



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

ADULT RESIDENTIAL LICENSING

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: SEP 02 2010**

Ms. Jean R. Bready, President  
 Evergreen Elder Care, Inc.  
 The Villa St. Elizabeth  
 1201 Museum Road  
 Reading, Pennsylvania 19611

Dear Ms. Bready:

As a result of the Department of Public Welfare's licensing inspection on July 22, 2010, July 27, 2010 and August 4, 2010 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.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

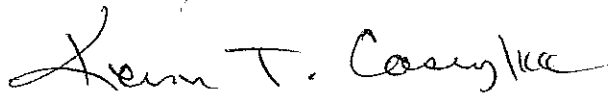
Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
16c	II	82	\$5	\$410	5 calendar days from mailing date of this letter
185a	II	82	\$5	\$410	5 calendar days from mailing date of this letter
187a	II	82	\$5	\$410	5 calendar days from mailing date of this letter
187d	II	82	\$5	\$410	5 calendar days from mailing date of this letter
227c	II	82	\$5	\$410	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa. Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey" with a stylized flourish at the end.

Kevin T. Casey  
Deputy Secretary

Enclosure  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Villa St. Elizabeth, 1201 Museum Road, Reading, Pennsylvania 19611		<b>CURRENT LICENSE NUMBER</b> 205762	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 22, 27 and August 4, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Gerald Dumas	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
14c If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.	Sometime after 5/7/09 the home added a wall to resident bedroom 141 to divide the room into two smaller rooms. The home did not arrange for a fire-safety inspection by the appropriate fire safety authority following this alteration, and did not obtain new fire safety approval or written certification that a new fire safety approval is not required.	9/15/10	The home will obtain approval for the alterations and an updated Certificate of Occupancy, or written certification that new fire-safety approval is not required.  Upon receipt, the administrator will submit the Certificate of Occupancy to the Department for verification.	

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15a 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 its requirements regarding restrictions on staff persons.	Resident # 1, admitted on 6/25/2010, requires one-to-one supervision due to a cognitive disability. Resident #1 was locked in his/her room by Direct-Care Staff Person E sometime during the 11 pm to 7 am shift of on 6/25-26/10. The door has a deadbolt installed in the door several inches above the doorknob; it is operable by turning a lever clockwise or counterclockwise to lock or unlock the door, which the resident was unable to operate without assistance.  Direct-Care Staff Person F, who relieved Direct-Care Staff Person E at 7 AM on 6/26/10, found the resident locked in the room and had to provide direction to the resident over a period of approximately 20 minutes in order for the resident to follow step by step instructions in order to open the door. Upon opening the	9/1/10  9/1/10          10/15/10	Direct-care staff person E will no longer be employed as a direct-care staff person.  The deadbolt locking mechanism will be removed from Room #138. A locking mechanism that is operable by any resident occupying the room and ensures the safety of the resident's belongings will be installed.  All staff, including the administrator, will receive training relating to identifying cases of abuse, proper reporting and documentation of abuse allegations.  All staff members of the facility will attend a training regarding OAPSA, Resident Rights and positive intervention techniques.  Training will be conducted by a Department-approved training source.	

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	<p>door, Employee F found Resident # 1 to be partially unclothed and incontinent of bowel and bladder. There were no toilet facilities in this resident's room.</p> <p>The home did not submit and Act 13 report or a report of need for older adult protective services until instructed to do so by the Department.</p>			

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16c 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 15 (relating to abuse reporting covered by law).	The home did not submit an incident report describing the abuse of resident #1 described in 2600.15(a), above.  <b>Repeated Violation - 02/24/10</b>		<b>SEE PLAN PAGES 2-3</b>	

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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 suffered abuse and mistreatment as described in 2600.15(a), above.		SEE PLAN PAGES 2-3	

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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	Resident #2 is an individual who has dementia. On 7/11/10, Direct Care Staff Person A took a photo of Resident # 2 while partially unclothed.	9/1/10  9/15/10  10/1/10	Direct-care staff person A will no longer be employed as a direct-care staff person.  The administrator will develop a policy relating to use/possession of camera/recording equipment within the facility.  All staff members will be trained on the revised policy relating to use/possession of camera/recording equipment.  Training will be conducted for all staff members relating to Resident Rights. Training will be conducted by a Department-approved training source.	

