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
FAX: (570) 963-3018

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 June 16, 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	CURRENT LICENSE NUMBER
THE VILLA ST. ELLIZABETH, 1201 MUSEUM ROAD READING, PA 19611	205763
INSPECTION DATES (Include all dates of the inspection) 06/16/2011	REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK, MARYANN DOMANSKI, L. PATTON

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

Jean L. Bready R.N. Administrator

SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Jean Bready RN	8/5/11		02-09-12

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	8/16/11 The following medications for Resident #9 were discontinued on 5/13/11 and were still present in the medication cart: ○ Simvastatin 20mg ○ Mirtzapine 15mg ○ Nameda 5 mg Discontinued meds must be returned to the pharmacy, properly destroyed or returned to dc residents or family. The Administrator or the resident health/wellness coordinator will continue to do weekly audits of the home's medication carts in order to ensure that discontinued, expired or R & non-residents are properly destroyed. Log sheets will be kept on file for dep. rep. reviews	Ad 02-09-12	unacceptable plan of correction. CQ 183f1 - ~~This finding does not qualify as a violation~~. The processing of the discontinued medications for Resident # 9 was conducted in accordance with the Policies & Procedures of the facility (see Attachment A – Medication – Section C – Para. 11 & 11a). This procedure has been discussed with surveyors during previous inspections and approved by them. When a medication is discontinued in the Villa's multi-medication packaging system, the med-tech is responsible for circling the discontinued medication throughout the resident's run. Due to reasons of security, logistics and cost, the discontinued medication is left in each sealed package throughout the run after the outside has been circled and noted "D/C" until such time as the next dosage. At that time the discontinued pill is disposed of per our Policies and Procedures.	2-8-12

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06/16/2011	GERALD DUMAS, RYAN NOVAK, MARYANN DOMANSKI, L. PATTON

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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184b If the OTC medications and CAM belong to the resident; they shall be identified with the resident's name.	6/16/11 Resident # 32 Senna tab 8.6mg take 1 tablet by mouth did not have the resident's name on the bottle. Repeated Violations: 12/08/2010		184b – This 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 overlooked the proper labeling of this bottle. In order to insure proper compliance on-going, during each cart audit at the end of each shift, 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 and it will be on-going. Additionally, the Administrator is reviewing all medications to insure compliance to our multi-medication packaging format. Where appropriate, residents and their families will be re-covered on the importance of cooperating with 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.	02-09-12 CC

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	6/16/11 Officers of the Bern Township police found medications for residents # 1 through 28 at staff person A's apartment including strips of pills dating between 5-12-11 and 6-2-11. When the Administrator was notified of this by the police, she did not immediately notify the residents and their families. The home will train and supervise med. trained staff regarding the proper protocal in administering and documenting the administration of medications. Staff training will be conducted, Staff will be required to attend and sign in. Sign in sheets will be retained for DPW-ARL review. CG.		188b – unacceptable plan of correction The Villa St. Elizabeth respectfully submits that this finding is unfounded and therefore not a violation of the Licensing Measurement Instrument. The facility and twenty-five of its residents were victimized by an act of criminal theft, which has been publicly documented in Docket No.: CR-0000202-11; Case No.: S 152842-4 – the Commonwealth of Pennsylvania versus [redacted] The Administrator acted in a timely and professional manner when advised of the criminal case of theft by the Bern Township police. The correct timeline of events is detailed below and supported by the attached audit (Attachment B) conducted by the Administrator and her staff. ○ 20110614 3:00PM Tuesday -- Initial notice from Office of Aging and Bern Township police ○ 20110615 11:00AM Wednesday -- Co-Administrator forwarded a Reportable Incident to the DPW. (Attachment C). continued.....	02-09-12 CG

Jean Brady RN 8/5/11

138b -- Continued .....

- 20110615 Wednesday -- All PCP's of the victimized residents were notified via on-site meetings, telephone conversations and facsimile messages.
- 20110615 Wednesday through 20110618 Saturday -- Administrators and management staff made initial notifications to all victimized residents and responsible parties, if applicable.
- 20110616 9:00AM Thursday -- Accounting Manager forwarded copy of medications to the pharmacy to be priced out for refunds to residents/responsible parties. (Attachment D)
- 20110616 9:30AM Thursday -- DPW surveyors conducted an inspection at the facility.
- 20110622 Wednesday -- All but three families / responsible parties confirmed covered. The exceptions were the result of delays due to hospital stays, family vacations, etc.
- 20110623 Thursday -- Credits forwarded to Accounting department for application to the resident funds of the victims of the crime of theft.

