

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. ANNE HOME, INC.

LEGAL ENTITY

To operate VILLA ANGELA AT ST. ANNE HOME

NAME OF FACILITY OR AGENCY

Located at 685 ANGELA DRIVE, GREENSBURG, PA 15601

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 54
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 17, 2010 until February 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428040**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 17 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Sister Bernice M. Fiedor, NHA
St. Anne Home, Inc.
Villa Angela at St. Anne Home
685 Angela Drive
Greensburg, Pennsylvania 15601

Dear Sister Bernice M. Fiedor:

As a result of the Department of Public Welfare's licensing inspection on December 15, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
II	5 calendar days
III	15 calendar days

Western Region

FEB - 1 2010

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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 Adult Residential Licensing
 Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040	
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield	
SIGNATURE OF LEGAL ENTITY <i>p. Bernice M. Jidov, NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION: <i>Buda McAffee (BAM)</i>	DATE 2/2/10

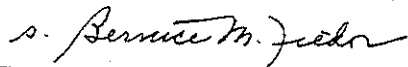
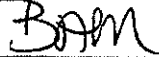
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
17 Resident records shall be 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	There was a list indicating Resident #1, #2, and #3 need toilet care posted in Room #A 109.02, which was unlocked and easily accessible to anyone including residents and visitors.	12/16/2009 1-26-2010	2600.17 This regulation is to protect residents' health information, privacy and dignity. As soon as the Surveyor indicated this issue, the door to the room was pulled shut and staff was educated that the door is to be kept shut and locked at all times. The information on the board will be pulled down, placed in binders (one for each floor of the facility) and the binders will be locked in the staff work rooms on each floor. These rooms are locked at all times. The staff members working that floor have key access to the room but residents and	2/2/10 <i>BN</i>

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Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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		DATE 2/2/10

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designated person, or if a court orders disclosure.			visitors do not.	

Western Region

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VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY <i>Bernice M. Jilon, NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a2 The following admission document shall be completed for each resident-Medical evaluation completed 60 days prior to admission or 30 days after admission on a form specified by the Department.</p> <p>141a-1 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</p>	<p>The medical evaluation for Resident #4 (admitted 2/28/09) is not dated and therefore, it cannot be determined if it was completed within the required time frame.</p> <p>The medical evaluation (completed 4/1/09) for Resident #5 (admitted 6/15/09), and the medical evaluation (completed 4/1/09) for resident #6 (admitted 12/19/08) were not completed within the required time frame.</p>	<p>2/28/2010</p>	<p>2600.22a2</p> <p>Resident # 5 Medical evaluation was completed 6-1-2009. The resident was admitted 6-15-09 as indicated. It was completed within the allowed time frame. (Medical evaluation included).</p> <p>This regulation is for resident safety and staff information to care for the residents</p> <p>The Resident Care Coordinators are going to be re-educated regarding the regulation at the monthly staff meeting Feb 3, 2010. This will include review of Regulation Pa §2600.22a2 (Signature sheet will be forwarded)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 2/2/10 Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bank</i>	DATE 2/2/10

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days after admission.		2/28/10	<p>Initially designated licensed staff will complete an audit of all of the resident records to review all of the physical forms for dates, as well as looking at the date of admission compared to the date of completion. This will be reported to the quarterly Quality Assurance meeting. (Audit form is attached for review)</p> <p>This audit will then be completed on a monthly basis and reported at the quarterly QA meetings. It will look at both new admissions as well as review of Annual physicals due for that month.</p> <p>On admission, if it is found that the physician did not date the form, the staff</p>	

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SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Judo</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 2/2/10

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			will contact the physician and fax the form to the office to be dated and faxed back to the facility.	

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VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Fiedor, MHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE 2/2/10

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22a3 The following admission document shall be completed for each resident- Personal care home assessment completed within 15 days after admission on a form specified by the Department. 225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment (completed 3/23/09) for resident #4 was not completed within the required time frame. The assessment (completed 7/7/09) for resident #7 (admitted 6/15/09) was not completed within the required time frame.	2/28/2010 2/28/2010 will be on going.	2600.22a3 and 2600.225a Regulation is to ensure that the facility meets the needs of the resident. The Resident Care Coordinators are going to be re-educated regarding the regulation at the monthly staff meeting Feb 3, 2010. This will include review of Regulation Pa §2600.22a3 and §2600.225a, the assessment forms, and the time line that the paperwork is to be completed by (Signature sheet will be forwarded) Initially designated licensed staff is going to complete an audit of all of the resident	Steps have been taken to correct violation; full compliance is not verifiable 2/2/10 Date Initials (DPW)


