

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

May 3, 2024

[REDACTED]
470 MANOR OPERATING LLC
[REDACTED]
[REDACTED]

RE: ST. MARTHA VILLA FOR
INDEPENDENT & RETIREMENT
LIVING
490 MANOR AVENUE
DOWNTOWN, PA, 19335
LICENSE/COC#: 14108

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2024 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. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING License #: 14108 License Expiration: 06/08/2024

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: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/25/2002

Issued By: CWOPA L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 136

Waking Staff: 102

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 03/04/2024

Inspection Dates and Department Representative

03/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 135

Residents Served: 91

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care Unit

Capacity: 30

Residents Served: 19

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 91

Diagnosed with Mental Illness: 45

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 45

Have Physical Disability: 0

Inspections / Reviews

03/04/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/19/2024

03/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2024

Inspections / Reviews *(continued)*

05/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

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 January 15, 2024, at least [redacted] residents tested positive for COVID. The home did not report this incident to the department until January 17, 2024.

Plan of Correction

Accept ([redacted] - 03/20/2024)

2600

16.c

- 1. Facility submitted a reportable incident for Covid outbreak on January 17,2024 by the [redacted] the Director of Nursing.
- 2. Any resident who had a health status change in the last 14 days were reviewed to ensure if their status change rises to a reportable event. A reportable incident was reported by [redacted] the Director of Nursing.
- 3. Nursing staff were educated on the requirements to notify the department on changes in health status leading to hospitalizations by [redacted] the Director of Nursing.
- 4. Review of residents health status and hospitalization to be reviewed weekly for the next 4 weeks. Results of the audit will be reviewed [redacted] the Director of Nursing as part of the facility QAPI process.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented ([redacted] 05/03/2024)

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

During the calendar month of February 2024, the facility did not have an administrator present in the home for an average of 20 hours or more per week in each calendar month. Based on the interviews, the last administrator left the facility on January 18, 2024, and the current administrator is present in the home less than 20 hours per week in each calendar month.

Plan of Correction

Accept ([redacted] - 03/20/2024)

2600

56.

- 1. The Administrator [redacted] manages his time at St Martha Villa to average 20 hours a week.
- 2. A review of [redacted] time at St Martha Villa was completed by Edward Petroski on 3/19/2024 and it was determined [redacted] completes 20 hours a week on average at St Martha Villa.
- 3. The Administrator was re-educated on the importance of averaging 20 hours a week as the administrator at St Martha Villa by [redacted], Director of Clinical Operations on 3/19/2024.
- 4. A review of administrator’s hours will be monitored for the next 4 weeks by [redacted] Director of Clinical

56 - Admin 20 Hours/Week (continued)

Operations as part of the facility QAPI process 4/29/2024.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (redacted) - 05/03/2024)

64a - Admin Training

3. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.
- 2. A 100-hour standardized Department-approved administrator training course.
- 3. A Department-approved competency-based training test with a passing score.
- 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, who is the home's administrator, has not successfully completed an orientation program approved and administered by the Department and a department-approved competency-based training test with a passing score.

Plan of Correction

Directed (redacted) - 03/20/2024)

2600

64a

- 1. Facility administrator, (redacted) is a Licensed Nursing Home Administrator of Pennsylvania and has completed the waiver documentation on 2/28/2024.
- 2. The qualifications for a PCU administrator was reviewed with Rohan Blackwood by (redacted), Director of Clinical Operations on 3/19/2024.
- 3. The Administrator was re-educated on the importance being the Personal Care Administrator of St Martha Villa by (redacted), Director of Clinical Operations on 3/19/2024.
- 4. A review of (redacted) job performance will be monitored for the next four weeks to ensure his role in the facility meets the standards outlined by DHS. The review will be completed by (redacted) Director of Clinical Operations as part of the facility QAPI process 4/29/2024.

Directed Plan of Correction (slw 3/20/24):

- o The administrator will schedule a date to take the Departments required orientation by 3/31/24.

Proposed Overall Completion Date: 04/29/2024

Directed Completion Date: 03/31/2024

Implemented (redacted) - 05/03/2024)

101j3 - Bed/Linens/Pillows/Blankets

4. Requirements

2600.

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

- 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

During an interview on March 4, 2024, at 11:29 a.m., resident 1 of bedroom 311 was seated in bed. Nevertheless, there are four roughly one-inch-diameter brownish stain circles on the pillowcase. Additionally, there were yellow spots on the bed linens that resembled liquid or urine.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

2600

101j

- 1. Bed linens were changed for resident one by [REDACTED] the Director of Nursing on March 4, 2024.
- 2. Linen of all residents were examined. No other linens required changing by [REDACTED] the Director of Nursing on March 6, 2024.
- 3. Staff were educated by the importance of changing linen when soiled by [REDACTED] the Director of Nursing on 3/6/2024
- 4. An audit of linen of residents will be conducted to ensure they are not soiled by [REDACTED] the Director of Nursing once a week for four weeks as part of the Facility QAPI process 4/29/2024.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented [REDACTED] - 05/03/2024)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

- 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 [REDACTED] medical evaluation dated 12/19/2023 did not include a general physical examination by a physician, physician's assistant, or nurse practitioner; medical information pertinent to diagnosis and treatment in case of an emergency; special health or dietary needs of the resident; body positioning and movement stimulation for residents, if appropriate; or health status.

