

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVERGREEN ELDER CARE, INC.

LEGAL ENTITY

To operate THE VILLA ST. ELIZABETH

NAME OF FACILITY OR AGENCY

Located at 1201 MUSEUM ROAD, READING, PA 19611

(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 92
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 May 23, 2011 until May 23, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205760

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

MAY 23 2011

Ms. Jean 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 inspections on November 18, 2010, December 8, 2010, January 14, 2011, and March 9, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Reports 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 black ink, appearing to read "Ron Melusky", with a long horizontal flourish extending to the right.

Ron Melusky
Acting Director

Enclosures
License
Violation Report

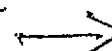
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 1 of 2

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 1201 Museum Road Reading, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Leslie Patton, Florence Babiarz	
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 <i>Jean Bready</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Nelson</i>	DATE 2-10-11

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
51752 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Staff person A (hired 6/1/10) worked at the home from 6/1/10 - 11/12/10. The home did not obtain a PA criminal background check for staff person A who continued work after the 30-day provisional hiring period.		<p>① This employee was terminated on 11/12/10</p> <p>② New employees will complete a form in the employee packet that will initiate the criminal background process.</p> <p>③ Human resources personnel will submit application on-line and will check the status of review until resolved</p>	5/2/11 G.S.

~~Checks have been taken to correct violation. All compliance items not verifiable~~
 Date: _____
 Initials (DPW): _____



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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 1281 Museum Road Reading, PA 19611		CURRENT LICENSE NUMBER 205763	
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SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore Salovey</i>	DATE 2-10-11

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
(relating to protective services for older adults) and other applicable regulations.			④ If status report is not received in in ④ weeks / 28 days, a phone call is placed. If report is not returned by the 30 th day from here, employee is suspended until report clears.	See page 1 of 2 DW

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NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 1201 Museum Road, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JEAN R. Bready R.N. / ADM. Evergreen Eldercare Inc.</i>			
SIGNATURE OF LEGAL ENTITY <i>Jean Bready R.N.</i>	DATE <i>12/17/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed. Sinsigiani</i>	DATE <i>1/12/11</i>

REGULATION	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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract of resident #1 and resident #2 dated 7/1/10 and 7/20/10 respectively, were not signed by their payers.	12/16/10 and ongoing	ResidentCare Coordinator will, upon admission, have the payor sign the contract with the resident. If payor is not present they will be notified of this requirement. Documentation will be provided if the Payor chooses not to sign.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <i>12-19-10</i> Initials (DPW) <i>SA</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 1201 Museum Road, PA 19611		CURRENT LICENSE NUMBER 205763	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Jean Bready RN</i>	<i>12/17/10</i>	<i>Bd Brignani</i>	<i>1/12/11</i>

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
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contract of resident #3 dated 6/24/10, did not include verbatim the entire complaint procedures in regulation 44g. It did not include the following information: "for the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home."	12/16/10 & on going	Contracts has been revised to contain pertinent information as per regulation. Facility will utilize DPW contract for future administration. Resident Care Coordinator will review contracts to check that all pages are present and will have non-conforming c contracts re-signed.	Steps have been taken to correct violation; full compliance is not verifiable <i>12/19/11</i> Date (Initials (DPW))

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 1201 Museum Road, PA 19611		CURRENT LICENSE NUMBER 205763	
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SIGNATURE OF LEGAL ENTITY <i>Jean Bready R.N.</i>	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brignani</i>	DATE 1/12/11

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
25c8 (8) The home's rules related to home services, including whether the home permits smoking.	The home's contract states that residents will be "dismissed immediately" for smoking in the building which is in conflict with regulation 228h, in which documented, repeated violation of home rules is a reason for discharge. Contracts for resident #2- resident #7 contained this home rule. Their contracts were dated 6/24/10, 1/26/10, 7/20/10, 8/11/10, 8/11/10, and 5/15/06 respectively. In addition, an addendum to the contract of resident #3 stated that a resident would be dismissed immediately for having firearms, weapons, or ammunition in the home.	12/16/10 & ongoing	House rule # 4 & addendum maintains that - smoking & guns are not permitted. Repeated violation of "house rules" can result in dismissal from facility. Residents will be made aware of same and "immediate dismissal" will be removed from addendum. Plan of correction is that facility will utilize DPW contract for the Villa facility.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <u>12-19-11</u> Initials (DPW) <u>OS</u></p>