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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	6/16/11 The following MARS are not initialed as being administered: Resident # 1 dose of Zolpidem tab 5 mg. on 6/11/11 and 6/12/11 Resident # 11 5 p.m. dose of furosemide 20 mg. tablet, take 1 tab by mouth 2x daily, on 6/1/11. Resident #21 12 p.m. dose of Alprazolam .25 mg. tablet take 1 tab by mouth 3x daily on 6/9/11. The MARS for Resident # 30 does not have a diagnosis for the medication Citalopram 40 mg. take 1 tab by mouth daily. Repeated Violations: 07/22/2010 07/27/2011 08/04/2011		187a - Each Med-tech will go over the MARS to make sure their initials are signed off after each medication administered. This will be done after each med pass and on-going. As a new corrective action and policy for medication administration, before the end of each shift, each Med-tech will have her MARS books completely checked by the Co-Administrator or the designated senior shift supervisor. The Co-Administrator will continue to do a MAR review of all books bi-weekly for signatures, diagnosis, etc.	02-09-12

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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.				

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Joan Bready RN	8/5/11	Anne Thazia	2-09-12

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	6/16/11 The Medication Administration Record was marked by staff member A as given but the following medications were not administered: Resident #2 -Simvastatin Tab 20 mg at 8:00 p.m. on 5/30/11, 5/31/11, and 6/2/11 and Vitamin C Tab 500 mg at 5pm on 6/2/11. Resident #3 - Pravastatin Tab 20 mg at 8 p.m. on 5/29/11 and Mirtazapine Tab 15 mg at 8:00 p.m. on 5/29/11. Resident# 4 - ASA Low Dose Tab 81 mg EC at 9:00 a.m. on 5/12/11 and Vitamin E DL-ALP Cap 400 unit at 9:00a.m. on 5/12/11. Resident #5 - On 5/19/11 at 8:00 p.m., lorazepam 1 mg and Zyprexa 20 mg. Resident #6 - Simvastatin Tab 10 mg at 8:00 p.m. on 5/12/11 and 5/13/11. Resident #7 - Hydralazine Tab 25 mg at 8:00 p.m. on 5/12/11 and Omeprazole Cap 20 mg at 8:00p.m. on 5/12/11. Resident #8 - Acetaminophen Tab 500 mg on 5/12/11, 5/29/11, 5/30/11 and 5/31/11; ASA Low Dose Tab 81 mg EC at 8:00 a.m. on 5/12/11 and 5/29/11; Detrol LA Cap 2 mg at 5:00 p.m. on 5/30/11 and 5/31/11; Doneprezil HCL 10 mg 8:00 a.m. on 5/12/11 and 5/29/11; Enalapril Tab 5 mg	The home is responsible to ensure that medications are administered as ordered and properly documented after administration. The home will conduct mandatory staff training and retain documents for review by dept. reps. AS 2-9-12	unacceptable plan of correction. 187b -- This finding does not qualify as a violation by the facility. In concert with the local police authorities and the company attorney, it is asserted that the findings are the direct results of criminal activity. Due to the criminal acts of theft perpetrated by a med-tech, initials were recorded by the arrested criminal and the medications were then stolen by the med-tech instead of being administered to the appropriate residents. Regulation number 187b requires that the information relating to medication administration (specifically 187a13 and 187a14) be recorded. This information was in fact recorded in the MARs in conjunction with the myriad acts of theft of the medications. This could happen to any home and we feel there is little to do to safeguard against this type of employee deception. We did our due diligence regarding this employee with regard to several criminal background checks, training and supervision. This was a most unfortunate incident but unrecognizable if a resident does not complain.	2-09-12 CK

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Jean Breaudy RN	8/5/11		2-9-12

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1876	at 8:00 a.m. on 5/12/11 and 5/29/11; Namenda Tab 10 mg at 8:00 a.m. on 5/12/11 and 5/29/11 and Omeprazole Cap 20 mg at 8:00 a.m. on 5/12/11 and 5/29/11. **Resident #10** - On 5/12/11, Acetaminophen tab 500 mg, Furosemide Tab 20 mg, Klor Con M20 Tab 20 MEQ ER at 8:00 a.m., Metoprolol TAR Tab 25 mg, Namenda Tab 10 mg and Simvastatin Tab 20 mg. **Resident #11** - On 5/12/11, Donepezil HCL 5 mg at 8:00 p.m., Ropinirole Tab 2 mg at 8:00 p.m. and Tamsulosin Cap 0.4mg. On 5/29/11, Omeprazole 20 mg at 4:30 p.m., Furosemide Tab 20 mg at 5:00 p.m., Ferrex 150 Cap Forte at 4:00 p.m., Calcium 500mg at 5:00 p.m., Docusate SOD Cap 100mg at 5:00 p.m., Metoprolol TAR Tab 25mg at 5:00 p.m., Ocuvite Cap Adult. **Resident #12** -On 5/12/11 and 5/29/11, Levetiraceta Tab 25 mg at 5:00 p.m.; Calcium/D Tab 600-400 at 5:00 p.m.and Metoprol TAR Tab 50 mg. **Resident #13** - On 5/12/11 and 5/29/11 at 5:00 p.m. Vytorin Tab 10-20 mg **Resident #14** - On 5/29/11 at 5:00 p.m. Acetaminophen Tab 500 mg, Calcium/D Tab 600-400 and Omepra/Bicarb Cap 40-1100.			