Resident [REDACTED] medical evaluation signed on 1/10/2024 did not include the date of evaluation and completion, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, or health status.

141a 1-10 Medical Evaluation Information (continued)

Repeat Violation - 8/3/2023

Plan of Correction

Accept [REDACTED] - 03/20/2024)

2600

141. a

1. Resident [REDACTED] and [REDACTED] medical evaluations were updated to include pertinent information by the provider by 3/29/2024.
2. A review of medical evaluations completed in the last 14 days were reviewed. If a medical evaluation was not completed the provider updated the medical evaluations by 3/29/2024.
3. Nursing staff were re-educated on the importance of completing medical evaluations by 3/29/2024.
4. A review of medical evaluations will be completed once a week for four weeks by [REDACTED] the Director of Nursing as part of the facility QAPI procees by 4/29/2024.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented ([REDACTED] - 05/03/2024)

227d - Support Plan Medical/Dental

6. 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 and support plan for resident [REDACTED] date 3/15/2023, did not indicate if the resident has a need for total assistance in obtaining clean and seasonal clothing and how this need will be met.

The assessment and support plan for resident [REDACTED] dated 12/21/2023, did not indicate if the resident has a need for orientation for time, place, and person, irritability, judgement, agitation, aggression, hallucinations, communication of needs, understanding instructions, short-term memory, long-term memory, and the ability to use and avoid poison materials, and how this need will be met.

Plan of Correction

Accept ([REDACTED] - 03/20/2024)

2600

227.d

1. Resident 1 and 2 had a new RASP completed by [REDACTED] the Director of Nursing on 3/29/2024.
2. RASP completed in the last 14 days were reviewed in ensure they were complete. If they were not completed [REDACTED] the Director of Nursing will complete by 3/29/2024.
3. Director of Nursing was re-educated on the importance of completing RASP by [REDACTED] Director of Clinical Operations by 3/29/2024.
4. An audit of RASP will be completed once a week for four weeks to ensure documentation is complete By [REDACTED] the Director of Nursing as part of the QAPI process 4/29/2024.

Licensee's Proposed Overall Completion Date: 03/29/2024

227d - Support Plan Medical/Dental (continued)

Implemented [redacted] - 05/03/2024)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on 12/21/2023. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 03/20/2024)

2600

227.g

1. Resident [redacted] or representative was requested to sign the support plan by [redacted] the Director of Nursing 3/29/2024
2. Service plans completed in the last 14 day were reviewed to ensure they were signed by the resident or representative. If service plans were not signed a request was made by the [redacted] the Director of Nursing 3/29/2024 to be signed. If service plans were not signed a notification or refusal to sign was completed in the chart.
3. Director of Nursing was re-educated on the importance of having residents or representatives sign the support plans by [redacted], Director of Clinical Operations by 3/29/2024.
4. Support Plans will be audited one a week for four weeks to ensure there is a resident or representative signature by [redacted] the Director of Nursing as part of the facility QAPI plan 4/29/2024.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 05/03/2024)

227h - Support Plan Refuse Sign

8. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] participated in the development of [redacted] or [redacted] support plan on 12/21/2023. The resident was unable to sign the support plan. The home did not make a note regarding the resident's inability to sign.

Plan of Correction

Accept [redacted] - 03/20/2024)

2600

227.h

1. A notification was completed in Resident [redacted] chart to indicate the 12/21/2023 Support Plan was not signed.
2. Service plans completed in the last 14 day were reviewed to ensure they were signed by the resident or representative. If service plans were not signed a notification of refusal to sign was completed in the chart by the [redacted] the Director of Nursing 3/29/2024.

227h - Support Plan Refuse Sign (continued)

3. Director of Nursing was re-educated on the importance completing a notification of a resident's refusal to sign a support plan in the resident's chart by [REDACTED] 3/29/2024.

4. Support Plans will be audited one a week for four weeks to ensure if a resident refuses to sign a support plan a notification of refusal was completed in the chart by [REDACTED] the Director of Nursing as part of the facility QAPI plan 4/29/2024.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented [REDACTED] - 05/03/2024)

252 - Record Content**9. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include admission date, race, or a photograph of the resident who is no more than 2

252 - Record Content (continued)

years old.

Plan of Correction**Accept** [REDACTED] - 03/20/2024)

2600

252

1. Photo and Race was completed for resident 3 by [REDACTED] the Director of Nursing 3/22/2024.
2. A review of resident photos and race were completed and if a photo and race was not obtained a photo and race was upload to the resident's chart by [REDACTED] the Director of Nursing 3/22/2024.
3. Director of Nursing was re-educated on the importance of resident photos and race in resident charts by [REDACTED] [REDACTED] 3/29/2024.
4. Photos race will be audited once a week for four weeks by [REDACTED] the Director of Nursing as part of the facility QAPI plan 4/29/2024.

Licensee's Proposed Overall Completion Date: 04/29/2024**Implemented** [REDACTED] 05/03/2024)