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<i>Jean Bready RW</i>	<i>12/17/10</i>	<i>Anne Graziano</i>	<i>04-29-11</i>

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
83a The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.	The temperature in the "Cottage Dining Room" measured 68.3°F at lunchtime. There were 12 residents present in the room, all wearing either a sweater or a coat. The temperature in the "Cottage Ice Cream Room" measured 64.7°F at lunchtime. There were 2 residents sitting in this area at the time of inspection.	12/08/10	New heating system was being installed the day of inspection. Residents were instructed to eat in alternate location of the ballroom and all declined. Facility will maintain appropriate temperature at the home. Temperature will be monitored and logged on a weekly basis.	<i>AG</i> 04-29-11

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Evergreen Eldercare

04/29/2011 12:19 FAX 6106706903

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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<i>Jean Bready ED</i>	<i>12/17/10</i>	<i>Bd Biazioni</i>	<i>11/2/11</i>

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature measured 123.8°F in the bathroom sink which adjoins bedroom #s 230 and 231. Repeated Violations: 06/08/2010	12/08/10 & ongoing	Facility aware of discrepancy of temp. as of 6/08/10. A governor has been in place since that date to prevent elevation of temp. Maintenance will monitor daily to assure the the governor has not be jarred. Temp will be monitored and logged weekly by maintenance. This had been Corrected at time of inspection and water Temp. was @ 118 F	<i>AG</i> <i>01-14-11</i>

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

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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
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>The small first aid kit identified by staff person A located in the home's medication room was missing the following required items: Disposable gloves, tweezers, scissors, gauze, and tape.</p> <p>The large first aid kit identified by staff person A located in the home's medication room was missing the following required items: Eye coverings, tweezers, tape, and breathing shield.</p>	12/16/10 & ongoing	The Quality Management Plan indicates that First Aid Kits are located on the Med Carts. The inactive kits were removed from the medication room and disposed of. The Medication room will be reviewed weekly to ensure items, no longer in use, will be removed so as not to be erroneously identified. Kits are audited weekly by LPN and Assistant Administrator.	<i>Edi</i> 01-14-11

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

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Jeann Brady RN</i>	<i>12/17/10</i>	<i>BD & Grayson</i>	<i>11/2/11</i>

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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>The medical evaluation (dated 8/9/10) for resident #6 did not address medications; the area on the form was left blank, the box for "none" was unmarked, and there were no attachments to the form.</p> <p>The annual medical evaluation in the record of resident #8 (dated 11/2/10) did not indicate the resident's height and temperature.</p> <p>The medical evaluation (dated 8/9/10) for resident #9 did not have the (5) medication and medical attachments signed and dated by the physician who signed the form. In addition, the physician's printed name did not match the physician's written name.</p> <p>Repeated Violations: 04/19/2010</p>	12/16/10 & ongoing	All MA-51's & Medical Evaluation will be reviewed when submitted for "lack of content". Any areas not completed by Primary Care Physician will be addressed immediately upon discovery. All supporting documentation will be reviewed to ensure accuracy and consistency among the forms. Forms will be reviewed by Resident Care Coordinator, Assistant Administrator & Administrator on an ongoing basis. Random audits will be conducted monthly to ensure compliance.	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date <i>4/29/11</i> Initials (DPW) <i>S.S.</i></p>

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

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<i>Jean Brandy RN</i>	<i>12/17/10</i>	<i>[Signature]</i>	<i>1/12/11</i>

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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<i>see previous page</i>		<i>see previous page</i>	<i>see previous page</i>

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<i>Jean Brady, R.N.</i>	<i>12/17/10</i>	<i>B.B. Bragman</i>	<i>11/2/11</i>

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
144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	In the outside designated smoking location to the left of the backyard patio, a ceramic planter used as an ashtray had dried leaves, dried bush stems, and four cigarette butts in it.	12/09/10 & ongoing	Maintenance department has been advised to monitor designated smoking location for unsafe smoking practices which include debris in smoking receptacles. Monitoring will be performed daily by maintenance and documented.	<i>5/12/11 B.B.</i> Steps have been taken to correct violation, full compliance is not verifiable 01-19-11 Date Initials (P.C.H.)

