



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: OCT 22 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 (Department) licensing inspection on September 1, 2010 and September 9, 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 violation unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187c	II	78	\$5	\$390	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.

On August 24, 2010 Department issued the enclosed notice to non-renew your license to operate a personal care home. In the enclosed letter, the Department notified you of the ban on admissions in accordance with 55 Pa.Code § 2600.269(a)(3) (relating to ban on admissions). In my August 24, 2010 letter, I explained that no new resident admissions were permitted after the date of the letter. On September 17, 2010, one new resident was admitted to the home and was discharged on September 19, 2010. The admission of this resident constituted a violation of the August 24, 2010 ban on admissions. I remind you that the ban on admissions remains in effect, and that future violations of the ban may lead to appropriate enforcement action.

Sincerely,



Kevin T. Casey
Deputy Secretary

Enclosure
Violation Report
Non-Renewal Letter

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 11201 Museum Road, Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 205762-OPA	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2010		REGIONAL REPRESENTATIVE Anne Graziano, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
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.	At the time of inspection, there were two (2) pills (a round flat bright green pill and a reddish orange transparent oval gelatin capsule) found in the wastebasket that is attached to the medication cart in the Ice Cream Parlor. Staff persons of the home were not able to determine who the medication belonged to or how it came to be in the unlocked and unsecured waste can attached to this medication cart. The home's policy for the safe destruction of medication requires it be kept in a container filled with alcohol to effectively destroy the medication. The container is to be kept in a locked location. The policy was not followed. Repeated Violation – 7/22/10, et al, 6/8/10, 11/18/09	10/25/10	The Medication Supervisor will conduct an in-service training with all staff persons at the home who administer medications to residents. The training will include a review of the home's written policy and procedures under this regulation as well as a review of Ch.2600 183a-1 and Ch.2600.183f. Documentation of the in-service will be maintained for review.	

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

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<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(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).</p>	<p>Resident # #9 has an order for Nevanac drops, one (1) in each eye daily. There is no reason or diagnosis for this medication on the September 2010 Medication Administration Record (MAR).</p> <p>Resident # #10 has an order for Citalopram hbr 20 mg, 1 ½ tablets at bedtime. The MAR for August 8, 2010 was not initialed. The home's owner stated it was administered but not signed by the direct care staff person at the time of administration.</p> <p>Resident #11 has an order for triple antibiotic ointment to be applied daily. There is no reason or diagnosis for this medication. This resident also has an order for hydrogen peroxide rinse on the left heel twice daily. There is no reason or diagnosis for this medication on</p>	<p align="center">10/25/10</p> <p align="center">10/25/10 and weekly thereafter</p>	<p>The administrator will conduct an in-service training with all staff persons at the home who administer medications to residents on the requirements of this regulation. The training will include a review of proper documentation of medication administration and signing/initialing the MAR signature key during the first shift worked each month.</p> <p>The home's Medication Supervisor will review each resident's Medication Administration Record (MAR) at least five days per week to ensure that medications are being administered and that staff are documenting medication administration as required. An LPN or RN who reports to the Medication Supervisor will review the MARs each day that the Medication Supervisor is unavailable to do so. The Medication Supervisor will also 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>	

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<p>(13) Date and time of medication administration.</p> <p>(14) Name and initials of the staff person administering the medication.</p>	<p>the MAR.</p> <p>Resident # #12 has an order for humulin R 100 u/1ml three times daily. At 9:15 am the 8:00 am dose for September 1, 2010 had not been recorded. Based on staff interviews, the medication was administered but the MAR was not administered.</p> <p>Resident # #6 has an order for cipro 500 mg twice daily for seven (7) days. There is no reason or diagnosis for this medication on the MAR.</p> <p>Resident # #13 has an order for Loperamide, 2 mg capsules up to four (4) times pr day as needed. There is no reason or diagnosis for this medication on the MAR.</p>		Continued from previous page	

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187a, continued	<p>Resident # #3 has the following medications ordered: Children's aspirin, 81 mg, once daily Baclofen 10 mg, once daily Caltrate+D+Minerals twice daily Diltiazem er 240 mg, once daily Fluticasone propionate, 50 mcg, sprays daily Furosemide, 20 mg, once daily Gabapentin, 100 mg, 2 caps daily Lorazepam, 10 mg, once daily Losartan potassium, 50 mg once daily Mag 64 enteric coated once daily Singulair 10 mg, once daily None of the above medications have a reason or diagnosis listed on the September 2010 MAR.</p> <p>Resident # #7 has an order for Zithromycin 250 mg and for Novolog mix 70-30 u/ml every morning. There are no reasons or diagnoses</p>		Continued from previous page	

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187a, continued	for these medication listed on the MAR. Resident # #15 had an order for Nitrofurantoin, 50 mg once daily. There is no reason of diagnosis for this medication on the MAR. Repeated Violation – 7/22/10, et al, 4/19/10, 11/18/09		Continued from previous page	

