

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST ANNE HOME INC

LEGAL ENTITY

To operate VILLA ANGELA AT ST. ANNE HOME

NAME OF FACILITY OR AGENCY

Located at 685 ANGELA DRIVE, GREENSBURG, PA 15601

(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 54
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 February 5, 2013 until February 5, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428040

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



FEB 0 5 2013

Mr. Jeffrey S. Long, President/CEO
St. Anne Home, Inc.
Villa Angela at St. Anne Home
685 Angela Drive
Greensburg, Pennsylvania 15601

Dear Mr. Long:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 2, 2012 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 Human Services 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 "Ronald Melusky", with a horizontal line extending to the right and a vertical line extending downwards from the end of the horizontal line.

Ronald Melusky
Director



Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

RECEIVED

JAN 4 2013

Western Field Office
 Adult Residential Licensing

PCH Name: VILLA ANGELA AT ST ANNE HOME		License Number: 428040
Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Jennie Long		Region: WEST
Legal Entity Name: ST ANNE HOME INC		
Legal Entity Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		
Certificate(s) of Occupancy 1-2 12/01/2010 City of Greensburg		
Staffing Hours Resident Support: 44		Total Daily Staff: 96 Waking Staff: 72
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/02/2012: Gearhard, Nancy; Goedert, Caroline		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 54 Number of Residents Served: 44 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 42804 - 10/02/2012 - Gearhard, Nancy
PCH Name: VILLA ANGELA AT ST ANNE HOME

JAN 4 2013

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
At 10:30 am, there were towels on the floor and a wooden cupboard door within 3 feet of the domestic water heater in the maintenance room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Exhibit #1

Exhibit #1 A

See home's attached plan of correction

See attachment A page 24 of 6

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennie R. Long Director Date 1/3/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/11/13
(Date)

The above plan of correction was approved by MS
(Initials)

Plan of correction implementation status as of 1/11/13
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress MS
 Partially Implemented - Inadequate Progress
 Not Implemented

JAN 4 2013

Exhibit # 1

Western Field Office
Adult Residential Licensing

Regulation §2600.125 (a) (Page 2 of 6)

- The towels and the cupboard door were removed from the areas indicated by noon the day of the inspection. Director of Plant operations was made aware of the concern.
- All maintenance staff were educated regarding regulation §2600.125 (a).
- Signage has been posted that the room is not to be used as a storage area.
- The safety committee's monthly safety audits will include the visual check of the Mechanical room (see attachment Exhibit #1a). Any findings will be reported to the Safety anager and the Villa Angela Director and will be corrected immediately by the person completing the audit.

MARIA STEPANOVICH (ms) 1/11/13
Regional Licensing Approval of Plan of Correction
maria stepanovich



Jennie R. Long Director 1/3/13

Violation Report: 42804 - 10/02/2012 - Gearhard, Nancy
PCH Name: VILLA ANGELA AT ST ANNE HOME

JAN 4 2013

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Two fire extinguishers, one by the laundry room on the terrace level and one in the kitchenette area on the garden level, have not been inspected by a fire safety expert since June 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Exhibit 2
- Exhibit 2, A
- Exhibit 2 B

See home's attached plan of correction

See attachment B page 3A of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Jennie R. Long Director

Date 1/3/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/1/13
(Date)

Plan of correction implementation status as of 1/11/13
(Date)

The above plan of correction was approved by MS
(Initials)

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JAN 4 2013

Exhibit # 2

Western Field Office
Adult Residential Licensing

Regulation §2600.131 (f) (Page 3 of 6)

- The Director of Plant Operations was notified of the tags on the Fire Extinguishers. He notified ABCo Fire Protection Company (150 Wilson Ave, Greensburg, PA 15601 724-834-3665) that the Extinguishers need inspected and new labels placed on them.
- The Safety committee was educated about the importance of checking the fire extinguishers during their monthly audits at the Nov. 2012 Safety committee meeting by the Safety Officer.
- The safety committee will audit the Villa Angela fire extinguishers on a monthly basis to ensure that they are within compliance for the dates and that the extinguishers are fully charged (see attachment Exhibit #2a). The Audits will be reviewed at the Monthly Safety meetings.
- Maintenance will check the fire extinguishers on a monthly basis and sign off that they have inspected each fire extinguisher in the facility (see attachment Exhibit #2b).