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Asap & Villa

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

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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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	<p>Staff person B completed the initial medication administration training on 5/29/09. The Initial Annual Practicum to be completed by 5/29/10 was completed late as the completion date was documented as being 7/23/10.</p> <p>Staff person C completed the initial medication administration training on 11/21/09. The Initial Annual Practicum to be completed by 11/21/10 was not completed in its entirety due to the trainer not indicating if the staff person passed the Initial Annual Practicum. The trainer did not sign the form and also did not provide a date the staff person passed the training, if applicable.</p> <p>Both staff person B and staff person C routinely administer medication but are not properly trained to do so.</p>	12/13/10	Medical Administration training has been completed. Ongoing quarterly reviews will be done as per DPW guidelines. Scheduled reviews will be placed in Med Tech training manual and documented accordingly. Training will be provided by "Train-the-Trainer" as needed.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>12/13/10</i> Initials (DPW): <i>BD</i></p>

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Asap & Villa

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

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SIGNATURE OF LEGAL ENTITY <i>Jean Brady RN</i>	DATE <i>12/17/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BBB Bignarin</i>	DATE <i>11/2/11</i>

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
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye; nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.			<i>see previous page</i>	<i>see previous page</i>

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Asap & Villa

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

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<i>Jean Brady R.N.</i>	<i>12/17/10</i>	<i>B. Bragioni</i>	<i>11/2/11</i>

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.	<p>Oxycodone 5mg, prescribed to resident #10, expired 12/3/10.</p> <p>The following expired medications were located in the large first aid kit stored in the medication room: Tylenol Extra Strength, expired October 2010 "Medique" brand extra strength APAP, expired May 2009</p> <p>An expired .845 fl.oz. bottle of "GenTeal" lubricant eye drops (gel drops) for resident #11 was found stored in the main dining room medication cart. The expiration date on the top of the medication box was 7/10.</p> <p>The following expired medications for resident #12 were found stored on the lower left shelf of the "med closet" located adjacent to the medication room:</p> <ul style="list-style-type: none"> • A bottle containing 90 Amlodipine 2.5mg tab - Prescription label indicated "Do Not Use After 4/10/10"; in addition, this medication was discontinued per physician's order dated 9/25/09 - (2) bottles containing 120 tabs each of Namenda 	12/08/10 & ongoing	All expired medications have been disposed of as per policy on 12/08/10. LPN and Asst. Adm. will audit all incoming medications at the time of delivery and Med Carts will be audited weekly to check for expiration dates. The Facility implemented a policy of marking expiration dates on the front of medical blister packs to ensure compliance.	<i>AS</i> 01-19-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa St. Elizabeth, 1201 Museum Road, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
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 <i>Jean Bready RN</i>	DATE <i>12/17/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Bisognano</i>	DATE <i>1/12/11</i>

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>10mg tab - Prescription labels indicated "Do Not Use After" 10/11/10 and 10/29/10, respectively</p> <p>• (2) bottles containing 120 tabs each of Citalopram Hbr 10mg tab - Prescription label indicated "Do Not Use After" 10/11/10 and 10/7/10</p> <p>An expired bottle of 28-count soft gel OTC "Green Supreme Multis" multi-vitamins/minerals for resident #13 was found on the upper left-hand shelf in the "medication closet". The expiration date on the bottle was 8/10.</p>		<i>see previous page</i>	<i>see previous page</i>

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Jean Brady, RN</i>	<i>12/15/10</i>	<i>Bob Strangman</i>	<i>11/2/11</i>

