

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

October 1, 2025

[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 08/21/2025 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 VILLA FOR INDEPENDENT & RETIREMENT LIVING **License #:** 14107 **License Expiration:** 11/03/2025
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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 88 **Waking Staff:** 66

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 08/21/2025

Inspection Dates and Department Representative

08/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 90 **Residents Served:** 61
Secured Dementia Care Unit
In Home: Yes **Area:** St. Camillus **Capacity:** 20 **Residents Served:** 20
Hospice
Current Residents: 4
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 61
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

08/21/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/13/2025

09/11/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 09/30/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/06/2025

Inspections / Reviews *(continued)*

10/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

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

On [redacted] at approximately 10pm, Resident [redacted] complained to Staff Member A that a nurse hit [redacted] Resident [redacted] could not articulate who hit [redacted] or where on [redacted] body [redacted] was hit. Resident [redacted] received a full body check and no injuries were noted. This incident was not reported to the Department until [redacted].

Plan of Correction

Accept [redacted] 09/11/2025)

The incident report was reported to the appropriate agencies by the Administrator on 7/16/25
The Administrator/designee will check that all alleged abuse reports are reported to the appropriate agencies within the timeframe designated by the Department.
Staff member A was educated on the facility abuse policy and notifying supervisor immediately in the event of an abuse allegation by 9/26/25
The Administrator/designee will audit abuse reports to ensure proper and timely completion X 4 weeks and report findings to the QAPI Committee by 10/01/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 10/01/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

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

Plan of Correction

Accept [redacted] 09/11/2025)

Direct Care staff B received waiver on 9/5/25 to meet the qualifications for non-US diploma.
The HR director/designee checked all direct care staff to ensure they meet the departments proper qualifications.
The Administrator/designee will in-service the HR director on Direct Care Staff meeting the qualifications of the department by 9/26/25.
The HR Director/designee will audit new hires X 4 weeks to ensure all direct care staff meet the requirements.
Findings will be reported to the QAPI committee by 10/1/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 10/01/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [REDACTED] the utility cart in the St. Camillus unit was unattended and contained a spray bottle with a blue substance and a spray bottle with a yellow substance. These substances were not in their original containers and were not labeled to be able to identify the substances.

Plan of Correction

Accept [REDACTED] - 09/11/2025)

The Housekeeping Director immediately removed the spray bottles and cart from St. Camillus unit.

The housekeeping director/designee checked to ensure all bottles were in the appropriate containers with the proper labels.

The Administrator/designee will in-service the housekeeping director on making sure all chemicals are labeled and in the proper containers by 9/15/25.

The housekeeping director/designee will audit all housekeeping carts for proper containers and labels X 4 weeks and report findings to the QAPI committee by 10/01/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/01/2025)

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED], the utility cart in the St. Camillus unit was unattended. The lock on the utility cart was broken. The utility cart contained a bottle of Clorox and two bottles of Cleanslate Cleaning Sprays with manufacturers' labels indicating "Contact poison control if ingested." Not all residents of the St. Camillus unit are able to safely identify and avoid poisonous materials.

Repeat Violation Date: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/11/2025)

The Housekeeping Director immediately removed the cart from St. Camillus unit on 8/21/25.

The Maintenance Director replaced the lock on the utility cart to ensure poisonous materials are locked and inaccessible to the residents on 8/27/25

The Maintenance Director/designee checked all utility carts to ensure the locks are working and in place.

The Administrator/designee will in-service the housekeeping director on ensuring poisonous materials are kept locked and inaccessible to the residents by 9/15/25

The housekeeping director/designee will audit all housekeeping carts to ensure poisonous materials are locked and inaccessible to the residents for 4 weeks. Findings will be reported to the QAPI committee by 10/01/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/01/2025)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED], a picture of a red stop sign with the words "When exiting, please be mindful of our residents who need to be reminded to remain in their home. Thank you!" was adhered to the emergency exit door in the St. Lucy's unit. This universal image of a stop sign presents an obstruction to the exit in an emergency as it may deter a person from using the exit upon seeing the image.

Plan of Correction

Accept ([REDACTED] - 09/11/2025)

The Administrator removed the stop sign from St. Lucy's emergency exit door on 8/21/25.

All doors were checked to ensure they are free of obstruction 8/22/25.