MARLA STEPANOVICH (ms) 1/13/13
Regional Licensing Approval of Plan & Correction
marla stepanovich


Jennie R. Long Director 1/3/13

JAN 4 2013

Violation Report: 42804 - 10/02/2012 - Gearhard, Nancy
PCH Name: VILLAANGELAAT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION :

Resident #1's current medical evaluation was completed on 8/23/12; however, the resident's prior medical evaluation was completed on 7/25/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Exhibit # 3

See home's attached plan of correction

See attachment C page 4A of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Jennie R. Long Director

Date 1/3/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/11/13
(Date)

Plan of correction implementation status as of 1/11/13
(Date)

The above plan of correction was approved by MS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

JAN 4 2013

Western Field Office
Adult Residential Licensing

Exhibit # 3

Regulation §2600.141 (b)(1) (Page 4 of 6)

- If residents chose to use an outside physician, we will notify the Resident/family member within 8 weeks of the Anniversary date of the last medical evaluation in writing, that they are required to schedule the annual medical evaluation. If the resident or family member has not notified us of an appointment date within 4 weeks of the anniversary date, staff will place a phone call to the family member or talk to the resident in person to remind them of the need of an appointment.
- Write and institute a policy indicating that if the resident or family member is not able to schedule the annual evaluation with the resident's primary care physician, within the necessary time frame, the staff will schedule an appointment with the House physician, at the resident's expense, to have the annual evaluation completed. This policy is not to infringe on the resident's right to choose a physician for care, but to ensure that the facility remains compliant with the state regulations (to be completed by 1/21/2013).
- Complete a mailing to the residents and family members to inform them of the new policy regarding the annual medical evaluations (to be completed by 1/31/2013).
- Residents' charts will be reviewed to make a complete list of when physicals were last completed. This will establish the schedule for the annual physicals. (to be completed by 1/7/2013)

MARIA STEPANOVICH (MS) 1/11/13
Regional Licensing Approval of Plan & Correction
maria stepanovich



Jennie K. Long Director 1/3/13

Violation Report: 42804 - 10/02/2012 - Gearhard, Nancy
PCH Name: VILLA ANGELA AT ST ANNE HOME

JAN 4 2013

1. REGULATION 55 Pa.Code §2600
2600.224(c) - The preadmission screening shall be completed by the administrator or designee, Western Field Office Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
Resident #2's preadmission screening form, dated 2/17/11, does not include the signature of the person completing the form.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Exhibit # 4
- Exhibit # 4 A
- Exhibit # 4 B

See home's attached plan of correction

See attachment > page 5A of 6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>J Long</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jennie R. Long</i>	<i>1-3-13</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/11/13
(Date)

The above plan of correction was approved by ms
(Initials)

Plan of correction implementation status as of 1/11/13
(Date)

- Fully Implemented *ms*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JAN 4 2013


Exhibit # 4

Western Field Office
Adult Residential Licensing

Regulation §2600.224 (c) (Page 5 of 6)

- Resident #2's pre-admission screen was signed and dated for 10/3/2012 by the staff member that completed it originally (see attachment Exhibit #4a).
- In order to prevent this from happening again, the pre-admission screen signature will be added to the monthly QA audit form. New admission charts will be audited to ensure that the Pre-admission screen is completed and signed. If there is no signature found, the staff member who completed the form will be notified the next shift they are scheduled. The form will be dated and signed for the current date. This audit is reviewed at the quarterly QA meetings (see attachment Exhibit #4b area highlighted).

MARIA STEPANOVICH (MS) 1/15/13
Regional Licensing Approval of Plan of Correction
maria stepanovich


Jennie R. Long Director 1/15/13

JAN 4 2013

Violation Report: 42804 - 10/02/2012 - Gearhard, Nancy
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION
Resident #2 participated in the development of his/her support plan, dated 1/30/12; however, the resident did not sign the support plan.

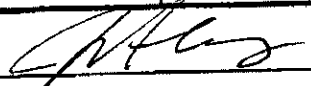
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Exhibit # 5
- Exhibit # 5 A
- Exhibit # 5 B

See home's attached plan of correction

See attachment E page 6A of 6

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/30/2011

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennie R. Long Date 1-3-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/11/13
(Date)

The above plan of correction was approved by MS
(Initials)

Plan of correction implementation status as of 1/11/13
(Date)

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JAN 4 2013

Western Field Office
Adult Probation and Parole Unit

Exhibit # 5

Regulation §2600.227 (g) (Page 6 of 6)

- The resident's family member did have their signature in place the day the paperwork was originally reviewed.
- Resident #2's Resident Assessment Support Plan (RASP) was reviewed by the Resident Care Coordinator with the resident again. The Resident signed and dated for 10/3/2012(see attachment Exhibit #5a).
- We are going to assign 1 person to be responsible for completing the RASPs. This will allow for continuity. (by February 1, 2013)
- In order to prevent this from happening again, the RASP "participant signature" will be added to the monthly QA audit form. New admission charts and any resident that had an annual RASP completed during the previous month will be audited to ensure that the RASP is completed and signed. If there is no Resident signature found on the RASP and none of the boxes are marked to indicate a reason why, the staff member who completed the RASP will be notified the next shift they are scheduled. The RASP will be reviewed by the staff member with the resident and then dated and signed for the current date. This audit is reviewed at the quarterly QA meetings (see attachment Exhibit #5b area highlighted). The daylight nurses who are not assigned to complete the RASPs, but are familiar with the forms will be completing the audits. They are more knowledgeable of what to look for when completing the audit (ongoing).

MARIA STEPANOVICH (MS) 1/11/13
Regional Licensing Approval of Plau of Correction
Maria Stepanovich


Jennice R. Long

Director 1/3/13