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63d A staff person who is trained in first aid or certified in obstructed airway techniques or cardiopulmonary resuscitation shall provide such services in accordance with their training, unless the resident has a "do not resuscitate" order.	Resident # 2 has a "Do Not Resuscitate" order (DNR) taped to the front of the resident record. The resident file contains an advanced directive dated 6/01/1992 signed by the resident contraindicating the DNR.  There is no valid DNR order in the record signed by the physician.  Resident #2 would not receive cardiopulmonary resuscitation in the event of a medical emergency.	9/15/10  10/1/10  10/15/10	The DNR order notice will be removed from Resident #2's record.  The administrator/designee will review the resident record and collaborate with the resident, resident's designated person and resident's physician to determine if the resident does have a valid DNR.  The administrator/designee will review all residents with DNR notices to ensure they are current.	



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		10/15/10	All staff members will be retrained on the poisonous material policy which will include identifying poisonous materials, proper use of poisonous materials and proper storage of poisonous materials.	



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		10/15/10	of safely storing and disposing infectious material.  Training will be conducted for all staff members relating to hazards of and proper disposal of infectious material.	





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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home's evacuation procedures are as follows: Residents evacuate outside of the home to two designated meeting places. Staff at each meeting place use two-way radios to communicate with one another. Staff at each meeting place have a current list of residents so that each resident's whereabouts can be accounted for. Copies of the lists of current residents are kept at the front desk and near another exit. On 7/22/10, several copies of a list were found in the front reception desk's top left drawer, but the lists were not dated. The list near the other exit was not current. The home cannot account for residents in the event of fire or other emergency.	9/15/10	The lists of residents that currently reside in the facility will be kept current.  The administrator/designee will conduct daily checks to ensure the list includes all residents that currently reside in the facility.  All lists will have a date indicating when the most current update was compiled.	

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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	<p>Resident # 4 has a medical evaluation that indicates the resident is unable to self-administer medications. The resident also has a support plan that notes medication assistance is needed. The resident stores Flomax and Advair at bedside and self-administers these medications.</p> <p>Resident # 4 self-administered Proventil hfa ccc free, 90 mcg daily at 8:00 AM, noon, 5:00 PM and 8:00 PM consecutively between 7/1/10 and 7/19/10. Also self-administered on those same dates at 8:00 AM was Albuterol sulfate ud 25's.</p>	<p>9/1/10</p> <p>9/15/10</p> <p>9/16/10</p> <p>9/20/10 and weekly thereafter</p>	<p>The medication stored by resident #4 will be secured by the facility and administered to the Resident as ordered by the Resident's physician</p> <p>The home will hire a Registered Nurse as a Medication Supervisor to oversee all medication administration practices at the home, including full compliance with 55 Pa. Code §§ 2600.181-190.</p> <p>The Medication Supervisor will conduct an audit of all narcotic medications stored at the home to ensure that the medications are present and accounted for.</p> <p>The Medication Supervisor will review each resident's MAR at least five days per week to ensure that medications and treatments are being administered and provided. An LPN or RN who reports to the Medication Supervisor will review the MARs each day that the</p>	

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		Monthly beginning 10/1/10	<p>Medication Supervisor is unavailable to do so. The Medication Supervisor or an LPN designated by the Medication Supervisor will complete a physical check of all medication storage areas and medication carts in the home. The check will include verifying the availability of prescribed medications and identifying retention of expired or discontinued medications. The checks and actions taken as a result will be documented.</p> <p>The Medication Supervisor will review all residents' MARs to ensure that all medications are listed and that all of the elements required by 2600.187(a) are captured for each resident.</p> <p>The home will conduct a medication audit that assesses compliance with 55.Pa.Code §§ 2600.181-190 (relating to medication administration). The audit, which will be completed by an independent RN who is a DPW-Certified Medications Trainer, must</p>	

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			include direct observation of medication administration and a record review of 15% of residents' records. The sample will include different residents each month. A report of the medication audit, including violations identified and actions taken as a result, will be provided to the Department on the last day of each calendar month.	

