



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
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 22, 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 inspection on May 10, 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,


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) 05/10/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
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 R.N. Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Jean Bready</i>	DATE <i>8/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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 following incidents were not reported to the department within 24 hours: <ul style="list-style-type: none"> Incident occurred on 3/21/11 at 10:00pm – report faxed to department on 3/27/11 at 10:18am Incident occurred on 4/4/11 at 1:15pm – report faxed to department on 4/6/11 at 9:04am Incident occurred on 4/6/11 at 5:30am – report faxed to department on 4/8/11 at 10:43am <p>Repeated Violations: 07/22/2010 07/27/2010 08/04/2010</p>		<p>16C –</p> <p>Please note that this finding is not a repeat violation. The inspections footnoted with the dates of 7/22, 7/27 and 8/4/2010 were all legally appealed last year. The incident referred to was disputed and did not qualify as a reportable incident.</p> <p>The first incident cited here was on 3/25/2011- not 3/21/2011 as indicated in the violation citing. The resident went to the hospital on 3/25 and not admitted until the next day – 3/26. The incident report was forwarded to the DPW on 3/27, which was within 24 hours after the admission.</p> <p>Continued <i>* These are repeated violations - a licensing decision was appealed - not the violations.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>08-13-11</i></p> <p>Date _____ Initials (DPW) _____</p>

Joan Brady

8/13/11

16C -- (continued)

Due to technical difficulties with the Med Room facsimile machine, the incidents were transmitted but not received by the DPW. Both cases were resent the next day after the Administrator realized the transmittal error.

In order to avoid this in the future, the Co-Administrator will review the Reportable Incident Log daily to insure the initializing and finalizing of all reportable incidents.

Steps have been taken to correct violation, full compliance is not verifiable
08/13/11
Date Initials (DPW)

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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
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 for Resident # 1 dated 4/1/11 was not signed by the administrator or the designee of the home. Repeated Violations: 12/08/2010		25b - This was an oversight which was corrected by the Resident Care Coordinator at the time of the inspection. In order to insure the compliance of this regulation in the future, the Villa has instituted a three-way cross-verification of all resident agreements. The Administrator, the Resident Care Coordinator and the Accounting Manager are required to review and sign the agreements.	Steps have been taken to correct violation; full compliance is not verifiable Date 08/10-11 Initials (DPW)

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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 large commercial gas-dryer in the laundry room had an accumulation of lint in the lint trap.		<p>105g1 -</p> <p>The Villa is committed to all aspects of the fire safety regulations of the Pennsylvania DPW. Attached are copies of our Daily Laundry Dryers Lint Traps Inspection Log from March, April and May 2011 (Attachments A through C) that underscore the daily vigilance of the staff to clear the dryers of lint.</p> <p>The laundry is washed on the late shift, and the log is completed by the Shift supervisor. As you can see, the 5-09-2011 the late shift supervisor failed to inspect, clean and sign-off that she performed her job duty on the morning of 5-10-2011.</p> <p>Continued</p>	<p><i>[Signature]</i></p> <p>08-19-11</p>

Jylan Brandy

8/13/11

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105g1 (continued)

In order to insure that full compliance to the fire safety regulations is maintained, the Villa corrective action includes a daily inspection of the dryer lint traps by the Maintenance Manager in addition to the existing requirement by the Shift Supervisor. This new tracking log was initiated on 5-17-2011 (Attachment D). The Administrator will audit this compliance on an on-going basis.