



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
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Harrisburg, Pennsylvania 17102-1810

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January 19, 2011

Ms. Heidi A. Aguillo, President
HFA, Inc.
Olivia Village Assisted Living Residence
1452 Bald Eagle Valley Road
Tyrone, Pennsylvania 16686

Dear Ms. Aguillo:

As a result of the Department of Public Welfare's licensing inspection on November 1, 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.

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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

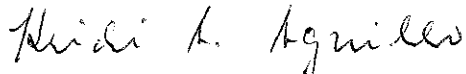
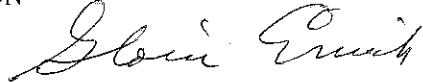
Gloria Emick
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 SOUTH EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE Thomas Roth, Merianne O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives include the name and title of each representative) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 11/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Ernst</i>	DATE 11/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.</p> <p>96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.</p>	<p>There were two 1/2-size bed rails on the bed of resident #1. The rails were in the down position, but the resident had not been assessed by the home or his/her physician for use of bedrails, and the home was not conducting 15-minute checks when the resident was asleep .</p> <p>Repeated Violations: 06/30/2010</p> <p>The first aid kit in the room by the laundry room does not include a roll of tape.</p> <div style="text-align: center; margin-top: 20px;"> <p>POH Division Central Region Field Office</p> <p>NOV 27 2011</p> <p>RECEIVED</p> </div>	<p>11/02/2010 and ongoing</p>	<p><u>81b SHORT TERM GOALS:</u></p> <ol style="list-style-type: none"> 1. Bed rails for Resident #1 were removed the day Mr. Roth cited as a violation. Please see the accompanying photos (before and after images) to support this plan of correction. 2. Bed rails for Resident #1 were never used in the up position. Resident #1 is alert, oriented, and independently functional with activities. The only reason they were not removed was that the bed elevating functionality switches were permanently attached to one of the rails. For a few months, Bed elevation was helping Resident #1 to elevate the legs to lessen swelling. <p><u>81b LONG TERM GOALS:</u></p> <ol style="list-style-type: none"> 1. The home will prevent as much as possible the use of a bed with rails. 2. The Administrator will make sure that a mandatory 15-minute check will be implemented if bed rails will be used according to approved care plans. <p>CONTINUED ON NEXT PAGE...</p>	<p>11/19/11 <i>SE</i></p>

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 SOUTH EAGLE VALLEY ROAD TYRONE, PA		CURRENT LICENSE NUMBER 319171	
16686 INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE Thomas Roth, Merianne O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives execute the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY 	DATE 11/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<ul style="list-style-type: none"> • The home's first aid kit contained two Epi-pens [Epinephrine Auto Injectors 0.3mg.] that had an expiration date on '9/08'. • The two Epi-pens in the first aid kit were not prescribed for a specific resident. The Epi-pens were prescribed to the home itself. 	11/01/2010 and ongoing	<u>96a/183d SHORT TERM GOALS:</u> <ol style="list-style-type: none"> 1. Rolls of tape were replaced back to the first aid kit 2. The two (2) Epi-pens were removed from the first aid kit and properly disposed. <u>96a/183d LONG TERM GOALS:</u> <ol style="list-style-type: none"> 1. The Administrator taped 2 printed notes to the lid of first aid kit to remind all staff the following: <ol style="list-style-type: none"> a. Contents of the first aid kit b. To replace any item immediately after use 2. The Administrator assigned the night shift staff to check the first aid kit twice a week (Mondays and Thursdays). 3. A monitoring sheet (signed and dated) was implemented to keep track of the twice a week check to: <ol style="list-style-type: none"> a. First aid kit contents – complete b. Remove and replace any item that is due to expire 4. Please see the accompanying photos of the first aid kit and a copy of the monitoring sheet to support these plans of correction. 	1/19/11 <i>EE</i>