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	A pharmacy bottle located in the medication room storage closet contained approximately 37 red gel capsules. The pharmacy bottle was not labeled with a pharmacy label or any identifying information.	12/08/10 & ongoing	Removed from closet and disposed of as per policy. Facility will not store any medication that is not in the original container and properly labeled. Corrected at time of inspection 12/08/10. LPN and Asst. Adm. will perform weekly Medication audits of the medication room as part of its weekly audits	<i>ag</i> 01-19-11

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Jean Brady RD</i>	DATE <i>12/17/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Braggins</i>	DATE <i>11/2/11</i>

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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Stored in the "Medication Closet", the following over the counter medications which were identified by staff person B as belonging to resident #13 were not labeled with the resident's name: <ul style="list-style-type: none"> • A 28-count bottle of soft gel "Green Supreme Multi" multi-vitamins/minerals • A bottle of "Green American Products" master omega-3 • A 250-count tab bottle of "Spring Valley" brewer's yeast • A 1200mg bottle of "Nature Made" liquid gel fish oil 	12/09/10	All OTC medications will be identified properly with residents name. Ongoing compliance to be met by medication audits weekly and upon delivery, dated by LPN and Assistant Administrator. The storage closet will be added to the existing Med review, not just the carts.	<i>Ag</i> 01-19-11

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

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SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Sofy Bragman</i>	DATE 11/2/11

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
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.	<p>A bottle of Lantus insulin prescribed to resident #5 was not dated when opened. Both staff and administration stated it is the home's policy that each bottle of insulin be dated when opened by staff.</p> <p>The 12/10 medication administration record for resident #14 did not indicate the injection site on the body used for the Humlin R inj U-100 for the 7am dose on 12/5/10, 12/7/10, and 12/8/10 and for the noon dose on 12/8/10. The areas on the form were left blank for the "site" on these dates. In addition, the 12/10 medication administration record for this same resident did not indicate the site on the body used to place the Fentanyl DIS 50mcg/hr patch for the 8am dose on 12/2/10, 12/5/10, and 12/8/10.</p> <p>Interview with staff person D stated it is the verbal medication policy to document the injection and patch placement sites when administering such medications to residents, as recommended by a consultant for the home approximately one month ago.</p> <p>The home did not follow its medication policy and</p>	12/16/10	<p>Med Tech staff will be re-educated in following areas # 1. all insulin will be dated when opened. # 2. as per mfg. instructions, topical patches and insulin injections will be administered with site rotation. MAR will reflect the same. Documentation will be provided by LPN and Med Tech on MAR. # 3. Proper documentation including the steps to follow when recording and "error". Retraining will be provided by certified "Train-the-Trainer". Documentation will be reviewed for compliance as part of the weekly medication audits.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 01/19/11 Initials: (DPW)</p>

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<i>Jean Bready R.N.</i>	<i>12/17/10</i>	<i>B. Bloch</i>	<i>11/2/11</i>

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>procedure for documentation on the "Controlled Drug Record" sheet for this same resident. It did not indicate the time of administration or the doses remaining for the Fentanyl DIS 50mcg/hr patch used on 12/8/10. The line on this form was crossed out by one staff person as an error, and then the same line was used a second time with the correct date of administration. Interview with staff persons D and A indicated that the form was incorrectly documented as administered on the crossed out date (unable to distinguish date on the form), and re-written over on the same line when administered as prescribed.</p> <p>Repeated Violations: 09/01/2010 07/22/2010 06/08/2010</p>		<i>see previous page</i>	<i>see previous page</i>

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

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187d The home shall follow the directions of the prescriber.	<p>Resident #15 is prescribed Aricept 10mg to be administered daily at bedtime. The home received notification from the resident's insurance company on 10/5/10 informing the home that the prescribed medication had been approved for payment. The resident has not received Aricept 10mg from 10/5/10 to present.</p> <p>Resident #18 is prescribed Exelon patch 9.5 mg to be applied daily. The home indicated the medication was not being administered due to a lack of prior authorization by the physician for medication approval. The home did not take action to contact the physician regarding the matter or to seek further direction from the physician regarding the medication which continued to be prescribed by the physician. The resident did not receive the medication from approximately 7/2/10 to present.</p> <p>Repeated Violations: 09/09/2010 07/22/2010 06/08/2010</p>	12/16/10	<p>Facility will follow PCP directions as related to med. adm. When med. refill requires prior authorization the following steps will be followed.</p> <p>#1. PCP will be made aware of prior auth. via phone call and fax which pharmacy initiates.</p> <p>#2. Facility staff (LPN) will follow up with phone call and fax within 24 hours.</p> <p>#3 Due diligence will be shown with repeated phone calls and/or faxes until med. has been authorized: d/c or replace with alt. med.</p> <p>#4 DPW will be made aware of incident on day of discovery. LPN to monitor records to ensure compliance. Random monthly audits will be conducted to ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>R.S.</i></p> <p>Date: <i>1/29/11</i> Initials (DPW)</p>

