



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

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FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 7, 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 licensing inspection on May 3, 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,

A handwritten signature in black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Director

Enclosure
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 31917J	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011		REGIONAL REPRESENTATIVE McKinley Rouse, 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 5/26/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombardieri</i>	DATE 6/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	Resident #1's assessment, dated November 22, 2010, lists dementia as the diagnosis with risk of wandering. On April 19, 2011, the resident walked away from the facility and was found wandering along the road. The home was notified of the resident's elopement by a family member.	05/06/2011 and ongoing	<u>SHORT TERM GOAL:</u> Resident #1 was discharged to a Nursing Home 5/6/2011. <u>LONG TERM GOALS:</u> <ol style="list-style-type: none"> 1. The Administrator will continuously educate staff the importance and mandatory nature of reading and following the support plans of each resident. 2. The Administrator reemphasize to all staff as part of the training to assess and monitor on a daily basis any physical, mental and behavioral changes of each residents and the importance of immediate reporting of the changes to the Administrator. 3. The Administrator will continue training the staff to update support plans of any changes of resident's mentally, physically and behaviorally. 	<p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date <u>6/7/11</u> Initials (DPW) <u>CS</u></p>

FCH Division
Central Region Field Office

MAY 27 2011

RECEIVED

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 319174-	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011		REGIONAL REPRESENTATIVE McKinley Rouse, 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 5/26/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 6/7/11

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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/14/2011</td><td>04:05 PM</td><td>1min 28sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/18/2011</td><td>07:46 AM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/02/2011</td><td>01:06 AM</td><td>2min 21sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/03/2011</td><td>05:40 AM</td><td>3min 0sec</td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td>10/14/2010</td><td>10:15 AM</td><td>1min 51sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/18/2010</td><td>06:35 PM</td><td>1min 32sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/13/2010</td><td>03:10 PM</td><td>1min 41sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/14/2011	04:05 PM	1min 28sec	No	Feb	02/18/2011	07:46 AM	2min 20sec	No	Mar	03/02/2011	01:06 AM	2min 21sec	No	Apr	04/03/2011	05:40 AM	3min 0sec	No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct	10/14/2010	10:15 AM	1min 51sec	No	Nov	11/18/2010	06:35 PM	1min 32sec	No	Dec	12/13/2010	03:10 PM	1min 41sec	No	06/15/2011 and ongoing	CONTINUATION OF PREVIOUS PAGE... <u>LONG TERM GOALS:</u> <ol style="list-style-type: none"> 1. The Administrator will continue educating residents and employees individually and as a group (monthly meetings) the importance of responding immediately in the event of fire alarm. 2. The Administrator will assign additional staff to any shift needed when fire drill times are not met for more than 2 consecutive fire drills on that shift. 3. The Administrator will develop admission criteria and change of resident's status criteria to evaluate resident evacuation needs to assure residents can evacuate in 2.5 minutes. 	<i>Cont'd</i>
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