

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

April 17, 2026

[REDACTED]  
ST. MARY'S VILLA NURSING HOME  
[REDACTED]

RE: ST. MARY'S VILLA RESIDENCE  
ONE PIONEER PLACE  
MOSCOW, PA, 18444  
LICENSE/COC#: 20390

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2026 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ST. MARY'S VILLA RESIDENCE **License #:** 20390 **License Expiration:** 03/14/2027  
**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:** L & I

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 48 **Waking Staff:** 36

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 03/20/2026

## Inspection Dates and Department Representative

03/03/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 68 **Residents Served:** 46

## 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:** 46  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 2 **Have Physical Disability:** 0

## Inspections / Reviews

03/03/2026 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/03/2026

04/03/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 04/16/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/10/2026

Inspections / Reviews *(continued)*

04/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 185a - Implement Storage Procedures

## 1. Requirements

2600.

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

On [REDACTED] during the shift change narcotic count, tape was discovered on the back of resident [REDACTED] medication card for [REDACTED] pill #51. Upon inspection it was determined that pill #51 did not match the other pills in the medication card and was identified by the home as an [REDACTED]

## Plan of Correction

Accept [REDACTED] - 04/03/2026)

In response to the violation on [REDACTED] of regulation 2600.185.a. by the PA Bureau of Human service Licensing, Immediate action was taken on 2/20/26 by the Administrator to identify the medication that did not match the medication in the card and determine that there was a missing medication. All med tech's and LPN's that were in contact with that cart were interviewed by the Administrator and the camera's located inside the wellness station and outside of the wellness station where the cart is stored were reviewed. Nothing unusual was relayed by the staff or viewed on the cameras. Call was placed by the Administrator to the Roaring Brook Police Department to make a report of the missing medication. Police offer came to the building to investigate, interview staff and make a report. A reportable incident report was sent to DHS. Resident was notified of missing medication. Call placed to residents prescribing doctor to order a replacement dose and home paid for the replacement dose to be sent. Administrator and DOW did an inspection of all of the other countable medications that are stored in the locked boxes of both medication carts to ensure no other discrepancies were noted.

Additionally a verbal and physical demonstration of conducting a proper count of the controlled locked medication was provided to all Med Tech's and LPN's by the Administrator and DOW. Followed by a written education. Copy of the provided education and the steps to take if a discrepancy has been placed in the front of the controlled substances count book for staff reference.

Education provided to Med Techs and LPN's to include:

Proper procedure for counting controlled medications.

Monitoring that medications are secure in the packaging.

Monitor that the medications are all the same.

Medication Packs are NOT to have any tape on any of the packaging.

Instruction to notify the DOW or Administrator immediately if any discrepancies are noted for further instruction.

Weekly audits of the locked controlled medication drawer implemented by DOW to ensure all medications are present starting 3/5/26

Weekly observations of the count by med techs or lpns assigned to the carts implemented by the DOW to ensure staff continue proper count practices starting 3/5/26

The Administrator will monitor for ongoing compliance.

Attached is Education provided with sign in sheet and receipt of replacement medication paid for by St. Mary's Villa.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented [REDACTED] - 04/17/2026)