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening forms for resident #2 (dated 7/13/10) and resident #3 (dated 6/10/10) were incomplete, as noted below: - Resident #2: Did not address "Diagnosis", "Other Special Care Needs", or "Behavioral Needs" portions of the form; left blank - Resident #5: Did not address "Other Special Care Needs" or "Behavioral Needs" portions of the form; left blank	12/16/10	Resident Care Coordinator will monitor pre-adm screenings for "lack of content" upon completion. Resident Care Coordinator will gather necessary information to complete. Chart auditing has been initiated monthly by Administrator and Master Supervisor on 11/24/10 and will continue in order to ensure compliance.	Date of compliance not verifiable Steps have been taken to correct violation till compliance is not verifiable Initials (DFM) 5/12/11 B.S.

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VIOLATION REPORT
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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The most current medical evaluation for resident #17, dated 11/16/10, indicated: "Unable to move from one location to another without oral prompting from others" and "Independently mobile with cane"; the most current assessment for this resident, dated 11/16/10, did not address the resident's inability to move from one location to another without oral prompting from others.	12/16/10	Incoming MA-51/medication evaluations, wether new or updated will be reviewed by Resident Care Coordinator, LPN and/or Asst. Adm. for Primary Care Physician (PCP) documentation and recommendations for correlating/current resident status and capabilities. Discreptancies will be brought to PCP attention for final review and addressed to reflect any changes/or recommendations mobility needs will be diligently assessed and most stringent standards for resident well being will be put in place. Staff will be educated and informed of changes to resident needs. Home instituted a daily "Stand up" procedure where by resident needs care discussed to ensure all staff are aware of charges. This requirement will be reviewed as part of the monthly audits to ensure compliance.	Date Initials (DWN) Steps have been taken to correct violation, full compliance is not verified. 5/12/11 S.B.

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VIOLATION REPORT
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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The initial support plan for resident #2 was not completed; the only one available at the time of inspection was developed 10/5/10 and was marked "annual". The resident was admitted to the home on 7/20/10.	12/16/10	The resident was admitted 7/20/10 but was admitted to the hospital shortly thereafter and prior to 30 days after admission. She returned with an updated medical evaluation. Support plan was completed after re-adm. from hospital and rehab. R.C.C. will review completed support plans and appropriately document, initial annual and significant change. Chart auditing will be performed ongoing and follow up on day of discovery. Adm & Master Supervisor will continue to monitor thru scheduled chart audits.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date</p> <p>Initials (DPM) <i>G.S.</i></p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST. ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
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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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization.	<p>The annual medical evaluation for resident # 1, dated 12/21/10, does not include height, weight, diet and body positioning.</p> <p>The medical evaluation for Resident # 2 is dated 12/13/2010. Under medications, the evaluation notes "see attached". The attachment was not dated nor was it signed by the physician.</p> <p>Repeated Violations: 12/08/2010 07/22/2010</p>		<p>2/14/11 - The Administrator will ensure that updated medical evaluations are obtained from the primary care physicians for residents #1 and #2, which include the missing information for each listed resident.</p> <p>2/28/11 - The Administrator will review the medical evaluations for all current residents of the home to ensure that they include all of the required information outlined under this regulation, to include a current list of medications for each resident. If the list of medications for a resident is an attachment to the medical evaluation, it shall be signed by the physician and dated the same date as the medical evaluation. If a medical evaluation is found to be missing required information, the Administrator will immediately contact the physician's office to obtain an updated evaluation which includes all of the missing information.</p> <p>7/31/11 - For a period of six months, the</p>	

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Steps have been taken to correct violation; full compliance is not verifiable.
 Date 4/29/11 Initials (DPW) B.S.

