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

July 16, 2025

[redacted] ADMINISTRATOR
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 05/20/2025 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'S VILLA RESIDENCE* **License #**: *20390* **License Expiration**: *03/14/2026*

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: *C-2 LP* **Date**: *03/02/1998* **Issued By**: *Dept. L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *38* **Waking Staff**: *29*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *05/20/2025*

Inspection Dates and Department Representative

05/20/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served**: *36*

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**: *36*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

05/20/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2025*

06/25/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/30/2025*

Inspections / Reviews *(continued)*

07/09/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/14/2025*

07/16/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2025*

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

Resident #2 is prescribed Novolog 4 times daily based on a sliding scale. However, resident #2 was not administered Novolog on 4/7/25 and 4/14/25 at 11:00 a.m. due to their absence from the building. The medication error was not reported to the Northeast Regional Office until 5/20/25.

Repeat Violation- 4/25/24

Plan of Correction ***Accept ([redacted] - 06/17/2025)***

In response to the violation on 5/20/2025 by the PA Bureau of Human Service Licensing of not reporting a medication error within 24 hours of the occurrence, Immediate action was taken on 5/20/2025 by the administrator following the violation was to verbally in service the DOW, LPN's and Med Techs on reporting a medication error to the administrator immediately to ensure it is reported to DHS Northeast Regional office within 24 hours of the occurrence per the regulation. The resident, designated representative, and physician will be notified at the time of the incident by the administrator, DOW, LPN, or Med Tech on duty.

Additionally Administrator will provide a written in service to DOW, LPN's and Med Techs to include:

Guidelines for administering medications.

Procedure for reporting medication errors.

Importance of compliance with medication schedules.

In service to be completed by 6/30/25

Written instructions specific to reporting a medication error will be placed on the Medication administration records along with the instructions for all reportable incidents with on call schedule of Administrator and DOW that is currently posted in the 2nd and 3rd floor wellness station to ensure compliance with regulation to be completed by 6/30/25.

Weekly audits of medication records will be implemented by DOW to start 6/30/25 to ensure compliance and identify potential issues early.

Implementing this plan of correction will help ensure compliance with PA regulation 2600.16c, improve medication management practices and enhance the overall safety and quality of care provided to the residents in the home.

The Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/01/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:09 a.m. a medication cart was observed unattended outside of resident room 207. There was a binder left on top of the medication cart containing the medication administration records for all residents residing

17 - Record Confidentiality (continued)

on the 2nd floor.

At approximately 9:20 a.m. a box containing discharged resident records was found in an unlocked cabinet in the home's theater.

Plan of Correction ***Accept (- 06/17/2025)***

In response to the violation of regulation 2600.17 on 5/20/25 by the PA Bureau of Human Service Licensing, immediate action was taken on 5/20/25 by the Administrator to verbally educate the DOW, LPN's and Med Techs to place the medication administration record in the bottom drawer of the locked med cart when not in view or locked in the wellness station. A written in service to be provided to the DOW, LPN's and Med Techs by the Administrator to place the Medication record in the bottom drawer of the med cart and lock it when not in view, along with confidentiality and privacy concerns related to resident information by the Administrator by 6/30/25. Random daily checks will be done by DOW to ensure compliance.
In response to the violation of a box containing discharge resident records found in an unlocked cabinet in the home's theater room, immediate action was taken by the administrator to lock the cabinet and check the remaining cabinets for resident information. Administrator will conduct an audit of all cabinets in common areas for any resident records and secure any unsecured areas. Administrator to provide a written in service on confidentiality and privacy concerns related to resident information to all staff by 6/30/25. Regular audits of these areas will be conducted by department managers of any resident information stored in their areas.
Implementing this plan of correction will serve to enhance the handling of medication administration records, along with all resident information, ensuring compliance with PA Chapter 2600.17 while maintaining the safety and confidentiality of resident information. Continuous monitoring and staff education will help foster a culture of accountability and attentiveness to regulations.
ongoing compliance will be monitored by the Administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented (- 07/01/2025)

25b - Contract Signatures

3. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract dated for resident # 1 was not signed by the resident.