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185a 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.	On 7/22/10 the home's narcotic log for that date was signed off as a narcotic count completed for 3:00 PM. The log was reviewed at approximately 10:30 AM that morning.  Repeated Violation - 06/08/10,11/18/09		SEE PLAN PAGES 15-17	

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-Numerous medication were administered by the home to residents # 4, #6, #12, #13, #18, #19, #20, #21, #27, #28, #31, #36, and #38 between 7/20-22/10. The administration of these medications was not documented in the residents' Medication Administration Records (MARs)  - Metoprolol 25 mg was administered to Resident # 11 on 7/21-22/10; the medication was not documented as administered on the MAR.  -Numerous medication were administered by the home to resident #25 on 7/21/10. The administration of these medications was not documented in the resident's MAR.  <b>Repeated Violation - 04/19/10,11/18/09</b>		SEE PLAN PAGES 15-17	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Villa St. Elizabeth, 1201 Museum Road, Reading, Pennsylvania 19611		<b>CURRENT LICENSE NUMBER</b> 205762	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 22, 27 and August 4, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Gerald Dumas	
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(13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident # 30 has an order for Lisinopril, 5 mg at 8:00 AM daily. The resident refused the medication from 7/1/10 to 7/5/10, again from the 7/7/10 to the 7/9/10, and again from the 7/11/10 through the 7/15/10. The resident's physician was not notified of any of the refusals as required.		SEE PLAN PAGES 15-17	

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187d The home shall follow the directions of the prescriber.	<p>The home failed to follow the physician's orders for the following residents:</p> <p>Resident # 6 had an order dated 07/15/2010 for Keflex, 500 mg. 3 times daily at 8:00 AM, noon and 5:00 PM. The medication was administered all three times from 7/17-20/10, and again at 5:00 PM on 7/21/10. The medication was not administered after 7/21/10.</p> <p>Resident # 11 had an order for Fosamax plus D 70 mg once weekly. The home did not have the medication available to administer on 7/5/10, 7/12/10, or 7/19/10.</p> <p>Resident # 24 was not administered the 12 a.m. application of Voltaren 1% or the 8 AM dose of Effexor XR 150 mg as ordered between 7/1-22/10.</p>		SEE PLAN PAGES 15-17	

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	<p>Resident # 29 has an order for Pantoprazole sodium, 40 mg, once daily at 8:00 AM. The medication was not present in the home between 7/1-16/10.</p> <p>Resident # 32 has an order for Ciprofloxacin HCL 500 mg once every 18 hours. The resident did not receive the medication from 7/1-22/10. This resident is also ordered to receive Actonel, 35 mg once weekly. This medication was not administered on 7/5/10, 7/12/10 or 7/15/10.</p> <p>Resident # 34 has an order for Clarinex, 5 mg once daily at 8:00 AM. The medication was not available on 7/3-4/10.</p> <p>Resident # 36 has an order for Ketoconazole 2% once daily at 8:00 AM. The medication was not administered</p>			

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	between 7/1-22/10  Repeated Violation-06/08/10, 04/19/10, 02/24/10, 11/18/09			

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The medical evaluations and physician orders state a need for Resident # 9 to have an 1800 calorie diet, no added sodium diet, and blood sugar testing. Resident # 9 has a support plan dated 7/12/2010 that does not reflect any of these needs.  <b>Repeated Violation - 11/18/09</b>	9/15/10  10/1/10  11/1/10	Resident #9's support plan will be updated to reflect the modified diet prescribed by the physician.  The administrator/designee will audit all resident support plans to ensure the current condition and needs of each resident are accurately documented.  Additional support plans will be completed for any discrepancy that results from the audit.  The administrator/designee will develop an audit system. Resident support plans will be audited on a monthly basis to ensure they accurately reflect the current needs of the resident.  Documentation of the audits will be kept by the facility and be available for review by the Department.	

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident # 6 has skilled nursing instructions for a Una boot. This is not reflected in the resident's support plan.  The home has an internal notice to direct care staff dated 3/24/2010 describing the increased supervision needed by residents # 2, #6, and #12. None of the support plans addresses these needs		SEE PLAN PAGE 25	