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1876	Resident #15 - On 5/12/11 at 8:00 p.m., Benztropine Tab 1 mg and Seroquel Tab 400 mg. Resident #16 - on 5/12/11, 5/13/11 and 5/31/11, the 8:00 p.m. dose of Simvastatin 20 mg and Zyprexa Tab 10 mg. Resident #17 -On 5/12/11, Calcium Citrate. Resident #18 - Atenolol tab 25 mg, 8:00 a.m. dose on 5/28/11 and 5/29/11; Calcium 600 mg/D 400mg on 5/12/11, 5/28/11 and 5/31/11; Donepezil 10 mg at 8:00p.m. on 5/12/11, 5/30/11 and 5/31/11; Oxubutynin tab 5 mg 8:00 a.m. dose on 5/28/11; and Zyprexa Tab 10 mg at 8:00 p.m. on 5/12/11, 5/30/11 and 5/31/11. Resident #19 - On 5/29/11 at 8:00 p.m., Acetaminophen 325 mg and Donepezil HCL 10 mg. Resident #20 - On 5/27/11 at 8:00 a.m., Aspirin CHW 81 mg, Cilostazol 50mg, Citalopram 20 mg, Furosemide 40 mg, Klor-Con 20 mg, Metoprolol 25 mg, Namenda 10 mg, Pantoprazole 40 mg and Quinapril 20 mg, and Vitamin B12. On 5/27/11 at 12:00 p.m., Digoxin 0.125 mg. Resident #21 - On 5/29/11, Meclinzine 12.5 mg. Resident #22 - On 5/29/11, at 5:00 p.m., Gabapentin Cap 100mg.			

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187.b	The Medication Administration Record (MAR) was marked by staff member B as given but the following medications were not administered: Resident #25 - Oyst- Cal 500mg and Hydralazine 25mg at 8:00am and 12:00pm on 6/2/11. The MAR was marked by staff person C as given by the following medications were not administered: Resident #23 - Tylenol 500mg at 8:00am on 6/2/11 Resident #24- Furosemide 40mg and Meclazine 25mg at 8:00am on 5/30/11 Resident #26 - Ducasate 100mg and Diaphenhydram 25mg at 8:00 am on 5/30/11 The MAR was marked by staff person D as given but the following medication was not administered: Resident #23- Acetamenophin at 8:00pm on 6/2/11			

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Joan Brady	8/5/11	Anne Shapiro	2-9-12

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187d The home shall follow the directions of the prescriber.	The following residents did not receive the stated prescribed medications at the indicated times as ordered by the physician: **Resident #2** -Simvastatin Tab 20 mg at 8:00 p.m. on 5/30/11, 5/31/11, and 6/2/11 and Vitamin C Tab 500 mg at 5pm on 6/2/11. **Resident #3** - Pravastatin Tab 20 mg at 8 p.m. on 5/29/11 and Mirtazapine Tab 15 mg at 8:00 p.m. on 5/29/11. **Resident# 4** -ASA Low Dose Tab 81 mg EC at 9:00 a.m. on 5/12/11 and Vitamin E DL-ALP Cap 400 unit at 9:00a.m. on 5/12/11. **Resident #5** - On 5/19/11 at 8:00 p.m., lorazepam 1 mg and Zyprexa 20 mg. **Resident #6** - Simvastatin Tab 10 mg at 8:00 p.m. on 5/12/11 and 5/13/11. **Resident #7** - Hydralazine Tab 25 mg at 8:00 p.m. on 5/12/11 and Omeprazole Cap 20 mg at 8:00p.m. on 5/12/11. **Resident #8** - Acetaminophen Tab 500 mg on 5/12/11, 5/29/11, 5/30/11 and 5/31/11; ASA Low Dose Tab 81 mg EC at 8:00 a.m. on 5/12/11 and 5/29/11; Detrol LA Cap 2 mg at 5:00 p.m. on 5/30/11 and 5/31/11; Doneprezil HCL 10 mg 8:00 a.m. on 5/12/11 and 5/29/11; Enalapril Tab 5 mg		The Administrator and designee (s) will Continue to do med Adm. record and med cart reviews on a weekly basis to ensure compliance w/ prescriber orders. Tracking sheets and compliance tools will Continue to be used by the home to ensure compliance. QS 2-9-12	

