



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 10, 2012

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 inspection on March 31, 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 Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Anne Graziano

Regional Licensing Administrator

Enclosure
Violation Report

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) 03/31/2011		REGIONAL REPRESENTATIVE Ryan Novak, Mary Ann Domanski	
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 Bready Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE <i>8/17/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grayson</i>	DATE <i>02-09-12</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
5a1 The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.	On 3/31/11, at 12:30pm, licensing Representative Ryan Novak requested Resident #1's record. Administrator A could not provide the record. Administrator A reports that the record has not been destroyed but the home could not locate the requested record. <i>The home will store and have access to resident records in order to present records upon request to ARL representatives while on-site.</i> <i>2-9-12</i>	<i>Noted on day of inspection</i>	5a1 - Please note that this finding is not a violation. The record requested was for a past resident, who resided at the Villa from 2/23/2004 to 3/6/2007. The Administrator correctly advised the inspector at the time that the record had not been destroyed, and she was unable to locate it at the time of the inspection. Old records are filed in the Villa's archives; since the requested records were over three years old, it took some time for the Human Resources Manager to confirm that the records had been forwarded to the Philadelphia law offices of White and Williams LLP. in October 2010. Continued	<i>Steps have been taken to correct violation. All compliance records reviewed.</i> <i>02-09-12</i> <i>ASD</i>

Jean Bready

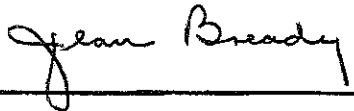

8/17/11

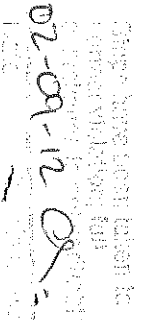
5a1 -- (continued)

The DPW inspector's office was advised of the location of the records, and the specific information regarding the related legal proceedings was also passed along to the DPW office, including the name of the attorney, [REDACTED]

The Villa Administrator and her staff have always welcomed the agents and inspectors of the DPW and for over ten years have cooperated fully with their requests. The Villa is committed to the daily, personal and proper care of its family of residents as well as the guardianship of their private records.

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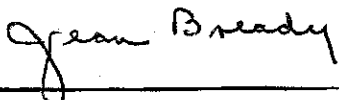

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #2 did not have a order for Tussin CF adult cough and cold. A bottle of Tussin CF was found in the medication cart in the main dining room with Resident # 2's name on it.	corrected on day of inspection ongoing	183d -- Resident #2 was admitted to the Villa on 02/22/2011. This over-the-counter cough and cold medication was provided by the resident's family in a bottle. Per the LMI Regulation Number 42y, the Villa specifies that the supplying/packaging of the medications be consistent with the existing multi-medication format. The family of this resident had been advised of this requirement; however, our med manager had not received the proper order to support its inclusion with [redacted] prescribed medications. The Villa med manager quickly coordinated the correction of this with the resident's physician and family. Continued	02-09-12 

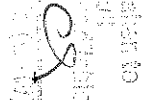
Jean Bready 8/17/11

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183d -- (continued) In order to insure proper compliance on-going, during cart audits, the med-tech will check for the name of the resident as well as the open date and expiration date on all bottles. This procedure will also be done by the Co-Administrator on a weekly basis during her audit. The Administrator is reviewing all medications to insure compliance to our multi-medication packaging format. Residents and their families will be re-covered on the importance of adhering to the facility's system. This uniformity in our medication supply and packaging will eliminate the complexity of working through different formats and greatly enhance the proper identification and labeling process.

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202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	Room # 242 contained a hospital bed with half length bed rails. The bed rails were located on each side of the bed and measured 32 inches long. The use of 2 half length bed rails is considered a mechanical restraint. <i>In the event that bed rails are ordered by a physician and used by the home, the Adm will ensure that all staff are properly trained in the use of and potential dangers posed by bed rails and 15 minuted check, to be documented in writing are kept by the home.</i>	Corrected on day of inspection & on going	202 - Please note that this finding is not a violation. The resident in Room 242 was prescribed a hospital bed by [redacted] physician, on 3-21-2011. The Bayada nurses assigned to [redacted] utilized one 32 inch bed rail on each side to support the resident's efforts to get in and out of bed. Upon discovery of the rails on 3-31-2011 by the inspection team, the Administrator instructed the maintenance department to remove the rails. They were removed while the inspection team was still on the premise. In order to insure on-going compliance to the DPW regulations, any future prescribed hospital bed will be required to be fully inspected by the Maintenance manager and the Medications Administration manager before the Administrator approves the final placement.	02-09-12 

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<p>compliance, is prohibited.</p> <p>(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.</p> <p>(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.</p> <p>(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or</p>				

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reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				