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			records to insure that all of the Assessments are completed with in the 15 day time line as indicated by the regulation. Our findings will be reported at the next quarterly QA meeting. Each month following, any new admissions will be audited to ensure that the assessments are completed in a timely manner. A flow sheet has been formulated to track admission dates and completion dates for each new admission to aid as a visual reminder that the assessment is to be completed by the due date. (Form is attached for review)	

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation,	The following staff persons have not completed all of the components of the required orientation prior to or during their first working day: <table border="1"> <thead> <tr> <th>Staff Person</th> <th>Date of Hire</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>9/24/07</td> </tr> <tr> <td>B</td> <td>11/30/09</td> </tr> <tr> <td>C</td> <td>11/2/09</td> </tr> <tr> <td>D</td> <td>11/2/09</td> </tr> <tr> <td>E</td> <td>6/15/09</td> </tr> </tbody> </table>	Staff Person	Date of Hire	A	9/24/07	B	11/30/09	C	11/2/09	D	11/2/09	E	6/15/09	3/30/2010	2600.65a This regulation is to ensure resident safety by being familiar with the facility and the resources available to help the staff and residents. Staff members A, B, C, D, & E have sign off sheets for information required. (See attached sheets) Orientation program will be evaluated and made more specific to comply with the Regulations required for the first 40 hours of orientation. (New specific check list attached)	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)
Staff Person	Date of Hire															
A	9/24/07															
B	11/30/09															
C	11/2/09															
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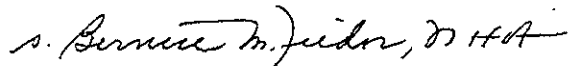

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 Adult Residential Licensing Page 9 of 22

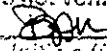
NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040	
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield	
SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Fisher</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE <i>2/2/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and the location of smoking areas, if applicable. (5) The location and use of extinguishers.				

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that include the following: (2) Emergency Medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting or reportable incidents and conditions.	Staff persons have not completed the components of the required training within 40 scheduled working hours. <table border="1"> <thead> <tr> <th>Staff Person</th> <th>Date of Hire</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>9/24/07</td> </tr> <tr> <td>B</td> <td>11/30/09</td> </tr> <tr> <td>C</td> <td>11/2/09</td> </tr> <tr> <td>D</td> <td>11/2/09</td> </tr> <tr> <td>E</td> <td>6/15/09</td> </tr> </tbody> </table>	Staff Person	Date of Hire	A	9/24/07	B	11/30/09	C	11/2/09	D	11/2/09	E	6/15/09	3/30/2010	2600.65b Staff members B, C, & D, all have signature sheets indicating that these policies were received and reviewed. Staff member A was hired prior to our November 2007 DPW survey which was the catalyst for this practice being put into place, therefore she does not have a signature sheet in place. Orientation program will be evaluated and made more specific for policies required for the first 40 hours of orientation. (refer to 65a plan of correction for new orientation check list)	Steps have been taken to correct violation; full compliance is not verifiable 2/2/10  Date Initials (DPW)
Staff Person	Date of Hire															
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VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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81 b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #9 has a bed rail ^{enabler} which was approximately 9 3/4 wide. Resident does not have a physician's order for the rail, nor are staff persons completing 15 minute bed checks on the resident. Which would cause an entrapment hazard of arms and head.		2600.81b Resident # 9 is alert and oriented. The device attached to bed is a transfer bar. It is attached to the left lower side of bed. chair is also on the left side of bed. utilizes the transfer bar to assist from her chair because has a difficult time transferring out of chair with out it. does not utilize it in bed for positioning. The handle is only 9 3/4 inches wide as indicated by the licensing representative on the report. The LMI (under 81b) indicates that there is no need for a physicians order or for 15 minute check for these types of devices. (See picture attachment).	Steps have been taken to correct violation; full compliance is not verifiable <i>2/3/10</i> Date Initials (DPW) <i>BAM</i>

2/2/10 The Administrator will cover the enabler with mesh sleeve to prevent an entrapment hazard. All enablers will be inspected to ensure they are free of hazards before they are attached to a residents bed. *BAM 2/2/10*

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VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY <i>P. Bennett M. Fisher, DHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/3/10