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Jean Brendy RN	8/5/11		2-9-12

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
187 d	at 8:00 a.m. on 5/12/11 and 5/29/11; Namenda Tab 10 mg at 8:00 a.m. on 5/12/11 and 5/29/11 and Omeprazole Cap 20 mg at 8:00 a.m. on 5/12/11 and 5/29/11. **Resident #10** - On 5/12/11, Acetaminophen tab 500 mg, Furosemide Tab 20 mg, Klor Con M20 Tab 20 MEQ ER at 8:00 a.m., Metoprolol TAR Tab 25 mg, Namenda Tab 10 mg and Simvastatin Tab 20 mg. **Resident #** 11 - On 5/12/11, Donepezil HCL 5 mg at 8:00 p.m., Ropinirole Tab 2 mg at 8:00 p.m. and Tamsulosin Cap 0.4mg. On 5/29/11, Omeprazole 20 mg at 4:30 p.m., Furosemide Tab 20 mg at 5:00 p.m., Ferrex 150 Cap Forte at 4:00 p.m., Calcium 500mg at 5:00 p.m., Docusate SOD Cap 100mg at 5:00 p.m., Metoprolol TAR Tab 25mg at 5:00 p.m., Ocuvite Cap Adult. **Resident #12** - On 5/12/11 and 5/29/11, Levetiraceta Tab 25 mg at 5:00 p.m.; Calcium/D Tab 600-400 at 5:00 p.m.and Metoprol TAR Tab 50 mg. **Resident #13** - On 5/12/11 and 5/29/11 at 5:00 p.m. Vytorin Tab 10-20 mg **Resident #14** - On 5/29/11 at 5:00 p.m. Acetaminophen Tab 500 mg, Calcium/D Tab 600-400 and Omepra/Bicarb Cap 40-1100.			

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
THE VILLA ST. ELLIZABETH, 1201 MUSEUM ROAD READING, PA 19611	205763
INSPECTION DATES (Include all dates of the inspection) 06/16/2011	REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK, MARYANN DOMANSKI, L. PATTON
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 Joan Bready RN	DATE 8/5/11
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 02-05-12

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	**Resident #15** - On 5/12/11 at 8:00 p.m., Benztropine Tab 1 mg and Seroquel Tab 400 mg. **Resident #16** - on 5/12/11, 5/13/11 and 5/31/11, the 8:00 p.m. dose of Simvastatin 20 mg and Zyprexa Tab 10 mg. **Resident #17** - On 5/12/11, Calcium Citrate. **Resident #18** - Atenolol tab 25 mg, 8:00 a.m. dose on 5/28/11 and 5/29/11; Calcium 600 mg/D 400mg on 5/12/11, 5/28/11 and 5/31/11; Donepezil 10 mg at 8:00p.m. on 5/12/11, 5/30/11 and 5/31/11; Oxubutynin tab 5 mg 8:00 a.m. dose on 5/28/11; and Zyprexa Tab 10 mg at 8:00 p.m. on 5/12/11, 5/30/11 and 5/31/11. **Resident #19** - On 5/29/11 at 8:00 p.m., Acetaminophen 325 mg and Donepezil HCL 10 mg. **Resident #20** - On 5/27/11 at 8:00 a.m., Aspirin CHW 81 mg, Cilostazol 50mg, Citalopram 20 mg, Furosemide 40 mg, Klor-Con 20 mg, Metoprolol 25 mg, Namenda 10 mg, Pantoprazole 40 mg and Quinapril 20 mg. and Vitamin B12. On 5/27/11 at 12:00 p.m., Digoxin 0.125 mg. **Resident #21** - On 5/29/11, Meclinzine 12.5 mg. **Resident #22** - On 5/29/11, at 5:00 p.m., Gabapentin Cap 100mg. **Resident #23** - Tylenol 500mg at 8:00am and			

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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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Jean Brady	8/5/11	Anne E Kozich	2-9-12

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
182	8:00pm on 6/2/11 Resident #24 - Furosemide 40mg and Meclazine 25mg at 8:00am on 5/30/11 Resident #25 - Calcium Oyst- Cal 500mg and Hydralazine 25mg at 8:00am and 12:00pm on 6/2/11. Resident #26 - Ducasate 100mg and Diaphenhydram 25mg at 8:00 am on 5/30/11 Repeated Violations: 07/22/2010 09/09/2010 12/08/2010			