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

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	see previous page		Administrator will review all new resident medical evaluations as they are completed to ensure that they include all of the required information outlined under this regulation. This includes initial medical evaluations for new admissions as well as those completed annually and for significant changes in a resident's medical condition. If a medical evaluation is found to be missing required information, the Administrator will immediately contact the physician to obtain an updated/corrected copy. The Administrator will also develop and maintain a log which documents the review of all resident medical evaluations as well as any problems found and follow-up action taken. After 7/31/11, the Administrator may delegate the review of new medical evaluations but shall review the log on a monthly basis to ensure that the reviews are being completed.	see previous page

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141b) A resident shall have a medical evaluation: (1) At least annually.	Resident # 2 has a current annual medical evaluation dated 01/05/11. The previous annual medical evaluation for this resident was completed on 12/01/09. The most recent medical evaluation for resident # 4 is dated 12/06/09. Repeated Violations: 07/22/2010		2/14/11 - The Administrator will ensure that an annual medical evaluation is obtained for resident #4. 2/28/11 - The Administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past 12 months. The Administrator will also ensure that any resident whose annual medical evaluation is overdue has a new evaluation completed by a physician, physician's assistant or nurse practitioner. 3/1/11 - The Administrator will develop and implement a tracking system to ensure that all residents of the home have their initial and annual medical evaluations completed within the required timeframes. 3/1/11 - The Administrator will document the review of all annual medical evaluations for current residents and will fax documentation to the Department's N.E. Regional office to	Steps have been taken to correct violation; full compliance is not verifiable. 4/29/11 S.S. Date Initials (DPW)

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	<i>see previous page</i>		verify the completion of the audit. The Administrator will also fax to the Department's N.E. Regional office a copy of the annual medical evaluation obtained for resident #4.	<i>see previous page</i>

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SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE 3/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>GD Benjamin</i>	DATE 4/29/11

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
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	The home's medication records' "Master Key" for January 2011 was missing the staff initials for staff members A, B and C. All three (3) of these staff members administered medications between the first (1st) and thirteenth (13th) of January 2011. Repeated Violations: 07/22/2010 04/19/2010		2/7/11 - 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. Documentation of the in-service training will be faxed to the Department's N.E. Regional Licensing office by 2/3/11. 2/4/11 - The home's Medication Manager will review each resident's Medication Administration Record (MAR) a minimum of 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 Manager will review the MARs each day that the Medication Manager is unavailable to do so.	Steps have been taken to correct violation; full compliance is not verifiable 4/29/11 <i>B.S.</i> Date Initials (DPW)

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

Page 6 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST. ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 01/14/2011		REGIONAL REPRESENTATIVE Graziano, Harvey, Grochowski	
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 <i>Jean Bready</i>	DATE 3/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Graziano</i>	DATE 4/29/11

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<i>See previous page</i>		The Medication Manager or an LPN/RN who reports to the Medication manager will also review all residents' MARs to ensure that all medications are listed and that all of the elements required by Ch.2600.187(a) are captured for each resident. The MAR audits will be documented on a log form, which will be maintained for review.	<i>See previous page</i>

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

Page 7 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST. ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
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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 <i>Jean Bready</i>	DATE 3/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.S. Bisognan</i>	DATE 4/29/11

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
187d The home shall follow the directions of the prescriber.	Resident # 3 has an order for bactrim zinc ointment 500 mg. to be applied twice daily to the knee, once between 7:00 am and 3:00 pm and again between 3:00 pm and 11:00 pm. The home stopped treatment for the resident on January 12, 2011. There was no physician order to stop treatment. <i>B.S.</i> Repeated Violations: 07/22/2010 07/22/2010 06/08/2010		2/7/11 - 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 also include a review of Ch.2600.182c and the requirement to review prescriber's orders before administering medications. Documentation of the in-service training will be faxed to the Department's N.E. Regional office. 2/4/11 - The Medication Manager will review each resident's Medication Administration Record (MAR) a minimum of 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 Manager is unavailable to do so. The MAR audits will be documented on a log form, which will be maintained for review.	Steps have been taken to correct violation; full compliance is not verifiable 4/29/11 <i>B.S.</i> Date Initials (DPW)

