infected with signs of dermatological breakdown, leakage, and infection. The area was also malodorous from a standing position [REDACTED] It was clear that the resident's blood and urine had soaked the bed linens, [REDACTED] mattress, and a portion of the carpeted floor". Based on the emergency medical services staff member's report, "the resident was noted as having iatrogenic urinary sepsis secondary to possible gross neglect".

Resident 1 arrived at [REDACTED] Hospital on [REDACTED], 2023, at [REDACTED] a.m. Based on the hospital records, "when the resident arrived from the facility, there was significant [REDACTED] cloudy urine. The resident also had significant bruising on the lower abdomen and was nonverbal at baseline. The resident's [REDACTED] The

42b - Abuse (continued)

resident presented concerns for necrotizing fasciitis, sepsis, UTI, and Fourier's gangrene. Resident 1 was transferred to [redacted] on [redacted], 2023, at [redacted].

Based on the staff member A interview and witness statement, staff member A stated "that [redacted] had witnessed on various occasions that resident 1 was not changed and that there were blood and clots on the resident's bed. Staff member A stated that [redacted] reported to the nurse on various occasions that nobody was changing the residents' [redacted]. Every staff member was supposed to be trained, but a lot of people leave it for the next shift". The resident 1's support plan, dated [redacted], 2022, included toileting assistance, bladder and bowel management with [redacted] and emptying drainage [redacted] as needed. Every shift, staff must empty [redacted] and change wafers. According to the facility's progress notes, there were no records on the resident's care from [redacted] 2023, until the emergency medical services picked up the resident at the facility on [redacted] 2023. Additional information based on the care manager's notes "indicates that the last time that the resident had the 2-hour toileting care, which includes [redacted], was on [redacted] 2023, on the first shift from [redacted] a.m. to [redacted] p.m." "Also, the last time resident 1 received a bath was on [redacted] 2023, on the first shift from [redacted] a.m. to [redacted] p.m.". The resident passed away on [redacted] 2023. The causes of death were [redacted].

Plan of Correction

Accept [redacted] 09/11/2023)

2600. 42.b.Abuse

- 1. Resident is deceased.
- 2. Resident has been with the facility for several years
- 3. Residents [redacted] care were continuously monitored and documented on as such.
- 4. Residents Physician actively involved in residents care and documented as such.
- 5. Home Health nurse also actively involved in resident care.
- 6. Issues with [redacted] routinely reported ie: leakage and infection and is documented as such.

POC:

1. Education will be provided on regulation 42.b.

Education also provided on accurate documentation of services and ADL care given.

2. Audit of all residents with [redacted] and ensure assistance with ADL's is being followed as indicated in residents support plan times 4 weeks. 9/15/23.

In addition to above plan of correction: all staff including direct care staff and management staff will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the Department such as the Area Agency on Aging. Also staff will be educated on how to care for resident with [redacted] by a licensed medical professional all documentation will be kept. [redacted]

Licensee's Proposed Overall Completion Date: 09/15/2023

Not Implemented [redacted] - 11/08/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*Resident 1's medical evaluation did not include the medical information pertinent to diagnosis and treatment in the event of an emergency.*

**Plan of Correction**

Accept ( [REDACTED] 09/22/2023)

2600. 141.a. Medical evaluation form on

1. DME cited was corrected based on regulatory standards if permitted.
2. DME's completed in last week were reviewed by Clinical Director [REDACTED] If a DME is required to be edited, edits will be made.
3. Education will be provided to nursing staff and physician on medical evaluation form requirements. Random audits of resident DME's will be conducted weekly for 4 weeks by Clinical Director [REDACTED]. Results of the audit will be reviewed with Administrator [REDACTED] as part of an ongoing Qapi process. POC:9/21/23
4. Repeated Violation 11/10/22  
POC 9/15/2023

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [REDACTED] - 11/08/2023)

227d - Support Plan Medical/Dental

**5. 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] 2022, indicates the resident has a need for a mechanical soft diet. The resident's support plan, dated [REDACTED] 2022, does not document how this need will be met.*

**227d - Support Plan Medical/Dental (continued)****Plan of Correction****Accept [REDACTED] - 09/22/2023)***2600. 227.d. Requirements**1. Resident is deceased.**2. Resident with altered diets will have a service plan to reflect resident's current diets . Addendum to Support plans to be added with current diet ordered by Clinical Director and Administrator times 4 weeks.**3. Education on changes in resident health status to be reflected in resident support plan, review of support plans is ongoing by Clinical Director [REDACTED]**4. Random audits of changes in resident health status to be completed times 4 weeks for one month. Results of the audit will be reviewed by Administrator [REDACTED] and dietary director as part of an ongoing Qapi process. POC 9/21/23***Licensee's Proposed Overall Completion Date: 10/19/2023****Implemented [REDACTED] 11/08/2023)**