

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HFA, INC.

To operate OLIVIA VILLAGE ASSISTED LIVING RESIDENCE

Located at 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686

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 33
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 March 14, 2011 until September 14, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 319172

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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:**

MAR 15 2011

Ms. Heidi A. Aguillo, RN, BSN
 HFA, Inc.
 Olivia Village Assisted Living Residence
 13771 South Eagle Valley Road
 Tyrone, Pennsylvania 16686

Dear Ms. Aguillo:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 31, 2011 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

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)
132h	II	11	\$5	\$55	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 issue a PROVISIONAL 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:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

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.

Sincerely,



Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	The local fire department responded to the home for an automatic fire alarm on 10/29/10 at 3:59 pm. The home did not submit an incident report to the Department as required. PCH Division Central Region Field Office MAR 2 2011 RECEIVED	01/31/2011 and ongoing	<u>SHORT TERM GOAL:</u> Immediately after the inspection, the Administrator started to review the Reportable Incident Protocols with the staff on duty. She completed the review of the protocols with the rest of the staff. The review was emphasized on the procedures to follow in cases of fire-related emergencies. A follow up memo was sent to the staff to read again the Standard Procedures Manual that contains the fire-related emergencies. All staff was required to sign the memo after reading the manual. <u>LONG TERM GOAL:</u> The administrator assures that reporting incidents will not be missed by implementing the following: 1. Every staff is educated and fully informed of incidents that need reported to DPW/ARL. 2. A review of the Reportable Incident Protocols and the DPW Form will be conducted and scheduled regularly by the Administrator for the staff to become more familiar of the incidents to be reported. 3. All staff is informed that at anytime the Fire alarm is automatically activated, false or real, a reportable incident must be submitted to DPW/ARL.	Steps have been taken to correct violation; full compliance is not verifiable 3/8/11 SE Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA /2686 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Serena Chou</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
83a The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.	On 1/31/11, at 3:30 pm, when residents were present in the home, the temperature in the shared bathroom connected to room SR#6 was 63.6 degrees Fahrenheit.	01/31/2011 and ongoing	<p>SHORT TERM GOAL: <i>Administrator</i> Immediately after the inspection, [redacted] checked the bathroom connected to SR#6 and adjusted the SR wing central thermostat. As part of their residents rounds, all staff were instructed to check all residents' bathroom temperatures. This is in addition to the bedroom temperature checking that has always been implemented. It was emphasized that the temperature must be at least 70°F.</p> <p>LONG TERM GOAL: The administrator and the staff will make sure that all the rooms and bathrooms are comfortable to all residents, meaning at least 70°Fs by implementing the following:</p> <ol style="list-style-type: none"> 1. The staff will check the heater settings in all bedrooms and bathrooms every hour as a part of their hourly resident's rounds. Each bedroom is serviced by its respective heating/ac units and the settings must be checked and adjusted if necessary so as the temperature be set at least 70°F. All bathrooms for each wing of the facility are serviced by a centralized heating/ac unit for that wing whose thermostat control is located on the wing's hallway - this should be set not lower than 72°F to compensate heat loss going to the bathrooms. An atomic clock with a temperature reading feature has been in use to digitally monitor hallway and bathroom temperatures. 2. More frequent checks will be done by the staff to rooms whose occupying residents are not fully capable of understanding the functionality of a heater thermostat setting. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/8/11 <i>SC</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Erin Ewert</i>	DATE 3/18/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairment, can safely move through the home and safely evacuate.	The exit from the end of the hallway that runs parallel to Bald Eagle Valley Road is used as an egress route. The hallway was completely dark with no visible lighting.	01/31/2011 and ongoing	<p>SHORT TERM GOAL: The hallway (Mountain View) wall lights were missed to be turned on the day of the inspection. There are 4 wall and 9 ceiling lights in each hallway. There are no residents residing in Mountain View at this time but we always turn on at least the 4 wall lights. The administrator instructed all staff to always turn on the wall lights in all the 3 hallways, 24x7.</p> <p>LONG TERM GOAL: To ensure adequate lighting is available to hallways and egress routes the following are implemented by the administrator:</p> <ol style="list-style-type: none"> 1. A currently-used monitoring checklist now includes a task to make sure that all wall lights are turned on all the time. Please see the accompanying revised monitoring sheet 2. The administrator will keep checking on a daily basis that the egress routes and hallways are lighted. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/18/11 <i>EE</i></p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 3/08/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	At the time of the inspection, the home's emergency egress routes were completely covered in snow, with the exception of the main entrance.	01/31/2011 and ongoing	<p>SHORT TERM GOAL:</p> <ol style="list-style-type: none"> 1. _____ co-owner of the building and in-charge of overall maintenance, cleared all snow-covered egress routes upon arriving at the facility. He always maintains the emergency egress routes. He was late on that day of inspection. After completing the job, _____ mentioned the clearance of the egress routes to _____ attention for him to check. 2. The Administrator instructed all staff as part of their shift responsibility to check all the egress routes on snow days. The staff is instructed to call _____ <i>Admin</i> if it is not cleared on their shift. <p>LONG TERM GOAL:</p> <ol style="list-style-type: none"> 1. The owners _____ will make sure that outside egress routes around the building are cleared during snow days. 2. The administrator and the staff are accountable to keep the outside egress routes free of snow as part of their shift responsibilities. 3. The staff are instructed to report to the Administrator about the status of outside egress routes during snow days especially when _____ are out of the building. 4. The accompanying pictures typify cleared outside egress routes during snow days. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3/8/11 BE</i></p> <p>Date _____ Initials (DPW) _____</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Ernst</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Bedrooms #SS8, SR2 and SR6 do not have a source of light that can be turned on/off from bedside.	01/31/2011 and ongoing	<p>SS#8 and SR2 are provided with table lamps. Both of these lamps were placed on top of the residents' dressers in lieu of bedside table top for the following reasons:</p> <ol style="list-style-type: none"> 1. Safety - The occupying residents will not hit the lamp on the bedside when getting up at night. These residents do not remember to turn on their lights when they start moving at night. 2. The table lamps which are not too bright on the eyes are on all night so that the residents can see their way when they get up by themselves at night. <p>The resident [redacted] in SR#6 had a bedside table lamp, a personal item. In [redacted] progress notes, there is an entry for October 23, 2010 that [redacted] lamp and some clothes out of [redacted] drawer were found on [redacted] bedroom floor. With the recommendation of the staff and approved by the Administrator, the lamp was returned to [redacted] daughter. This was the decision because of safety reasons:</p> <p>SHORT TERM GOAL:</p> <ol style="list-style-type: none"> 1. The lamps at SS#8 and SR#2 were put back on their bedside tables. (Please see accompanying pictures). All staff was instructed to frequently check that the residents do not hit their lamps when they get up. 2. A special type of lamp was placed on SR#6 bed side table. The staff is closely monitoring the resident for safety. (Please see accompanying pictures) <p>LONG TERM GOAL:</p> <ol style="list-style-type: none"> 1. The administrator and staff are aware that every resident must have a bedside lamp. 2. A bedside lamp is always provided upon admission unless the resident brings a personal lamp. 	3/8/11 SE