The Administrator/designee will educate the Resident care director on the importance of keeping all egress routes unobstructed by 9/15/25

The Resident care director/designee will audit egress routes weekly X4 to ensure they are unobstructed. The results will be reviewed at QAPI by 10/01/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([REDACTED] 10/01/2025)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], a bottle of multivitamins belonging to Resident [REDACTED] was in the home's medication cart; however, Resident [REDACTED] does not have a current order for this medication.

Plan of Correction

Accept ([REDACTED] - 09/11/2025)

The resident care director reviewed the orders for Resident [REDACTED] with the physician on 8/22/25.

All residents' medications were checked by the resident care director to ensure there are current orders in place by 10/01/25

The nurse educator will in-service the resident care director and nurses on the policy for current prescriptions by 10/01/25

The resident care director will conduct a random weekly audit for one month to check orders for current prescriptions for residents. Results will be reviewed at the facility QAPI meeting on or before 10/01/25.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([REDACTED] 10/01/2025)

185a - Implement Storage Procedures

7. Requirements

2600.

185a Implement Storage Procedures (continued)

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 [redacted] is prescribed blood sugar checks two times per day. On [redacted] at 5:55am, Resident [redacted] glucometer showed a reading of [redacted], while [redacted] was transcribed on their medication administration record.

Resident [redacted] is prescribed [redacted] give 15 grams by mouth as needed for [redacted] On [redacted], this medication was not available in the home.

Plan of Correction

Accept [redacted] - 09/11/2025)

- The Clinical Director reviewed orders for resident [redacted] with the physician by 9/11/25.
- The glucose gel ordered for resident [redacted] is available in the cart.
- The resident care director checked Residents with sliding scales and glucose orders by 9/15/25
- The nurse educator/designee will in service the resident care director/nurses and med techs on proper storage procedures on residents with sliding scales by 10/01/25
- The resident care director/designee will audit weekly for one month that residents with sliding scales are properly given and documented. Audit results will be reviewed at the facility QAPI meeting on or before 10/01/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] - 10/01/2025)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] take 1 tablet by mouth every 12 hours as needed. On [redacted], this medication was signed out on the home's narcotics log indicating it was administered to the resident, however, it was not initialed as administered on Resident [redacted] August/2025 medication administration record.

Plan of Correction

Accept [redacted] - 09/11/2025)

- The clinical director reviewed the orders for resident [redacted] with the physician on 8/25/25.
- Residents prescribed [redacted] were checked to ensure date, time, name and initials are recorded at the time the medication is administered by 10/01/25.
- The nurse educator will in service the resident care director/nurses and med techs on the medication record requirements by 10/01/25.
- The resident care director will conduct a random audit X 4 weeks of medication records to ensure the date, time, initials are recorded properly. Findings will be reported to the QAPI committee by 10/01/25.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] 10/01/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] - give 1 tablet by mouth in the morning for supplement. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - give 1 tablet by mouth in the morning for [REDACTED]. On [REDACTED], this medication was not available in the home. The home had been administering Resident [REDACTED] since [REDACTED]

Resident [REDACTED] is prescribed blood sugar checks two times per day. On [REDACTED] and [REDACTED] Resident [REDACTED] blood sugar was only taken once.

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth every 12 hours for mood disorder. Resident [REDACTED] did not receive this medication as prescribed from [REDACTED] through [REDACTED] as it was not available in the home.

Plan of Correction

Accept ([REDACTED] - 09/11/2025)

Resident care director reviewed orders for Resident [REDACTED] and [REDACTED] on [REDACTED] and resident [REDACTED] on [REDACTED] with the physician. Residents are following physicians' orders and taking medications as ordered.

The nurse educator will in-service the resident care director, nurses and med techs on Following Prescriber's orders by 10/01/25.

The resident care director will audit physicians' orders weekly for one month to ensure orders are followed. The results of the audit will be reviewed at QAPI by 10/01/25.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 10/01/2025)

224a - Preadmission Screen Form**10. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form for Resident [REDACTED] dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] 09/11/2025)

Resident Care director could not correct the preadmission screen form for resident [REDACTED] dated 5/15/25.


Resident care director reviewed preadmission screening forms for completion and the needs of the residents are being met by 9/26/25.

Administrator/designee will in-service the resident care director on proper completion of the preadmission screening form for all residents by 10/01/25.

224a - Preadmission Screen Form (continued)

The resident care director will audit preadmission screening forms weekly for one month to ensure they are completed properly, and that residents' needs are being met. Results of the audit will be reviewed at QAPI by 10/01/25

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented  10/01/2025)