Plan of Correction ***Accept (- 06/25/2025)***

In response to the violation of regulation 2600.25.b on 5/20/25, the resident did not sign the contract at the time of admission, POA/payor source signed the contract. Resident was present as the contract was reviewed but chose to have POA sign. Immediate action taken by the Administrator to educate the Director of marketing on the importance of reviewing the contract with the resident at the time of admission and giving the option to sign the contract even if a POA is present. The home contract was reviewed with the resident again by the Marketing Director and signed on 6/12/25. Administrator reviewed importance of reviewing the contract with the resident, even with the presence of the POA. Resident must be given the option to sign. Administrator educated Marketing Director that resident is to sign their contract or Marketing Director is to identify that resident declined to sign.
Administrator will provide written training to all administrative staff that may review a contract with a resident at

25b - Contract Signatures (continued)

the time of admission in the absence of the Marketing Director. The Administrator will conduct a training on the importance of obtaining the resident's signature on admissions contracts, covering:
Legal requirements related to admissions contracts, the role of POA and the circumstances when their signature is appropriate and procedures for ensuring compliance during the admission process. Training will include Marketing Director, Business office manager, Director of wellness and Activities Director. An audit of all current contracts will be conducted by Director of Marketing for resident signatures or proper documentation of resident declining to sign. Administrator will review all new contracts on admission after Marketing Director reviews with a resident on admission to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/16/2025)

81b - Resident Personal Equipment

4. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 2:30 p.m. the enabler bar attached to the bed in room 213 measured 29 inches wide and 18 inches high. The enabler bar was not covered to prevent the risk of entrapment.

At approximately 2:40 p.m. the enabler bar attached to the bed in room 313 was not securely attached to the bedframe and could be maneuvered easily from side to side. The enabler bar was observed to be slightly askew from the edge of the mattress and there was a gap of approximately two inches from the enabler bar and the mattress.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to violation of regulation 2600.81.b on 5/20/25, enabler bar was not properly attached to the bed and not covered causing safety concerns to the resident. Immediate action taken on 5/20/25 by Administrator was to call maintenance to remove the enabler bar until the proper parts can be obtained to replace and install properly. Resident was made aware and instructed to use emergency call light for assistance to reposition until enabler bar can be properly reinstalled and covered. Enabler bar was properly installed and covered the next day 5/21/25 by maintenance . A written training will be provided to maintenance and all direct care staff on proper installation and maintenance of enabler bars along with safety standards and regulations relevant to enabler bars in facility by the Administrator and Director of Maintenance. Training will be completed by 6/30/25. A routine weekly inspection schedule will be established for enabler bars to ensure they are covered properly and for any maintenance concerns for safety and functionality. Inspections will start 6/30/25 and will be completed by direct care staff, they will report any concerns to maintenance via work orders and Director of wellness.
Ongoing compliance will be monitored by Administrator

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/16/2025)

89b - Hot Water Temperature

5. Requirements

89b - Hot Water Temperature *(continued)*

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 2:35 p.m. the temperature of the water in the bathroom of room 221 measured 123 degrees Fahrenheit.
At approximately 2:40 p.m. the temperature of the water in the bathroom of room 313 measured 123 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to violation of regulation 2600.89.b on 5/20/25, Temperature of water in resident rooms, room 221 and room 313 exceeded 120 degrees Fahrenheit. Immediate action taken was to notify the maintenance director on 5/20/25 who assessed the water temperatures in several locations of the home. Adjustment of the water heater setting was made to bring the temperature down to a safe level between 106F-118F. A written training will be provided to Maintenance on importance of monitoring water temperatures for resident safety by Administrator, including: understanding scalding risks associated with high water temperatures and correct procedures for checking and documenting water temperatures by 6/30/25. Weekly audits of water temperatures will be done of one room on each floor by maintenance and monitored by the Director of Maintenance starting 6/30/25. This will safeguard residents from risks associated with hot water exposure.
Ongoing compliance will be monitored by Administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/01/2025)

103f - Refrigerator/Freezer Temps

6. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There were no thermometers in the small freezers in the 1st floor Activities Room and the 3rd floor kitchenette.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation of regulation 2600.103.f on 5/20/25. Missing thermometers in freezers of small refrigerators in the first floor activities room and 3rd floor kitchenette. Immediate action taken on 5/20/25 by housekeeping was to place thermometers in first floor activities room freezer and third floor kitchenette freezer. Housekeeping manager also did immediate audit of all other small refrigerators in common areas of the home for thermometers. Administrator will provide written in service to housekeeping staff of temperature monitoring for food safety covering: proper thermometer usage and placement by 6/30/25. Housekeeping manager will implement a daily log of temperatures for all small refrigerators and freezers in common areas starting 6/30/25.
ongoing compliance will be monitored by administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/01/2025)

103i - Outdated Food

7. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 2:15 p.m. a tray of red peppers was observed in the cooler located in the home's kitchen; one of the red peppers was covered with a green, mold- like substance.