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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.	<p>Resident # 1 refused the following medications at 8:00 am on August 23, 2010:</p> <ul style="list-style-type: none"> Diliazem er, 180 mg Furosemide, 20 mg Iprathropium albuteral ud Lisinopril 10 mg Warfarin sodium, 3 mg Carvedilol 25 mg Clonazepam 0.5 mg Cymbalta 60 mg Digoxin 125 mcg <p>The physician was not notified of the above refusals.</p> <p>Resident #14 has an order for Risperidone, 4 mg twice daily at 8:00 am and 5:00 pm. The following refusals were not charted on the back of the August MAR, nor were they reported to the physician as required:</p>	10/18/10	<p>The Medication Supervisor will report the medication refusals for residents # 1, # 14 and # 16 to their prescriber. The contact with each resident's prescriber shall be documented in the resident's record.</p> <p>In the future, the home will ensure that refusal to take a prescribed medication is reported as required by this regulation.</p>	

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187c, continued	08/02/10, 5 pm 08/07/10, 5 pm 08/08/10, 5 pm 08/23/10, 8 am 08/24/10, 8 am 08/25/10, 8 am and 5 pm 08/27/10 at 8 am 08/28/10 at 5 pm 08/29/10 at 8 am 08/30/10 at 8 am 08/31/10 at 8 am Resident # #16 has an order for Fluctonase 50 mcg, once daily at 8:00 am. The resident refused on August 1, 2, 3, 5, 6, 8, 9 and 10, 2010. The physician was not notified as required. Repeated Violation – 7/22/10, et al		Continued from previous page	

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16 c, continued.	<p>Resident # 3 had an order for Propoxyph nap-apap 100-650 mg daily at 8:00 am and 5:00 pm for pain. The home ran out of the medication on September 8, 2010 for the pm dose. It was not reported to the Northeast Regional-Office as required.</p> <p>Resident # 4 has an order for Metamucil to be administered twice daily at 8:00 am and 5:00 pm. The medication was not on hand for administration on September 5, 2010. This medication error was not reported to the Northeast Regional Office as required.</p> <p>Resident # 5 has an order for Flovent hfa, 110 mg for 8:00 am and 8:00 pm daily. The home was out of this medication for both doses on September 1, and the am does for</p>		Continued from previous page	

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16c, continued.	<p>September 2, 2010. An incident report regarding this medication error was not submitted to the Northeast Regional Office as required.</p> <p>Resident # 6 had an order for a vitamin d soft gel 1.25 mg once per month. This was administered to the resident on September 1, 2, 3, 4, 6 and 7, 2010. This medication error was not reported to the Northeast Regional Office as required.</p> <p>Repeated Violation – 7/27/10, et al, 2/24/10</p>		Continued from previous page	

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

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187d The home shall follow the directions of the prescriber.	<p>Resident # 1 has an order for Dextramphetamine, 10 mg daily at 6:00 am. The medication was not on hand for administration on September 2, 2010.</p> <p>Resident # 3 had an order for Propoxyph nap-apap 100-650 mg daily at 8:00 am and 5:00 pm for pain. The medication was not on hand for administration on September 8, 2010 for the pm dose.</p> <p>Resident # 4 has an order for Metamucil to be administered twice daily at 8:00 am and 5:00 pm. The medication was not on hand for administration on September 5, 2010.</p> <p>Resident # 5 has an order for Flovent hfa, 110 mg for 8:00 am and 8:00 pm daily. The medication was</p>	10/20/10 and weekly thereafter	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 Medication Supervisor is unavailable to do so. The Medication Supervisor or an LPN designated by the Medication Supervisor will also complete a physical check of all medication storage areas and medication carts in the home on a weekly basis. 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 and maintained for review.	

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187d, continued	<p>not on hand for administration for both doses on September 1, 2010 and the am dose on September 2, 2010.</p> <p>Resident # 6 had an order for a Vitamin D soft gel 1.25 mg once per month. This was administered daily to the resident on September 1, 2, 3, 4, 6 and 7, 2010.</p> <p>Repeated Violation – 7/27/10, et al, 6/8/10, 4/19/10, 2/24/10, 11/18/09</p>		Continued from previous page	



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

MAILING DATE: **AUG 24 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 (Department) licensing inspection on April 19, 2010 and June 8, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above personal care home. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) and (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

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 X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
185a	II	80	\$5	\$400	5 calendar days from mailing date of this letter
187d	II	80	\$5	\$400	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.

If you disagree with the decision to NON-RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
Room 423, Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. Jean Bready

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Violation Report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey". The signature is written in dark ink and is positioned above the printed name and title.

Kevin T. Casey
Deputy Secretary

Enclosure
Violation Report