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely avoid poisonous materials.	<p>There was a jug of bleach "if swallowed: Call Poison Control Center or doctor immediately for treatment advice" and a can of Comet "If in eyes: Calla Poison Control Center or doctor for treatment advice" in room #A 109.02.</p> <p>There was a jug of Wisk 2X Ultra "if swallowed, drink a glass of water. Call a physician" on top of the washer located in the laundry room.</p> <p>The following items were in the upper cabinets in the Activities/Game Room:</p>	<p>1/23/2010</p> <p>1/22/2010</p>	<p>2600.82c</p> <p>This regulation is for resident safety.</p> <p>The Bleach and Comet located in room A 109.02. This is a room where we store additional cleaning solutions.</p> <p>We have placed locks on the cabinet doors to secure them. (See picture attachment)</p> <p>The Wisk 2X ultra has been moved to the locked Janitors closet beside the Laundry room. Residents who do their own laundry have been informed that if they need detergent that they are to ask staff to provide detergent to wash a load of</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>P. Bernice M. J... DHA</i>		DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BGM</i>
		DATE 2/2/10	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<ul style="list-style-type: none"> Two bottles of Non-Acetone Nail Polish Remover "In case of accidental ingestion, give fluids liberally and consult with local Poison Control Center" One bottle of Regular Nail Polish Remover "In case of accidental ingestion, contact local Poison Control Center" One bottle of 70% Rubbing Alcohol "In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately". 	1/24/2010	<p>laundry. Staff will give the resident a capful of detergent to place in the washer. Signage is posted on the laundry room doors to remind the residents to seek assistance. (See picture attachment)</p> <p>The nail polish removers and rubbing alcohol were stored in the Director's office in a locked cabinet immediately upon being removed from the game room. The staff felt that the items were safe from residents because they were in an above the counter cabinet, on the second shelf behind a basket of other nail care items. They have been returned to the activity's room because a lock has been placed on the cabinet door. (See picture attachment)</p>	

2/28/10 Staff persons will be educated on poisonous materials and the need to keep them locked and inaccessible to residents at all times unless in use. BGM 2/2/10

Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
II	5 calendar days
III	15 calendar days

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Region

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER Adult Residential Licensing 428040
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield
SIGNATURE OF LEGAL ENTITY <i>A. Bernice M. Fisher</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>
		DATE 2/2/10

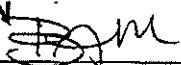
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103 g Food shall be stored in closed sealed containers.	In a cabinet in the 1 st floor Courtyard kitchenette there was an unsealed package of rice cakes and an unsealed package of Dixie Crystals powdered sugar.	1/22/2010 2/28/2010	2600.103g This regulation is helps to ensure cleanliness and food safety. Upon receiving the violation letter staff cleaned out the cupboards in the kitchenettes. Dietary Manager will complete Staff education on storage of food and food safety. (Signature sheet will be forwarded)	2/3/10 <i>BAM</i>

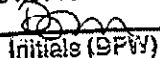
Class of Violation	Time Period for Correction (from receipt of Violation Report)
I	24 hours
II	5 calendar days
III	15 calendar days

Western Region

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		Adult Residential License Number CURRENT LICENSE NUMBER 428040
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield
SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Fisher, RHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 2/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from building shall be unlocked and unobstructed.	An emergency exit in the main dining area was blocked by a wooden table/cart.	1-8-2010 2/28/2010	2600.121a The regulation is to protect the residents from falls and evacuation safety. Staff removed 2 dining room tables that weren't being used, thus opening up space along the wall. The carts are now out of the egress. (Picture attached) The facility Safety Officer will educate staff on facility safety practices. (Signature sheet will be forwarded)	Steps have been taken to correct violation; full compliance is not verifiable 2/2/10  Date Initials (DPW)

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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Adult Residential License

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009	REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield	
SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Fiedor, NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 2/3/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
131e Fire extinguishers shall be accessible to staff person. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.	The fire extinguisher located in the main dining area was obstructed by a metal cart with dish holders on it.	1/8/2010 2/28/2010	2600.131e Staff removed 2 dining room tables that weren't being used, thus opening up space along the wall. The carts are now away from the fire extinguisher. (Picture attached) The facility Safety Officer will educate staff on facility safety practices. (Signature sheet will be forwarded)	Steps have been taken to correct violation; full compliance is not verifiable 2/3/10  Date Initials (DPW)