Repeat Violation-4/25/24

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation of regulation 2600.103.i on 5/20/25 A red pepper was identified in the homes kitchen to have a mold like substance on it. Immediate action taken by dietary manager was to discard the pepper, wash and inspect the remainder of the peppers on the tray for any abnormalities. Dietary manager will provide a written in service for all dietary staff on food safety practices including: Identifying mold and signs of spoilage, proper storage and handling of perishable foods, cleaning and sanitizing protocols for kitchen equipment by 6/30/25. Dietary manager will inspect all food upon delivery for any abnormalities prior to putting away, monitor storage practices to ensure that perishable items are stored properly daily, first-in, first-out practices are followed, temperatures of refrigerators and freezers continue to be checked daily for correct temperatures. Dietary manager to re-educate cooks to inspect and cleanse foods prior to preparation starting 6/30/25.
ongoing compliance will be monitored by Administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/01/2025)

105g - Lint Removal and Duct Cleaning

8. 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 5/23/25 at approximately 9:45 a.m. there was an accumulation of lint in the lint trap of the 2nd floor clothes dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to violation of 2600.105.g regulation on 5/20/25, accumulation of lint in the lint trap of the 2nd floor clothes dryer, Immediate action taken on 5/20/25 by housekeeping manager was lint was removed from the lint trap. Administrator verbally re-educated housekeeping, maintenance and direct care staff on cleaning lint traps on dryers after each use. Administrator will also provide a written in-service to re-educate staff on the strict guidelines of the cleaning frequency of the dryer lint traps by 6/30/25. Housekeeping manager will establish and implement a schedule for routine inspection of laundry equipment, requiring staff to Check and clean lint traps systematically. This will be documented on a daily checklist and monitored daily by housekeeping manager starting on 6/30/25. Ongoing compliance will be monitored by administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/01/2025)

125a - Combustible Storage

9. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A washcloth and 2 plastic covered sheets of paper were noted on the floor directly behind the clothes dryer approximately 6 inches away from the dryer vent.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation of regulation 2600.125.a. on 5/20/25 a washcloth and 2 plastic covered sheets of paper were noted on the floor behind the dryer approx 6 inches from the dryer vent, Immediate action taken on 5/20/25 was the items were removed and the area swept for any other debris by maintenance. Dryer was also checked by maintenance for any maintenance needs to ensure it was functioning safely and efficiently. Re-educated all staff that utilize this area on importance of keeping this area cleared of any combustible or flammable materials by Administrator. Administrator will also provide a written in-service to housekeeping, maintenance, and direct care staff of importance of keeping area clean and cleared of any potentially hazardous materials and to report any functional issues of dryers to maintenance for inspection. Housekeeping manager will inspect laundry areas daily for any safety issues and report to maintenance as needed. Maintenance will clean behind and under dryers weekly starting 6/30/25. Director of Maintenance will monitor for compliance.
Ongoing compliance will be monitored by Administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/01/2025)

132c - Fire Drill Records

10. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducted a fire drill on 1/28/25 at 3:12 p.m. The fire drill log indicates there were 31 residents in the building and 35 were evacuated.
The home conducted a fire drill on 2/25/25 at 3:01 p.m. The fire drill log indicates there were 35 residents in the building and 34 were evacuated. The home' s administrator confirmed all 35 residents were evacuated.
Repeat Violation-4/25/24

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation of regulation 2600.132.c. on 5/20/25, improper documentation of residents evacuated vs residents in the building. Immediate action taken on 5/20/25 by the Administrator provided verbal re-education to maintenance on proper documentation of residents in the building vs residents evacuated. Administrator to provide written Re-education to maintenance on importance of keeping track of interdepartmental notices of residents out of the building and sign out book at the front desk for emergencies by 6/30/25. Administrator to provide written re-education to direct care staff on the importance of providing an accurate list of residents evacuated from the

132c - Fire Drill Records (continued)

building in an emergency to maintenance and emergency responders in the event of an actual emergency by 6/30/25. Director of Maintenance will review documentation after all fire drills to ensure proper documentation starting 6/30/25.
Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/16/2025)