4 unacceptable statements - SE

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emsif</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
132a An unannounced fire drill shall be held at least once a month.	The home did not conduct a fire drill in October, November or December of 2010.	01/31/2011 and ongoing 3/3/11	<p><u>SHORT TERM AND LONG TERM GOALS:</u></p> <ol style="list-style-type: none"> The administrator will make sure that a fire drill will be conducted every month. The administrator reviewed with the staff the Fire Drill and Evacuation Procedures section of the Standard Operating Procedures Manual. A fire drill documentation will also include the names of participating staff and name(s) of operator(s) contacted (Nationwide Digital Alarm Monitoring System) in deactivating the facility's fire alarm system connection to 9-1-1. <p>The home will submit a schedule showing the dates and times of each fire drill scheduled to be held between April and July 2011 to the Department's regional office. The schedule will not be shared with anyone at the home. - <i>GE</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/8/11 <i>GE</i> Date Initials (DFW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA /6686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Blain Enrich</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
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.	<ul style="list-style-type: none"> • The home's fire drill log indicates that the home conducted a fire drill on 10/14/10, 11/18/10 and 12/13/10. However, information from Nationwide Digital Alarm Monitoring's system report had zero entries in the home's security report for the above mentioned months. Also, staff person A stated that if the alarm monitoring company did not have documentation that a fire drill occurred, then a fire drill was not conducted. • The home conducted a fire drill on 10/29/10 at 3:42 pm, according to both the Nationwide Digital history report and the incident report referring to the local fire department's response, but this fire drill was not recorded on the home's fire drill log. 	01/31/2011 and ongoing	<p><u>SHORT TERM AND LONG TERM GOALS:</u></p> <ol style="list-style-type: none"> 1. The Administrator will make sure that any fire drill conducted will be recorded on the fire drill log. 2. The administrator reviewed with the staff the contents of a fire drill record. 3. The administrator added as part of the documentation in the fire drill log to include the signatures of staff participating in the drill. Also included will be the names of persons contacted on canceling the fire alarm and getting it back live after the fire drill. These 2 additional documentations were made effective on the fire drill conducted last 2/18/2011. In the event that a fire drill requires the services of the fire department or any other emergency service units, their presence (names, date/time, etc.) will be included in the documentation. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/8/11 & 2</p> <p>Date Initials (DPW)</p>

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

Page ⁸ of 14 ¹²

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S- EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 3/08/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home has 1 staff person routinely scheduled during sleeping hours from 11 pm -7 am. Of the past 2 sleeping hours fire drills, neither drill was conducted with less than 2 or 3 staff persons participating. The last 2 sleeping hour drills were conducted as follows: <ul style="list-style-type: none"> • On 3/23/10 at 6:40 am, had 2 staff participating. • On 9/16/10 at 6:45 am, had 3 staff participating. 	01/31/2011 and ongoing	<p><u>SHORT TERM AND LONG TERM GOALS:</u></p> <p>1. The Administrator has always been conducting sleeping hour fire drills with 2-3 staff for safety and liability reasons.</p> <p>1. The Administrator will ensure that sleeping hour fire drills will be conducted by less than 2 -3 staff on night shift at different times, as routinely scheduled. -SE</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/8/11 SE</p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA /66 86		CURRENT LICENSE NUMBER 319171	
16686 INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Blair Emick</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	None of the residents that were in the home at the time of the fire drill conducted on 10/29/10 at 3:42 pm were evacuated. This was confirmed by staff person B and the local fire department. Repeated Violations: 06/30/2010	01/31/2011 and ongoing	<p><i>Unacceptable Statements - SE</i></p> <p>The residents were evacuated during the 10/29/2010 at 3:42 PM fire drill. There were 7 employees, 9 including [redacted] evacuate the 11 residents out of the building. There was an in-service staff meeting conducted by the Ombudsman on Resident's Rights that day. After the meeting, the administrator instructed staff, [redacted] to conduct the fire drill. [redacted] forgot to place a call to Nationwide Digital Alarm Monitoring System to deactivate the automatic fire alarm. There were 3 employees working that day and 4 other employees who came just to attend the in-service training. All the employees were still in the building when the alarm went off. The evacuation as well as bringing in the residents by the 7 (9) employees with 11 residents went fast. When the fire department personnel arrived the residents and the employees were already inside the building. An unannounced fire drill and evacuation were conducted on 10/29/2010.</p> <p>The goal of that fire drill was to get the new staff as well as all the staff able to experience a fire drill and evacuation procedures. 10/29/2010 was a good time for the Administrator to walkthrough with all the staff, with especial supervision on the newly hired employees on Fire Drills and Evacuation Procedures. There were 3 employees that were newly hired that last week of October, 2010 who would benefit most from the fire drill. The Administrator has always initiated a drill with newly hired staff on a group fire drill. The Administrator was present supervising the 3 new employees that were hired 10/22/2011, 10/27/2011 and 10/29/2011. With the ratio of 7 (9) employees to 11 residents, the administrator did not record the fire drill that was conducted for the very reason that the home will not</p> <p style="text-align: center;">CONTINUED ON NEXT PAGE...</p>	See p.9A

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Robin Eruck</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	None of the residents that were in the home at the time of the fire drill conducted on 10/29/10 at 3:42 pm were evacuated. This was confirmed by staff person B and the local fire department. Repeated Violations: 06/30/2010	01/31/2011 and ongoing	<p>CONT...</p> <p><i>Unacceptable statements - SE</i></p> <p>be staffed with 7 employees for 11 mobile residents. In the absence of documentation on the fire drill log other than attendance of employees that day, it was not easy for the Administrator to convince that it was a fire drill. The discussion between [redacted] and the Administrator was focused on the validity of the fire drill, not the evacuation. Evacuation is a part of a fire drill. The Administrator (Staff B) does not recall to have confirmed with [redacted] that there was an evacuation done. There was an evacuation. However, the Administrator stated to [redacted] that the fire drill was over when the Fire Department rescue team arrived. At that time, all the residents and employees were already in the building.</p> <p>SHORT TERM AND LONG TERM GOALS:</p> <ol style="list-style-type: none"> 1. The Administrator will make sure that all fire drills conducted will be recorded in the fire drill log. 2. The Administrator reemphasized to all staff and residents that all residents are evacuated in every fire drill to be conducted. 3. The Administrator will continuously educate staff and residents the importance of and the mandatory nature of fire drills and evacuation procedures. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/8/11 Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enrich</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	A loose, white pill was found in a drawer of the home's medication cart.	01/31/2011 and ongoing	SHORT TERM AND LONG TERM GOALS: 1. The Administrator investigated the possible scenarios how a medication pill would end up loose in the medication cart drawer, dislodged from its bubble pack. 2. The administrator reviewed with the staff of proper administration, handling and storing of medication. The administrator emphasized again visual inspection for any signs of pressed/opened bubble seals before giving medications and before putting the bubble packs back in the medication cart drawer. 3. The administrator stressed to all staff that the medication personnel in each shift are responsible to check all the contents of the medication cart in a daily basis.	Steps have been taken to correct violation; full compliance is not verifiable 3/8/11 BE Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Blaine Ernst</i>	DATE 3/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
187d The home shall follow the directions of the prescriber.	Resident #3's prescription label for Aspirin 325 mg states to take one tab by mouth every other day, however the medication was administered by the home on 3 consecutive days including 1/02/11, 1/03/11 and 1/04/11.	01/31/2011 and ongoing	<p>SHORT TERM AND LONG TERM GOALS:</p> <ol style="list-style-type: none"> The Administrator investigated the Medication Administration Record (MAR) and the bubble packs. The medication, Aspirin 325 mgs was not given on 1/03/11 as evidenced by the packaging of the bubble pack. The bubble pack was packaged every other day. The medication was not administered on the 3rd because there was no medication packed on the 3rd. There was an error in documenting that it was given. The staff who initialed the MAR on the 3rd admitted that she made a mistake of signing the MAR. The Administrator reviewed with the staff proper way of documentation and correcting documentation errors. The Administrator instructed the staff to accurately prepare the MAR during the change over at the beginning of the month. This includes blocking the days that the medication is not to be given such as every other day, once a week, twice a week on certain days that are ordered. These pertain to the medications that are not given on daily basis. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/8/11 <i>SE</i></p> <p>Date Initials (DPW)</p>

3. The Administrator will conduct an audit of all MARs + medication carts at the end of every month. -SE

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

Page ^{12 12} 14 of 14

NAME AND ADDRESS OF PERSONAL CARE HOME OLIVIA VILLAGE ASSISTED LIVING RESIDENCE, 13771 S. EAGLE VALLEY ROAD TYRONE, PA / 6686 16686		CURRENT LICENSE NUMBER 319171	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Heidi A. Aguillo</i>	DATE 2/28/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Erich</i>	DATE 3/08/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #1's assessment, dated 3/29/10, lists the resident to be both mobile and immobile, however the resident's medical evaluation, dated 3/26/10, indicates that the resident is immobile.	01/31/2011 and ongoing	<p>SHORT TERM AND LONG TERM GOALS:</p> <ol style="list-style-type: none"> 1. The administrator sent Resident #1's medical evaluation to the physician to update the mobility needs. Please see the accompanying copy of updated medical evaluation. 2. The administrator updated Resident #1's assessment and support plan. 3. The administrator will make sure that medical evaluation, assessment and support plans are consistent in accordance to mobility status. Updates will be done by the Administrator with respect to changes in mobility status. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/8/11 SE Date Initials (DPW)</p>