

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

November 19, 2024

[REDACTED]
701 LANSDALE OPERATING LLC
[REDACTED]

RE: ST. MARY VILLA FOR INDEPENDENT
& RETIREMENT LIVING
701 LANSDALE AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14107

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2024 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. MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING License #: 14107 License Expiration: 11/03/2024

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: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
Reason: Complaint Exit Conference Date: 08/29/2024

Inspection Dates and Department Representative

08/29/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 Residents Served: 58

Secured Dementia Care Unit

In Home: Yes Area: St. Camillus Capacity: 20 Residents Served: 18

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 51 Have Physical Disability: 0

Inspections / Reviews

08/29/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2024

10/04/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/09/2024

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

11/19/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Sometime prior to 7/29/24, staff person A suspected resident [redacted] was the victim of [redacted]. Staff person A did not report the suspected abuse according to the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse).

Plan of Correction

Accept [redacted] - 10/04/2024)

Dispute: Reportable was sent on 8/29/2024 as mentioned to the surveyor when information was provided regarding Resident [redacted]. The time frame mentioned as sometime prior to 7/29/2024 is not accurate. Report for Resident [redacted] was immediately filed. Staff Person A was educated on the process of reporting suspected abuse of a resident and reporting process by Administrator on 9/10/2024. Audit was completed by Regional Director of Medicaid on 9/10/2024 to ensure that there is no exploitation identified for any current cases. Weekly audit x 4 weeks will be completed by Regional Director of Medicaid starting 9/16/2024 and reported/submitted to Administrator for QAPI. Weekly Audits will be conducted by the Regional Director of Medicaid to ensure that reportable events are reported timely starting 9/16/2024.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [redacted] - 11/19/2024)

16c - Written Incident Report

2. 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

Sometime prior to [redacted], staff person A suspected resident [redacted] was the victim of [redacted]. Staff person A did not report the suspected abuse to the department.

Plan of Correction

Accept [redacted] - 10/04/2024)

Dispute: Reportable was sent on 8/29/2024 as mentioned to the surveyor when information was provided regarding Resident#1. Report for Resident#1 was immediately filed. Staff Person A was educated on the process of reporting suspected abuse of a resident and reporting process by Administrator on 9/10/2024.

16c - Written Incident Report (continued)

Audit was completed by RCC on 9/10/2024 to ensure that all incidents that are reportable have been reported timely.

Weekly audit x 4 weeks will be completed by RCC starting 9/16/2024 and reported/submitted to Administrator for QAPI.

Weekly Audits will be conducted by the RCC to ensure that reportable events are reported timely starting 9/16/2024.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [REDACTED] - 11/19/2024)

65f - Training Topics**3. Requirements**

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
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 person B did not receive training in the following topics during training year 2023:

- Medication self-administration training.
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Care for residents with dementia and cognitive impairments.
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home

Plan of Correction

Accept [REDACTED] - 10/08/2024)

Staff person B will be completing additional training for this training year.

Audit will be completed by Staff Educator on 10/11/2024 to ensure that all mandatory educations were completed.

The Administrator provided education to Staff Educator and RCC on 10/7/2024 on the importance of ensuring all mandatory training is completed annually.

Weekly Audit x 4 weeks will be completed by Staff Educator starting 10/14/2024 and reported /submitted to Administrator for QAPI. Weekly audits will be completed by the Staff Educator starting 10/14/2024 to ensure that all mandatories have been completed in a timely manner.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 11/19/2024)

65g - Annual Training Content

4. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in the following areas during training year 2023:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- Emergency preparedness procedures and recognition and response to crises and emergency situations.

Plan of Correction

Accept [redacted] - 10/08/2024)

Staff person B will be completing additional training for this training year (Please see attached trainings to be used) Audit will be completed by Staff Educator on 10/11/2024 to ensure that all mandatory educations were completed. The Administrator provided education to Staff Educator and RCC on 10/7/2024 on the importance of ensuring all mandatory training is completed annually.

Weekly Audit x 4 weeks will be completed by Staff Educator starting 10/14/2024 and reported /submitted to Administrator for QAPI. Weekly audits will be completed by the Staff Educator starting 10/14/2024 to ensure that all mandatories have been completed in a timely manner.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [redacted] - 11/19/2024)

141a 1-10 Medical Evaluation Information

6. 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

On resident [redacted] Documentation of Medical Evaluation, dated [redacted], the box for "none" was selected under

141a 1-10 Medical Evaluation Information (continued)

Special Health or Dietary Needs" (Section 4). "Secured Dementia Care" should have been selected to indicate that resident [REDACTED] lives in the home's secure [REDACTED] unit and has a diagnosis of [REDACTED].

Repeat violation: 7/31/2024

Plan of Correction

Accept [REDACTED] 10/04/2024)

Correction was immediately made to DME. Please see attached Education provided to RCC by Administrator on 9/10/2024 on the importance DME documentation accuracy. Audit was completed by RCC on 9/10/2024 to ensure that all DME's have been completed accurately. Weekly audit x 4 weeks will be completed by RCC starting 9/16/2024 and reported/submitted to Administrator for QAPI. Weekly Audits will be conducted by the RCC to ensure that all DME have been completed accurately starting 9/16/2024

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [REDACTED] 11/19/2024)

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 their support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 10/04/2024)

Correction was immediately made to RASP. Please see attached Education provided to RCC by Administrator on 9/10/2024 on the importance of RASP documentation accuracy. Audit was completed by RCC on 9/10/2024 to ensure that all RASP have been signed appropriately. Weekly audit x 4 weeks will be completed by RCC starting 9/16/2024 and reported/submitted to Administrator for QAPI. Weekly Audits will be conducted by the RCC to ensure that all RASP have been completed accurately starting 9/16/2024

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [REDACTED] 11/19/2024)