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

Page 8 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST. ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 01/14/2011		REGIONAL REPRESENTATIVE Graziano, Harvey, Grochowski	
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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 style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 21 2011</p> <p style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</p>			<p>2/4/11 - The Medication Manager or an LPN/RN designated by the Medication Manager will 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.</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Anne Graziano	
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 <i>Jean Bready</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deane C. Valasek</i> <i>BD Bismignin</i>	DATE 4-12-11 418111

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
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 home did not submit a reportable incident form to the Department on 3/05/11 for resident #3's medication errors. <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 18px; font-weight: bold; margin: 5px 0;">MAR 25 2011</div> <div style="text-align: center; font-weight: bold; margin: 10px 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</div> <p style="font-size: 12px; margin-top: 20px;">Repeated Violations: 09/01/2010 07/27/2010</p>	3/09/11	Corrected at time of inspection. Co. Adm/ clinical team is responsible for this report and will check each day as part of the MAR review to ensure compliance. Attached reportable incident # 1	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 12px; font-weight: bold;"> Steps have been taken to correct violation; full compliance is not verifiable </div> <div style="text-align: center; font-size: 14px; font-weight: bold;"> 3/12/11 Date DCV Initials (DPW) </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Anne Graziano	
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 <i>Jean Bready</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree C. Deane</i>	DATE 4-12-11

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
85a Sanitary conditions shall be maintained.	The bathroom in bedroom #305 had dried feces on the toilet seat.	3/9/11	The bathroom was cleaned at time of inspection. Our housekeeping dept. cleans bathrooms everyday and will be made aware of any PRN situations by the staff to maintain sanitary conditions.	<i>DCV</i> 4-12-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Anne Graziano	
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 <i>Jean Bready</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valente</i>	DATE 4-12-11

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature measured 123.5 degrees Fahrenheit in the common bathroom next to room 130 in the cottage section of the home. Repeated Violations: 12/08/2010 06/08/2010 <i>B.D.</i>	3/9/10	Hot H2O turned off at time of discovery during inspection. A "governor" was purchased 3/11/11 and installed by maintenance department. Attachment # 2. Temp. is measured weekly by maintenance dept. and recorded on log sheet. This is reviewed weekly by Administrator. See attachment # 3.	5/12/11 <i>B.S.</i>

~~Steps have been taken to correct violation; full compliance is not verifiable~~
 Date *5/12/11*
 Initials (DPMA) *B.S.*

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA. 19611		CURRENT LICENSE NUMBER 205763	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Anne Graziano	
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SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree O'Valencia</i>	DATE 4-12-11

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
101j6 Each resident shall have the following in the bedroom: A mirror.	Bedroom #141 shared by two residents did not contain a mirror.	3/9/11	Mirror placed in room at time of inspection. Residents room checks include "mirror", see enclosed checklist. Room checks are conducted by staff & maintenance dept. and recorded on log sheet marked enclosure # 4. This will be reviewed weekly by the Administrator.	<i>DCV</i> 4-12-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
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SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE 4-12-11

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
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	The home's Kenmore and LG dryers had an accumulation of lint on the trap.	3/9/11	Lint removed at time of inspection. All laundry is done on the 3rd shift. Daily checklist for third shift includes removal of lint after each use of dryer. Please refer to 3rd Shift instructions and daily log of compliance by the 3rd shift supervision. The Administrator will review this weekly.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 4-12-11 Initials: (CPW) </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
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SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Culver</i>	DATE 4-12-11