132g - Fire Drills Days/Times

11. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home conducted a "sleeping hour" drill on 4/30/24 at 5:01 a.m. The fire drill log indicates 4 staff participated. However, only 2 direct care staff are scheduled from 11:00 p.m. to 7:00 a.m. The person conducting the drill, and a dietary staff person were included in the number of staff participating.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to violation of regulation 2600.132.g on 5/20/25, The "sleeping hour" drill on 4/30/25 included ancillary staff that was in the building at the time of the drill. Immediate action taken on 5/20/25 was Administrator verbally educated maintenance staff that ancillary staff is not to participate in "sleep hour" fire drills, only direct care staff to participate to ensure staffing would be adequate to evacuate all residents from the building in the event an emergency took place when no ancillary staff was present to assist. Administrator will provide a written in service to ALL staff that only direct care staff on shift at the time of "sleep hour" fire drills are to participate in evacuating the residents to ensure staffing is adequate to evacuate all residents and to identify any possible needs by 6/30/25.
Director of Maintenance to provide continuing education and to monitor for compliance.
Ongoing compliance to be monitored by administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/09/2025)

187a - Medication Record

12. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #3 is prescribed Coumadin. However, resident #3's medication administration record does not list this medication. Staff are initialing a separate Coumadin Administration Record which does not indicate all the information required under this regulation.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation of regulation 2600.187.a on 5/20/25. Coumadin record did not have complete order on it, it only listed the dose, date and time. Immediate action on 5/20/25 was taken by the DOW to write the complete coumadin order on the medication administration record. Administrator will provide written in service on the

187a - Medication Record (continued)

importance of documenting accurate information in the medication administration record by 6/30/25. Administrator will remove current coumadin record logs and return to documenting initials on medication record for coumadin by 7/1/25. Dow will monitor to identify any further training need.
Ongoing compliance to be monitored by Administrator.

Licensee's Proposed Overall Completion Date: *07/01/2025*

Implemented ([redacted] - 07/16/2025)

187d - Follow Prescriber's Orders

13. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Novolog 4 times daily based on a sliding scale. However, resident #2 was not administered Novolog on 4/7/25 and 4/14/25 at 11:00 a.m. due to their absence from the building.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation of regulation 2600.187.d on 5/20/25, Resident missed a medication dose related to being absent from the building. Due resident's absence from the home the physician's order was not followed. Immediate response on 5/20/25 by the Administrator was to verbally educate DOW, LPN's and Med Tech's to make physician aware of any circumstances that they are unable to follow prescribed orders to allow physician to determine if the missed dose can be administered when the resident returns, or if alternate orders need to be provided. Administrator will also provide a written in service to DOW, LPN's and Med Tech's on the importance of following the directions of the prescriber with instruction on making the physician aware to provide alternate orders if directions are unable to be followed. In addition, a fax template will be provided to the DOW, LPN's, and Med techs by Administrator to fax to the physician in the event a resident has a missed medication dose. Form can be faxed to physician to provide written order, to be completed by 6/30/25. DOW will audit medication records monthly for compliance any to identify any needs for further training.
Ongoing compliance will be monitored by administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented ([redacted] - 07/09/2025)

188b - Medication Error Reporting

14. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #2 is prescribed Novolog 4 times daily based on a sliding scale. However, resident #2 was not administered Novolog on 4/7/25 and 4/14/25 at 11:00 a.m. due to their absence from the building. The medication error was not reported to the resident's physician.

Repeat Violation-4/24/25

188b - Medication Error Reporting *(continued)*

Plan of Correction ***Accept (- 06/25/2025)***

In response to violation 2600.188.b on 5/20/25, Resident did not receive prescribed medication at the time it was ordered due to absence from the home. Physician was not notified at the time of the missed dose and it became a medication error. Physician was not notified of medication error. Immediate response on 5/20/25 by the administrator was to verbally educate the DOW, LPN's and Med Techs on making physician aware of a medication error, so physician is able to determine if any further orders are needed. In addition a written in service will be provided by the Administrator to the DOW, LPN's and Med Tech's on identifying types of medication errors, properly reporting a medication to the physician providing all necessary details about the error, including the medication involved, the nature of the error, any potential effects on the resident, assessment of the resident and proper documentation of the medication error by 6/30/25. DOW will audit medication records monthly for compliance any to identify any errors and any needs for further training.
Ongoing compliance will be monitored by administrator.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented (- 07/09/2025)