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Western Region

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		ADULT RESIDENTIAL LICENSING CURRENT LICENSE NUMBER 428040
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield
SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Fisher, NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 2/3/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall 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.	The fire drills held on 9/18/09 (10:00) and on 11/17/09 (5:34) do not indicate AM or PM.		2600.132c The fire drill record was complete. (attachment) As per the Regulation booklet 2600.132c: "A written fire drill record includes 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 participating, problems encountered and whether the fire alarm or smoke detector was operative." The Regulation does not indicate that the use of am/pm to be present in order to be a complete record.	2/3/10 <i>[Signature]</i>

Western Region

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VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 Adult Residential Licensing Page 8 of 22

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040	
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield	
SIGNATURE OF LEGAL ENTITY <i>s. Bernice M. Judson, DHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE 2/3/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and Syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #9 is assessed as being able to self administer medications, however, there were two bottles of Medicine HCL 12.5mg and two boxes of Aleve 220mg in the resident's room that were unlocked and accessible to anyone in the home.	1/24/2010	2600.183b This regulation is for resident safety. Resident # 9 is alert and oriented. feels that she should be able to keep her meds as she would do in her own home, "out where I can reach them in the middle of the night." The director spoke with the resident, educating her on the safety issue and the regulation. She was given the option to keep her meds in a locked container or possibly have the staff maintain her medications for her so that she would not have to worry about trying to find them in the night, staff could just give them to her. She opted for the locked box. Her medications were placed in the locked	2/3/10 <i>BAW</i>

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Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		Adult Residential Licensing CURRENT LICENSE NUMBER 428040	
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinner & Nick Bradfield	
SIGNATURE OF LEGAL ENTITY <i>s. Bernard M. Fisher, NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 2/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
		On going	box. Resident care coordinators will do room checks on the residents that self administer medications to ensure that medications are kept in locked boxes on a weekly ^{daily} basis. This will be reported at the quarterly Quality Assurance Meetings. New admissions that come in to the facility that will be self administering medications will be educated on the importance of keeping their medications locked if they are going to keep them in their rooms.	

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Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040	
INSPECTION DATE(S) (Include all dates of the inspection) December 15, 2009		REGIONAL REPRESENTATIVE Lisa V. Flinger & Nick Bradfield	
SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. J... NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 2/3/10

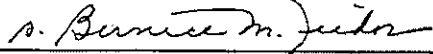

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident #10 is prescribed Zetra 10mg 1 tab daily, however, in the medication administration record staff did not initial or indicate if resident was given, refused or missed the medication on 12/3/09. Resident #11 is prescribed the following medications, however, in the medication administration record staff did not initial, or indicate if the resident refused, missed, etc. the following medications: <ul style="list-style-type: none"> Digoxin 125mcg 1 tab every other day (hold if pulse is less than 55), however staff did not 	1/27/2010 2/28/2010	2600.187d This regulation is to ensure that the residents receive their medications and treatments as indicated. The staff members involved in this citation have been educated on the importance of following prescribed orders as indicated. They have received disciplinary actions regarding these omissions. All Licensed staff and medication aides will receive documentation education from the Certified Medication Training instructor. (Signature Sheet will be forwarded)	Steps have been taken to correct violation; full compliance is not verifiable 2/3/10 <i>BAM</i> Date Initials (DPW)

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY 	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/3/10

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	indicate the resident's pulse on 12/6/09 and 12/12/09 at 9:00am • Tylenol 200mg, 2 tabs, 3 times daily on 12/3/09 at 2:00pm • Isosorbide 10mg, ½ tab t.i.d., at 2:00pm	On going	Medication and treatment administration records will be audited on a weekly basis for omissions. Those omissions will be tracked back to staff. They will receive counseling and/or disciplinary actions if it continues to occur. This will be reported at the quarterly Quality Assurance meetings. (Audit tool attached).	

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Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040	
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SIGNATURE OF LEGAL ENTITY <i>S. Bernice M. Fiedor, NHA</i>	DATE 1-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/3/10

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252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than two years old.	There are no photographs for residents #1, #2, #3, #4, #5, #6, and #7 in their resident records.	1/5/2010 On going	2600.252 This regulation is to ensure that staff can identify residents in the facility. There was no monitoring tool in place to ensure that the residents' pictures were taken and put into their records. Pictures were taken of the residents indicated and place on their records. (Pictures attached). Tracking information has been added to the audit form for the support plans and assessments to ensure that new admissions have their pictures taken in a timely manner. (See tracking form).	<i>zsko</i> <i>[Signature]</i>