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												
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>Resident #3 did not receive the following medication as prescribed on 3/5/11:</p> <table border="0" style="width:100%;"> <tr> <td style="text-align:left;"><u>Medication</u></td> <td style="text-align:center;"><u>Administration Time</u></td> </tr> <tr> <td>Aspirin 81mg</td> <td style="text-align:center;">8:00am</td> </tr> <tr> <td>Benzytropine 1mg</td> <td style="text-align:center;">8:00am & 8:00pm</td> </tr> <tr> <td>Omeprazole 20mg</td> <td style="text-align:center;">8:00pm</td> </tr> <tr> <td>Risperidone 1mg</td> <td style="text-align:center;">8:00am</td> </tr> <tr> <td>Risperidone 2mg</td> <td style="text-align:center;">8:00pm</td> </tr> </table> <p>The home did not notify the resident, the resident's designated person and the prescriber of the medication error.</p>	<u>Medication</u>	<u>Administration Time</u>	Aspirin 81mg	8:00am	Benzytropine 1mg	8:00am & 8:00pm	Omeprazole 20mg	8:00pm	Risperidone 1mg	8:00am	Risperidone 2mg	8:00pm	3/09/11	PCP made aware at time of inspection. Staff reminded to notify PCP if resident leaves facility without medication. Designated person will also be made aware. Med-tech/nurse are responsible for this during their daily MAR review. All Med Techs & Nurses were retrained to understand that PCP must be notified as well as the designated person no matter what reason the med is missed.	5/12/11 6.5
<u>Medication</u>	<u>Administration Time</u>															
Aspirin 81mg	8:00am															
Benzytropine 1mg	8:00am & 8:00pm															
Omeprazole 20mg	8:00pm															
Risperidone 1mg	8:00am															
Risperidone 2mg	8:00pm															

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 4-12-11
 Initials (DPMA): DCU

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
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SIGNATURE OF LEGAL ENTITY <i>Jean Brady</i>	DATE 3/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valera</i>	DATE 4-12-11

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												
187d The home shall follow the directions of the prescriber.	<p>Resident #3 was absent from the facility on 3/5/11 and did not receive the following medication as prescribed:</p> <table border="0"> <tr> <td><u>Medication</u></td> <td><u>Administration Time</u></td> </tr> <tr> <td>Aspirin 81mg</td> <td>8:00am</td> </tr> <tr> <td>Benztropine 1mg</td> <td>8:00am & 8:00pm</td> </tr> <tr> <td>Omeprazole 20mg</td> <td>8:00pm</td> </tr> <tr> <td>Risperidone 1mg</td> <td>8:00am</td> </tr> <tr> <td>Risperidone 2mg</td> <td>8:00pm</td> </tr> </table> <p>Repeated Violations: 01/14/2011 12/08/2010 07/22/2010</p>	<u>Medication</u>	<u>Administration Time</u>	Aspirin 81mg	8:00am	Benztropine 1mg	8:00am & 8:00pm	Omeprazole 20mg	8:00pm	Risperidone 1mg	8:00am	Risperidone 2mg	8:00pm	3/9/11	This violation is not applicable. Please refer to the other cited violation related to this incident (pages 1 and 6). In future, we will utilize Form # 8.	
<u>Medication</u>	<u>Administration Time</u>															
Aspirin 81mg	8:00am															
Benztropine 1mg	8:00am & 8:00pm															
Omeprazole 20mg	8:00pm															
Risperidone 1mg	8:00am															
Risperidone 2mg	8:00pm															
		4-12-11 Dev	<p>The administrator, co-administrator and the medication administrator will ensure that residents who leave or will be absent at a scheduled time by their medication administrator will be provided with their medications. This is to ensure that the resident(s) will have their medications available to them whenever they are off-site and not in the home.</p>													

Steps have been taken to correct violation; full compliance is not verifiable
Date 4-12-11
Initials (DPW) Dev

Dev 4-12-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205763	
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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
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 initial assessment in the record of resident #2 completed 2/5/2011 was incomplete. Preferences/Appropriateness of Service was left blank.	3/9/11	Updated assessment at time of inspection. Blank area was an oversight at time of completion and following review. Co-Adm. will type information in CAPITAL letters to defriente questions/ answers. Attachment 9 See updated assessment. All assessments will be reviewed by RCC & Co Adm.	<i>Dev</i> 4-12-11

RECEIVED

MAR 25 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing