

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVERGREEN ELDER CARE INC

LEGAL ENTITY

To operate THE VILLA ST. ELIZABETH

NAME OF FACILITY OR AGENCY

Located at 1201 MUSEUM ROAD, READING, PA 19611

(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 92
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 May 7, 2013 until November 7, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205761

Robert E. Robinson

ISSUING OFFICER

LC 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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAY 08 2013

Ms. Jean Bready, RN, Owner/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 (Department) licensing inspection on November 7, 2012, February 19, 2013 and March 12, 2013, of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #205760 dated May 24, 2013 to May 24, 2014 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
25c2	III	77	\$3	\$231	15 calendar days from mailing date of this letter
187b	III	77	\$3	\$231	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

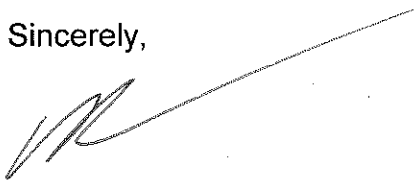
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home did not have written receipts that included resident #1's signature, the day of the withdrawals, or the time of withdrawals from May 2010 through February 2012. Staff person A, who is the Operations Manager, stated the home received \$14,000 from the resident in April 2010 as partial pre-payments for future rent and that the home did not have resident #1 sign out for these disbursements. Also, there were \$75 payments in July 2010, July 2011, and June 2012 which were not signed out for by the resident, or include the day and time of these withdrawals.

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.

There is NO VIOLATION of the cited Regulation 55 Pa.Code } 2600.20(b)(3) -

"The home shall obtain a written receipt from the resident for cash disbursements at the time of the disbursement."

Resident #1 is a private-pay resident, who is of sound mind per her latest Medical Evaluation and further underscored by her current Assessment and Support Plans on file. On April 10, 2010, resident #1 executed the Adult Residential Licensing - Personal Care Homes Resident Home Contract - 55.PA.CODE 2600.25 with the Villa St. Elizabeth Personal care Home (see ATTACHMENT A). Resident #1 negotiated the terms of her resident contract, including the fiduciary matters of room rate, suite selection, initial payment amount and whether she wished the Villa management to assist her in her financial affairs. Resident #1 signed the home contract as the Payer and Responsible Party on April 10, 2010. Because resident #1 declined the Villa's assistance with her financial affairs, a resident fund was NEVER established for her. At the time of the signing of the home contract, the resident directly paid \$14,000 to the Villa, which was an integral part of the financial transaction of executing the contract. Resultantly, no cash disbursements were applicable.

With reference to the DESCRIPTION OF VIOLATION above, it is also important to note that Staff Person A was not present on the day of the inspection and did not state to the inspector that the \$14,000 was a partial pre-payment for future rent.

The annual summer \$75 charges to resident #1 were for the extra charges for seasonal air conditioning for the summer seasons of 2010, 2011 and 2012. The resident was covered about this extra charge at the time she signed her home contract. This extra charge is clearly denoted within the contract (please refer again to ATTACHMENT A - ADDENDUM 1). In fact, the appropriate seasonal charge for air conditioning for resident #1's contact can easily be seen to be \$150 for each season, and the Villa only charged her \$75 each time. Again, it is important to note, that there was no resident fund to withdraw these air conditioning charges, since there was no resident fund required for this resident. Each summer, the \$75 charges were billed to resident #1 and included in the associated electronic funds transfer as authorized by the resident on February, 4, 2010 (see ATTACHMENT B).

Although this finding was not a violation, the on-going efforts of the company will continue to be compliant in every way associated with this regulation. The company's continuous, positive action plan will be to:

1. Conduct monthly audits by the accounting manager on all resident accounts;
2. Streamline the cash disbursements procedures for the residents;
3. Adapt an easier accounting system to track the use of ancillary services;
4. Audit all accounts quarterly by the Administrator.

At time of admission was not correctly documented. In future, complete and correct documentation will prevent a

violation being cited.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Bready*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEAN Bready - owner / Adm.* Date *12/10/12*

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

The above plan of correction is approved as of 1-8-13 (Date)

Plan of correction implementation status as of 1-8-13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *ERROR*
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

2a. DESCRIPTION OF VIOLATION
 The home received a total rent rebate in the amount of \$650 for resident #3 which was deposited into the home's "General Account" on July 2, 2012. Review of resident #3's financial record indicated the home did not deposit the resident's portion of the rent rebate (\$325) into resident #3's account.

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.

The Villa management completely understands the requirement of Regulation 55 Pa.Code § 2600.20(b)(5) - "Commingling of resident funds and home funds is prohibited." In this case, the rent rebate check was received, the accounting manager failed to properly credit the 50% portion of the rent rebate (\$325) to the resident's account.

- The following corrective action plan has already been initiated:
1. the proper credit of 50% of the rent rebate (\$325) was credited to resident #3's account on 11-22-2012;
 2. a complete audit of all the rent rebates processed over the past year has been completed to insure compliance;
 3. the annual rent rebate assistance program has been transferred solely to the accounting department effective December 1, 2012. This will keep complete accountability within one department's area of responsibility;
 4. quarterly reviews will be conducted by the accounting manager and Administrator to insure on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready owner / Adm* Date *12/10/12*

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

The above plan of correction is approved as of <u>12-13-12</u> (Date)	Plan of correction implementation status as of <u>12/3/12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ERROR</i> <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>[Signature]</i> <input type="checkbox"/> Not Implemented

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

In April 2010, resident #1 gave the home \$14,000 which was to be used towards future rent payments. \$1000 increments were to be used on a monthly basis towards resident #1's rent. The home did not offer resident #1 an interest-bearing account during the time the home managed these funds and the resident's balance exceeded \$200 a month for more than two consecutive months.

Review of resident #2's financial record indicated the home managed funds that exceeded \$200 between March 7, 2012 and June 30, 2012. There was no documentation indicating if the home offered resident #2 an interest-bearing account in May 2012 or June 2012.

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.

The company is completely committed to the REGULATION 55 Pa.Code §2600.20(b)(6)-

"If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits."

The inspector cited two occurrences of this violation – resident #1 and resident #2. The investigation and explanation for each citing is provided below:

Resident #1 -- NO VIOLATION of the cited above Regulation existed for this resident. As it has been explained on Page 3 of this report, the home never held funds for resident #1. Thus, a resident fund was never applicable.

Resident #2 – This resident has been a member of the Villa family since March of 1996. Our accounting personnel have assisted her and her sister with her resident funds during all that time and continues to do so. The sister and family have always closely coordinated resident #2's funds and her withdrawals for purchases for the resident. Although the interest-bearing account offering has been made regularly over the years, there was no documentation on record at the time of the inspection on 11-07-2012.

The following corrective action plan has already been initiated:

1. a complete audit of all the resident fund accounts has been completed as of 11-21-2012 to insure compliance;
2. a monthly audit of the balances will be conducted by the accounting manager to disclose any resident fund accounts over \$200 for two consecutive months. The resident will then be notified by the Administrator and it will be documented as to the resident's wishes regarding establishing an interest-bearing account at the bank;
3. quarterly reviews will be conducted and documented by the accounting manager and Administrator to insure on-going compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jean Bready

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

JEAN Bready owner / Adm.

Date

12/10/12

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

The above plan of correction is approved as of

~~12-13-12~~
 (Date)
 4-29-13

Plan of correction implementation status as of ~~12-13-12~~
 (Date)
 4-29-13

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress **ERROR**
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The home has not provided resident #1, or resident #1's designated person, quarterly itemized accounts of financial transactions made on the resident's behalf while the resident has been a resident of the home. The home has managed funds for resident #1 since April 2010.

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.

There is **NO VIOLATION** of the cited Regulation 55 Pa.Code } 2600.20(b)(8) -
"The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis."

The inspector cited the home for not providing resident #1 with quarterly itemized accounts of financial transactions made on the resident's behalf.

NO VIOLATION of the cited above Regulation existed for this resident. As it has been explained on Pages 3 and 4 of this report, the home never held funds nor managed funds for resident #1. Thus, a resident fund was never applicable.

To insure on-going compliance of this regulation, the company will:

1. Conduct monthly audits by the accounting manager on all resident accounts;
2. Have the accounting manager provide a positive report to the Administrator on all managed accounts;
3. Audit all accounts quarterly by the accounting manager and Administrator.

The information provided at the time of inspection warrants this regulatory violation. Subsequently the home submitted additional information with their plan of correction that leads the home into compliance. In the future, initial deposits are to be noted and subsequent monthly deductions and payments noted clearly on the resident's monthly account statement.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEAN Bready owner / Adm.</i>	Date <i>12 / 10 / 12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-9-13</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>1-9-13</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contract of resident #1 did not include the resident's current monthly room charge of \$2,472. The rate changed in December 2010, as noted on the financial attachment to the August 22, 2012 letter provided to the resident by the home. The contract initially signed on January 4, 2010, indicates a monthly room rate of \$2,400. Review of the resident's record, completed with staff person B, who is the Administrator, and the Department Representative, did not include any addendums indicating this rate change.

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.

There is NO VIOLATION of the cited Regulation 55 Pa.Code § 2600.25(c)(2)-

"The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services."

Specifically, the contract signed by resident #1 (see ATTACHMENT A - ADDENDUM 1) DOES have a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services. Therefore, there is NO VIOLATION of the cited regulation.

The description of the violation provided by the inspector referred to the \$72 charge applied in December 2010. This \$72 stipend was not an additional fee for services rendered; instead, it was the 3% Cost of Living Adjustment (COLA) applied to the resident's rent December 2010. A copy of the 30 day notification letter to the resident dated October 25, 2010 is attached (see ATTACHMENT C). Since the contract clearly states a 30-day advance notice will be given for any change in rate, this requirement was fulfilled. Again, NO VIOLATION is applicable.

To insure on-going compliance of this regulation, the company will:

1. Continue to cover new admissions with the established fee schedule;
2. Have the accounting manager audit all contracts at the time of the medical evaluation updates;
3. Continue to provide the required 30 day notices of COLA rent increases, etc.;
4. Have the Administrator insure the accuracy of all the contract items concurrent with the annual medical evaluations and RASP updates.

The documents provided at time of inspection different from documents provided at time plan of correction was submitted. Violation stands. In the future, the home

shall have record keeping that matches the fee schedule and the invoices and receipts provided to residents.

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

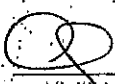
Signature of Legal Entity Representative (Required on EVERY Page) *Jean Bready*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jean Bready owner / Adm.* Date *12/18/12*

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

The above plan of correction is approved as of 1-9-13 (Date)

Plan of correction implementation status as of 1-9-13 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION

The home did not complete the 2011 rent rebate applications for eligible resident #s 4 and 5, who were admitted to the home on 6/11/10 and 8/6/11, respectively.

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.

There is **NO VIOLATION** of the cited Regulation 55 Pa.Code } 2600.25(d)-

"A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork."

The inspector described the violation as the home did not complete the 2011 rent rebate applications for eligible resident #s 4 and 5, who were admitted to the home on 6/11/10 and 8/6/11, respectively.

The deadline for 2011 rent rebates was extended to 12-31-2012 by the State of Pennsylvania Department of Revenue in June 2012. Please refer to the attached notices of the rent rebate deadline extension from the state (see ATTACHMENTS D). The rent rebates for residents #4 and #5 were completed and submitted on the same day as the inspection (see ATTACHMENT E). Again, **NO VIOLATION** is applicable.

To insure on-going compliance of this regulation, the company will insure that:

1. the annual rent rebate assistance program has been transferred solely to the accounting department effective December 1, 2012. This will keep complete accountability within one department's area of responsibility;
2. quarterly reviews will be conducted by the accounting manager and Administrator to insure on-going compliance.

*Violation withdrawn
 Rent rebates are issued for the prior calendar year
 Anne Graziano
 1-9-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready owner Adm.* Date *12/10/12*

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

The above plan of correction is approved as of <u>4-29-13</u> (Date) WITHDRAWN	Plan of correction implementation status as of <u>4-29-13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 10/9/12 at approximately 4:30pm, resident #s 6 and 7 were sitting at the same table in the main dining room waiting to receive their medication. When resident #6 got up from the table, resident #7 stated, "Y:u're moving too slow," to which resident #6 responded, "No I'm not," and put his/her hand in front of the face of resident #7. Resident #7 pushed the resident's hand away resulting in the resident falling. Resident #6's right hip was fractured as a result of the fall.

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.

There is **NO VIOLATION** to be charged to the Villa for **REGULATION 55 Pa.Code §2600.42(b)**-

"A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way."

This was solely an incident between two residents that happened in a spontaneous moment, as evidenced by the DESCRIPTION section. It is important to note that this incident was properly self-reported to the DPW by the Villa Administrator. She filed an incident report with the DPW when this confrontation between two residents occurred on October 19, 2012. The Villa was not at fault for the event. This citing by the inspector was a follow-up to confirm the specifics of the incident. Additionally, the inspector wanted to confirm that all the follow-up and corrective actions taken by the Villa were in compliance with the DPW.

The inspector confirmed in the exit interview that this was an incident between two residents only. Furthermore, the inspector confirmed that all the actions taken by the staff of the Villa were proper with respect to separating the residents, reporting the incident, requesting the assistance of the Office of the Aging, and moving the residents to separate living areas and separate dining rooms. The inspector told the Administrator that this was not a violation against the Villa.

The Villa management and staff will continue to provide a friendly, caring environment for its residents by following its on-going personal care program.

This violation remains. It is the home's licensed responsibility to maintain the health & safety of all residents. When one resident injured another the home is responsible. The inspector gathered the pertinent information during the inspection and correctly cited the violation. The home will continue to train all staff in care of dependent adults, meeting resident needs, positive interventions between residents and conflict resolution w/ Berks County AAA ombudsman

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jean Brady

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

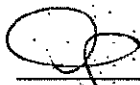
JEAN BRADY owner / Adm.

Date *12/10/12*

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

The above plan of correction is approved as of 1-9-13
 (Date)

Plan of correction implementation status as of 1-9-13
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20576 - 11/07/2012 - Bloch, Betty
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 11/7/12, the home's chair lift was inoperable.

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.

There is NO VIOLATION of the cited Regulation 55 Pa.Code } 2600.95-
 "Furniture and equipment must be in good repair, clean and free of hazards."

Please note that all the operating equipment and furniture throughout the Villa is in good repair, clean and free of hazards as required in the above-mentioned regulation.

The chair lift cited by the inspector had been taken out of service over nine months ago. It has been ready to be removed since February 2012. The complete removal has been delayed by the general contractor, who will be required to fill-in the anchor holes and replace the grips on the steps. With the lift in place, it is a perfectly safe stairway. We were instructed by the contractor to leave the lift in place until he scheduled the stairway refurbishment. Due to the back orders of the no-slip step liners and the custom-made handrails, the complete renovation is projected to be completed in January 2013.

It is important to note that on several occasions in 2011, the DPW staff recommended that the company not allow residents to walk through the kitchen due to safety concerns. The company adopted this recommendation of the DPW, and it restricted the kitchen area to authorized persons only. Since the chair lift only led to the kitchen area, it was decided to remove it. The residents still have complete access to the entire Villa. The RCG reads in the DISCUSSION paragraph of the regulation: "This requirement applies only to furniture and equipment accessible to residents." Since the chair lift had been taken out of commission over nine months ago and was not a hazard to anyone, NO VIOLATION exists.

*Inspector confirmed that residents were not inconvenienced by this issue. Violation is withdrawn
 withdrawn Anne Graziano
 1-9-13*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Brady*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN BRADY owner / Adm.* Date *12/10/12*

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

The above plan of correction is approved as of _____ (Date)

WITHDRAWN

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

Plan of correction implementation status as of _____ (Date)

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

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE VILLA ST ELIZABETH		License Number: 205750
Address: 1201 MUSEUM ROAD, READING, PA 19611		County: Berks
Administrator: Denise Casaba and Jean Brady		Region: NORTHEAST
Legal Entity Name: EVERGREEN ELDER CARE INC		
Legal Entity Address: 1201 MUSEUM ROAD, READING, PA 19611		
Certificate(s) of Occupancy C-1 04/20/1992 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 77 Working Staff: 58		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/19/2013: Patton, Leslie; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable 02/25/2013: Patton, Leslie		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 92 Number of Residents Served: 77 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 73 Have Mental Illness: 31 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

JB

Violation Report: 20576 - 02/19/2013 - Patton, Leslie
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

At approximately 10:45am on 2/19/13, licensing representatives requested the financial records of residents #1- #3. The requested records for resident #1 were not provided until 1:30pm and the records for resident #2 were not provided until approximately 1:45pm. The requested financial records for resident #3 were never provided during the on-site visit conducted on 2/19/13.

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.

In compliance with Regulation 2600.5(a)(1), the facility has always complied with the availability of resident records during an inspection. For thirteen years, it has had all the items readily available as specified in Regulation 2600.252 – CONTENTS OF RESIDENT RECORDS. As noted in this regulation, there is only one reference to "financial records" and that is ITEM 20:

(20) *The financial records of residents receiving assistance with financial management.*

This item refers to the resident fund records that are kept for residents. Since the accounting summaries of monthly rental invoicing and payments are not itemized in Regulation 2600.252, the management team respectfully submits that this item be added to the Regulation 2600.52 – Contents of Resident Records of the RCG.

When management was requested to produce these records by the inspectors, the accounting staff worked as fast they could to collect them. The reason for the delay in the provision of this accounting information was detailed in an e-mail transmission from Jean Bready, Administrator and Owner, to Anne Graziano, Regional Licensing Administrator, on February 20, 2013, the day after the inspection (see Attachment A – modified for resident privacy concerns). This written correspondence echoed the same explanations given to the inspectors the previous day. For future clarification, it is requested by the facility management team that the DPW include the accounting summaries of monthly rental invoicing and payments as an item in Regulation 2600.252.

Plan of Correction:

1. The facility understands the importance and is committed to the complete compliance of this regulation, which demands the immediate access to the facility, the residents and records for agents of the DPW.
2. The regulation was cited by the inspectors due to the delay in producing the accounting summaries of monthly rental invoicing and payments of the residents.
3. The cause of the citing was the inability of the accounting office to provide in a timely manner the accounting summaries of monthly rental invoicing and payments of the residents to the inspectors. The reasons for the delay are detailed in the attached letter from the administrator.
4. The necessary action to fix the citing right away was to have the accounting manager update the accounting records from the old records and damaged computer files to a current readily-available accounting system.
5. In order to be in compliance in the future, the accounting manager is required to update the billing and payment files monthly and maintain the proper back-up systems – both computer and paper journals.
6. The administrator and accounting manager will be responsible for preventing future violation through specific monthly audits of the accounting summaries of monthly rental invoicing and payments.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Jean Bready R.N.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEAN BREADY, R.N., ADM/OWNER* Date *4/26/13*

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

The above plan of correction is approved as of 4-29-13
 (Date)

Plan of correction Implementation status as of 4-29-13
 (Date)

The above plan of correction was approved by *OB*
 (Initials)

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

Violation Report: 20576 - 02/19/2013 - Patton, Leslie
 PGH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Residents are provided a pre-admission checklist stating required information and documents which indicates a non-refundable admission fee of \$250.00, benefit processing fee of \$275.00 for Veteran's Benefits (if applicable), and payment of first and last month's rent due upon admission to the home.

The contract in the record of resident #2 (dated 8/14/12) indicates the resident is being charged \$1,078.30 for room and board and \$10 for cable for a monthly bill of \$1088.30. An invoice dated 8/14/12 indicates the home charged the resident a non-refundable application fee of \$250.00 as well as last month's rent and all of first month's rent. The contract signed by the resident on 8/14/12 does not indicate an application fee or that the resident will be charged all of first month's room and board as well as last month's room and board. A refund of \$250 application fee + last month's room and board \$1078.30 + 8/14/12- 8/31/12 room and board of \$626.04 = \$1954.34 refund is owed to the resident due to the home only being permitted to charge the resident fees that are stated in the home's contract.

The contract in the record of resident #1 (dated 4/10/10) indicated a monthly room and board charge of \$2,400 a month + \$20.00 cable for a base charge of \$2,420. The resident was informed on 10/25/10 that a 3% cost of living increase would be effective as of 12/1/10 resulting in the resident's monthly room and board charge increasing to \$2,472. Based upon an interview of staff person A and resident #1, it was stated that the home agreed to give the resident a discounted rate and charge the resident only \$2,400 a month on a room valued at \$2,800 a month due to the resident's anticipated approval for the VA Aide and Attendance program. An invoice from the home dated 2/1/12 indicates the home charged the resident from May 2010 - November 2010 \$400 per month + December 2010- February 2012 \$412.00 a month = \$8,980. Staff person A stated the charge of \$8,980 was payment for the \$400 a month discount on room and board the resident had been provided since admission to the home on 4/10/10.

In addition, financial documents provided by the home indicate the home billed the resident #1 \$95,901 from 4/10- 2/13 and that the resident has paid \$91,197 as of February 2013. The total billed by the home includes the additional \$8,980 which the home cannot charge based upon regulatory requirements as it was not specified in the resident's contract, and therefore the home is only permitted to charge the resident \$86,921 from 4/10/10- 2/1/13. Based upon the amount the home is permitted to charge the resident and the amount paid by the resident to the home, the home owes the resident a refund of \$4,276.00.

See Attached PAGE →

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.

Repeat Violation: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Date(s) of Previous Violation(s):	11	7	12	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jean Bready R.N.</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		JEAN BREADY RN Adm./OWNER		Date 4/26/13	

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3. PLAN OF CORRECTION (POC)

P 3 a g 5

The facility is committed to Regulation 2600.25(c)(2) and understands the importance of specifying a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

Plan of Correction:

1. This regulation is important to clarify in writing any and all charges related to the facility's available services.
2. The regulation was violated because the facility had specified charges in its prescreening publications that were not included within the Addendum 1 of the contract between the resident and the facility.
3. The cause of the violation was the charging of the residents items that were not on the Addendum 1 of the contract. In the case of the application fee and last month's rent, these items were published on prescreening brochures, but not listed on Addendum 1.
4. In order to fix the violations right away, the facility management recognized that the applied fees were not detailed on the existing fee schedule that was included in the contract. The facility management has now included the updated the Addendum 1 page of the contract's (see Attachment B). Additionally, to reconcile their accounting records, checks have been issued to resident #2 for \$1954.34 and resident #1 for \$4276.00 (see Attachment C).
5. In order to insure future compliance of this important regulation, a printed accounting ledger will be created by the accounting manager for every new admission. This ledger will include the detailed payments of charges paid by the resident at the time of admission. Additionally, all residents' accounts will be reviewed and audited to insure proper compliance to the regulation. Checks will be issued to any resident, where a reconciliation correction is required.
6. The administrator and accounting manager will be responsible to conduct initial account reconciliation audits, as well as maintain monthly supervisory records to insure future compliance at all times.

Anne Stagno 4-29-17

8

Violation Report: 20576 - 02/19/2013 - Patton, Leslie

PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

The above plan of correction is approved as of 4-29-13
(Date)

Plan of correction implementation status as of 4-29-13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

8

Violation Report: 20576 - 02/19/2013 - Patton, Leslie
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was discharged from the home on 1/30/13. Resident #3 was billed \$48,371.20 from March 2011- January 2013. The home's documentation indicates the resident paid the home \$63,155.81 from March 2011- January 2013. The home provided the resident a refund of \$14,784.61 as a result of the resident paying the home more than the resident was billed. However, the home's financial records do not reflect a check written by the resident to the home on 4/5/12 for \$956.00. The home's financial records also do not indicate the home automatically withdraw \$2,020 from the resident's account on 9/16/11. The home owes resident #3 a refund of \$14,784.61 calculated by the home + \$956.00 not reflected on the home's records + \$2,020 also not reflected on the home's record for a total refund of \$17,760.61. The home did not provide the resident an accurate refund within 30 days of the resident being discharged from the home.

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.

The facility is committed to Regulation 2600.28(f)(2) and understands the importance of all refunds to be made within 30 days of the resident's discharge.

Plan of Correction:

1. This regulation is very important to reconcile and close the accounts of all residents, who have left the facility.
2. In compliance with Regulation 2600.28(f)(1), an itemized written account was provided to the resident's responsible party twenty-two days after the resident's discharge, requesting that the accounting summary be reviewed for accuracy. The refund check was issued for \$15,749.61, however, it was not issued until after the thirty day interval (see Attachments D & E).
3. A further delay was caused by an investigation into a resident payment that was returned for insufficient funds. The accounting manager did not finalize the investigation with the bank in a timely manner.
4. In order to fix the problem right away, the accounting manager closed the investigation with the bank, and a supplemental check was issued for \$2020.00 (see Attachment F) to resident #3 in order to finalize the discharged resident's written accounting summary.
5. In order to prevent future violations, the facility accounting department will maintain current billing and payment files monthly and the proper back-up systems - both computer and paper journals. This will streamline the final account reconciliation.
6. The administrator and accounting manager will be responsible for the future compliance to this regulation. Both of these managers will audit within fifteen days of a resident's discharge date, the written accounting summary to insure accuracy.


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready R.N.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) JEAN BREADY R.N. Adm / OWNER Date 4/26/13

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

The above plan of correction is approved as of 4-29-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4-27-13
 (Date)

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

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding documents were attached to the licensing inspection summaries dated 3/19/12, 8/29/12, 11/7/12, 12/27/12 and 1/10/13. The documents were posted next to the administrator's office accessible to anyone in the facility. The documents provide a code to residents confidential information contained in the licensing inspection summaries. These documents should be kept locked and inaccessible to maintain confidentiality of the residents.

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.

In compliance with Regulation 2600.3c, the facility posted its current license inspection summaries in a public place, which is accessible to all. In 3c, the current license inspection summary is defined as the Violation Report with a plan of correction approved by the Department. Since the Violation Report issued by the DPW includes the cover letter from the Regional Licensing Administrator, the specific violations (usually one per page) with corrected action plans, and the resident and staff privacy coding documents (if applicable), the facility posted the complete violation reports.

It is requested by the management of the facility that the DPW amend Regulation 2600.3c to specify the omission of the resident and staff privacy coding documents when posting the current license inspection summaries in a public place. This would clarify the proper compliance to Regulation 2600.3c. Additionally, the form - Resident Privacy Coding Document - is requested to be listed as part of the resident records as detailed in Regulation 2600.252 - Content of Resident Records.

The cited Regulation 2600.17 is very important to insure the confidentiality of all resident records. The facility has always been committed to insuring that privacy of resident records.

The inclusion of the resident and staff privacy documents, which are integral to the violation reports, allowed unwittingly public access to the names of residents and staff.

The citing was corrected immediately upon the day of inspection while the surveyors were still on site. The corrective action was to remove the resident and staff privacy documents from their violation reports.

Future compliance to this regulation is guaranteed now that the facility management understands the requirement to separate the resident and staff privacy documents from the violation reports.

The administrator will be responsible for reviewing all future postings of the facility violation reports in a public place to insure on-going compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Brady R.N.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Brady adm/owner* Date *4/18/13*

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

The above plan of correction is approved as of 4-29-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4-29-13
 (Date)

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

Violation Report: 20578 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The residents of the home whom the home manages their finances, are not offered or provided a copy of their quarterly statements regarding financial transactions made on the residents' behalf.

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.

The facility management respectfully submits that there was NO VIOLATION as described in Section 2a. above.

The facility has always maintained accurate records of financial transactions made on the residents' behalf. These records are meticulously maintained with the residents' signatures and/or initials noted with each recorded expense. Additionally, the quarterly summaries are compiled and reviewed personally with each resident by the accounting manager. At the time of the quarterly review, the accounting manager has the resident sign or initial the quarterly summary, and she provides a copy to the resident.

The Adm or designee will perform an audit of all current resident records to determine if the required itemized account documents are present. If not, they will be created and maintained in the resident record going forward. A written listing of this audit will be completed, initialed and dated by the staff person performing the audit & retained for review by the Dept.

To insure future compliance, Adm or designee will review itemized accounting records quarterly & maintain documentation of these reviews for future review by the Dept.

Phoned to home on 4-29-13. Re.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) JEAN Bready Adm/owner Date 4/18/13

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

The above plan of correction is approved as of 4-29-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4-29-13
 (Date)

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

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.28(c) - If no notice is required, as set forth in § 2600.28(d), the resident shall be required to pay only for the nights spent in the home.

2a. DESCRIPTION OF VIOLATION

Former resident #1 was discharged from the home on 12/14/12 due to the resident requiring a higher level of care as stated in the home's documentation. A refund of \$1,197.30 was provided on 2/22/13, more than 30-days after the resident's discharge from the home.

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.

The facility management respectfully submits that there was no violation of the Regulation 2600.28(c) as described in Section 1. above. This regulation states: "If no notice is required, as set forth in 2600.28(d). . .". The facility's contract, which is signed by the resident upon admission, specifies that a 30 day notice is required prior to a resident's departure. Neither Resident #1 nor his designated person provided the facility with a 30 day notice. The payment of \$1,197.30 was a donation to the family and unrelated to the resident's departure from the facility.

The facility's management team is committed to the complete compliance of the DPW regulations as specified in the RCG. Where the facility's contract requires a 30 day notice in all cases except death, the RCG does not specify any relief for the resident or the resident's designated person from the facility's contract requirement of such notice.

See 228b.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm. owner* Date *4/18/13*

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

The above plan of correction is approved as of <u>4-29-13</u> (Date)	Plan of correction implementation status as of <u>4-29-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #2 began receiving hospice services 4/17/12. Resident #3 received hospice services from 7/18/12- 10/3/12 and from 12/10/12 - to present time. Staff members indicated both residents do not evacuate their rooms to an internal fire-safe area outside of the home during a fire drill. The home did not obtain a statement from a physician for either resident indicating the resident is actively dying and may suffer bodily injury or hastened death as a result of participating in a fire drill.

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.

Regulation 2600.29a(b)(1) is important to insure that any resident receiving hospice care and services is properly assisted during the execution of fire drills in accordance with the facility's fire safety plan. Regulation 2600.29 was greatly modified from the previous LMI with the advent of the publication of the RCG.

The facility did not secure the required physician's statement advising that the resident is actively dying and may suffer bodily injury or hastened death as a result of participating in a fire drill.

The violations under 2600.29 resulted from the management's assumption that the contracted hospice care agency had executed the necessary compliance requirements as well as providing the necessary coverage to properly assist the hospice resident at all times.

The administrator requested the required physician statements while the surveyors were still on site.

In order to prevent future violations, the facility administration has revised its policy to not accept hospice residents, who are unable to participate in fire drills.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.

The home will provide written documentation of physician statements, the updated description of services and appropriate 30 day notice of any changes in home rules

Via phone to home 4-29-13, ee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Brady R.N.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Brady Adm/owner* Date *4/18/13*

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

The above plan of correction is approved as of <u>4-29-13</u> (Date)	Plan of correction implementation status as of <u>4-29-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ERRR</i> <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

Resident #2 began receiving hospice services 4/17/12. Resident #3 received hospice services from 7/18/12- 10/3/12 and from 12/10/12 - to present time. The home did not obtain a statement from the resident, the resident's power of attorney for health care, legal guardian or health care representative indicating that person consents to the resident not evacuating in a fire drill.

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.

Regulation 2600.29a(b)(2) is important to insure that any resident receiving hospice care and services is properly assisted during the execution of fire drills in accordance with the facility's fire safety plan. Regulation 2600.29 was greatly modified from the previous LMI with the advent of the publication of the RCG.

The facility did not secure the required statement from the resident, the POA or guardian indicating that the authorized person consents to the resident not evacuating in a fire drill.

The violations under 2600.29 resulted from the management's assumption that the contracted hospice care agency had executed the necessary compliance requirements as well as providing the necessary coverage to properly assist the hospice resident at all times.

The administrator requested the required statements while the surveyors were still on site.

In order to prevent future violations, the facility administration has revised its policy to not accept hospice residents, who are unable to participate in fire drills.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm/owner* Date *4/18/13*

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The above plan of correction is approved as of 4-29-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4-29-13
 (Date)

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

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(3) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: if practicable, the home is to locate the bedroom of a resident receiving hospice care and services on the ground level of the building and near to an exit or fire-safe area as defined in § 2600.132(d) (relating to fire drills).

2a. DESCRIPTION OF VIOLATION

Resident #3 is bedbound and would require a wheelchair or other similar mode of transport to evacuate the building or to an internal fire-safe area. Resident #3 resides in room #111 in the "ramp" section of the home. The room is located in a small alcove in the middle of the hallway and the closest exit does not exit to the exterior of the home or a fire safe-area. The closest exit leads to the small "carriage" dining room which has two sets of stairs which would make safe evacuation extremely difficult or impossible.

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.

Regulation 2600.29a(b)(3) is important to insure that any resident receiving hospice care and services is properly assisted during the execution of fire drills in accordance with the facility's fire safety plan. Regulation 2600.29 was greatly modified from the previous LMI with the advent of the publication of the RCG.

The facility management respectfully submits that there was no violation of the Regulation 2600.29a(b)(3) as described in Section 2a. The family of Resident #3 specifically requested the resident be moved to room 111. He was close to death and the family wanted his room adjacent to the nurses' station.

Resident #3 passed away on March 14, 2013 - two days after the date of the DPW inspection, March 12, 2013.

Nonetheless, in order to prevent future violations, the facility administration has revised its policy to not accept hospice residents, who are unable to participate in fire drills.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.

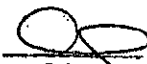
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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

Staff person A, who is the Director of Maintenance, conducts each of the monthly fire drills. Staff person A does not notify resident #3 and #2 that the alarm is sounding due to a fire drill and also does not notify the area staff members that they are not to evacuate residents #3 and #2 during the drills.

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.

Regulation 2600.29a(b)(4) is important to insure that any resident receiving hospice care and services is properly assisted during the execution of fire drills in accordance with the facility's fire safety plan. Regulation 2600.29 was greatly modified from the previous LMI with the advent of the publication of the RCG.

The facility did not follow the practices of 2600.29a(b)(4) regarding resident: receiving hospice care during a fire drill.

The violations under 2600.29 resulted from the management's assumption that the contracted hospice care agency had executed the necessary compliance requirements as well as providing the necessary coverage to properly assist the hospice resident at all times.

In order to prevent future violations, the facility administration has revised its policy to not accept hospice residents, who are unable to participate in fire drills.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.

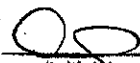
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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

When monthly fire drills are conducted, staff is not remaining with residents #3 and #2. The staff is not practicing a fire drill evacuation of each resident by simulating the level of effort that would be required to evacuate each resident in the event the evacuation of either resident was required.

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.

Regulation 2600.29a(b)(5)(ii) is important to insure that any resident receiving hospice care and services is properly assisted during the execution of fire drills in accordance with the facility's fire safety plan. Regulation 2600.29 was greatly modified from the previous LMI with the advent of the publication of the RCG.

The facility did not follow the practices of 2600.29a(b)(5)(ii) regarding residents receiving hospice care during a fire drill.

The violations under 2600.29 resulted from the management's assumption that the contracted hospice care agency had executed the necessary compliance requirements as well as providing the necessary coverage to properly assist the hospice resident at all times.

In order to prevent future violations, the facility administration has revised its policy to not accept hospice residents, who are unable to participate in fire drills. It should be noted that resident #2 was released from hospice care on 3-23-2013 as her weight has increased, and she is able to evacuate during a fire drill with her walker. Resident #3 passed away on 3-14-2013.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plan (RASP) for residents #3 and #2 have not been updated to indicate the residents are not to be moved during fire drill evacuation and how the residents' needs will be met when fire drills are conducted.

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.

Regulation 2600.29 is important to insure that any resident receiving hospice care and services is properly assisted during the execution of fire drills in accordance with the facility's fire safety plan. Regulation 2600.29 was greatly modified from the previous LMI with the advent of the publication of the RCG.

The facility administration failed to update the RASP for resident #2 and #3, as detailed in 2600.29a(b)(10) regarding residents receiving hospice care during a fire drill.

The violations under 2600.29 resulted from the management's assumption that the contracted hospice care agency had executed the necessary compliance requirements as well as providing the necessary coverage to properly assist the hospice resident at all times.

In order to prevent future violations, the facility administration has revised its policy to not accept hospice residents, who are unable to participate in fire drills. It should be noted that resident #3 passed away on 3-14-2013 and resident #2 was released from hospice care on 3-23-2013, as her weight has increased and she is able to participate in fire drills with her walker.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.

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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 3/9/13 77 residents were present in the home. From 3pm -9pm only 1 staff person was certified in first aid. From 9pm-11pm no staff person was certified in first aid or CPR. From 11pm-12am only one person was certified in first aid and CPR. On 3/10/13 from 12am-8am only one staff person was certified in first aid and CPR. The home is required at the minimum to have two staff persons certified in first aid and CPR at all times.

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.

The facility is committed to Regulation 2600.63(a) and understands the importance of having the properly trained staff coverage at all times.

Over the years, the facility has complied with First Aid and CPR training requirements. The second Direct Care Aide working on 3-9-2013 from 3PM -1115PM was incorrectly credited with a First Aid & CPR course which had been taken on-line without hands-on training. Resultantly, only one aide had the accredited training during that time. During the 12AM - 6AM shift on 3-10-2013, only one aide had current First Aid & CPR training. The scheduled supervisor, who has been a Direct Care Aide, Med-tech and supervisor for over ten years, had a training certificate, which had expired one week earlier on 2-28-2013.

An immediate correction was made by the administrator, who scheduled the appropriate First Aid & CPR formal training class at the facility. All staff has now been trained and certified properly.

In order to avoid training violations in the future, the facility administration has created a computer-supported database to insure all training is kept current. Additionally, the First Aid & CPR training classes are screened to insure the hands-on training.

The administrator will be responsible to keep the training records current on an on-going basis.

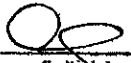
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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The door labeled "step down" leading into the dining room in the cottage has a 6 inch step down. The step down is not equipped with a handrail.

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.

The facility is committed to Regulation 2600.93(a) and understands the importance of having well-secured handrails to prevent falls by the residents.

Over the years, the inside door in question has not been used, because there is an easier, alternate hallway directly behind it. Resultantly, a handrail was never under consideration.

In order to fix the violation, the maintenance department has placed a handrail at the step down door.

A complete walk-thru inspection was conducted by the administrator and maintenance manager to document any handrail requirements. No additional handrails were deemed necessary. To insure compliance on an on-going basis, the administrator and maintenance manager both must sign-off on any physical modifications on the property and throughout the buildings.

The administrator will ultimately be responsible to prevent future violations of this type.

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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600
 2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

The home's first aid kits are located in the locked medication carts. The medication carts are not accessible to all staff persons working in the home in the event of an emergency.

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.

The facility is committed to Regulation 2600.96(c) and understands the importance of having a first aid kit in a location that is easily accessible to all staff persons.

Over the years, the first aid kits have been located within each of the three med carts, which are situated in each of the three sections of the facility - mansion, ramp and cottage. The med-techs remain in each zone and are able to unlock the carts quickly. Past inspectors have, in fact, inspected the kits at each cart with no discussion. However, management understands that regulation 2600.96(c) denotes that all staff must have easy access to a first aid kit. The carts are locked and the med-techs had the cart keys. Thus, the first aid kits are not readily accessible to all staff. The facility management team felt that the med-techs for each cart are also the specific zone aides for the resident area served by the med cart.

In order to fix the violation, the facility has placed an extra first aid kit in a location, which is readily accessible to all staff members. All staff has been instructed on the location of the main kit in order to insure easy accessibility. The location was selected to insure the safety of the residents. Additionally, the med carts will remain equipped with their first aid kits, as well as the vehicle used for transportation.

In order to insure the future compliance of accessible first aid kits locations, the medications manager will have the responsibility to inspect the extra kit and confirm the integrity of the required items of the kit. This inspection will be documented on a daily basis. The first aid kits remaining in the med carts will continue to be the responsibility of the med-techs and will continue to be inspected with each shift change.

The administrator will ultimately be responsible for compliance to this regulation. On an on-going basis, the administrator will incorporate the verification of the first aid kits by the med-techs and medications manager within her daily medication administration audits.

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Violation Report: 20578 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most recent letter to the local fire department (dated 7/26/12) does not indicate resident #2 is receiving hospice services and is remaining in the room when fire drills are conducted. The letter also does not indicate that resident #3 also remains in the room when drills are conducted and that each of the residents would require additional assistance in the event emergency evacuation was required.

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.

Regulation 2600.124 is important to insure that the fire department is reminded of the facility's address, room / floor plans and any residents requiring special assistance in an emergency. As recommended in the RCG, the facility administrator annually calls the fire marshal to discuss the facility's fire safety plan. During that conversation, the administrator confirms that neither the footprint of the facility nor the floor plans and room configurations have changed; the fire marshal depicts the fire departments thorough knowledge of the facility and its fire towers and safe areas. The July 26, 2012 letter correctly stipulated the required information and the property layout and floor plan documents. Two residents, including Resident #3, were noted on hospice and requiring assistance in the event of an emergency. At that time, Resident #2 was under hospice care; however, she was healthy enough to participate in fire drills without assistance - she did not remain in her room when fire drills were conducted. Resultantly, it was not necessary to include Resident #2 in the letter as needing assistance. At the time of the July 26, 2012 correspondence, no violation was applicable to this regulation.

In the spirit of compliance to this regulation in the future, as well as the related 2600.29 regulation, the facility will not accept hospice residents, who are unable to actively participate in the fire safety plan.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.


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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

132c

The home fire drill record for April 2012- February 2013 indicates all residents are being evacuated from the home during monthly fire drills and does not indicate the fact that residents #3 and #2 remain in their room when drills are conducted.

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.

The facility has always been committed to Regulation 2600.132(c) and understands the importance of having accurate recording of its fire drill performances.

The fire drill record was accurately maintained from April 2012 through June 2012. During that period, all residents were able to get to the fire safe zones. During the ensuing months, the lack of participation of the hospice residents was not properly noted.

The administrator has met with staff person A and covered his responsibility to accurate reporting, including the timing, staff reporting, the detailing of any problems encountered and the number of participants. As detailed in the earlier responses to the hospice - fire drill related violations of regulation 2600.29, the facility management confused its responsibility with the hospice and fire department entities.

In the spirit of compliance to this regulation in the future, as well as the related 2600.29 regulation, the facility will not accept hospice residents, who are unable to actively participate in the fire safety plan. Presently, resident #2 is able to evacuate during a fire drill. At a time when she may become too weak to participate, the administrator will coordinate with the hospice agency a move to a more suitable facility.

The administrator will be responsible to uphold the facility policy regarding hospice residents in the future.

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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Staff person A conducts the monthly fire drills. The home's staff schedule indicates there are routinely 3 staff persons working in the home from 11pm- 8am. The monthly fire drill records indicate 5 people participated in the fire drill conducted on 5/31/12 at 4:49am and that 4 people participated in the drill conducted on 11/27/12 at 3:05am. Staff person A stated additional staff persons (i.e. administration) were likely contacted to assist with the evacuation of the residents during the drill on 5/31/12. Staff person A stated he/she likely participated in the drill on 11/27/12 by directing staff and residents where they should go and what they should do during the drill.

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.

The facility has always been committed to Regulation 2600.132(g) and understands the importance of having fire drills at different times and days throughout the year to insure both the staff and residents are conditioned to evacuate efficiently and safely.

The staff person conducting the drill on 5-31-12 and 11-27-12 participated in the drill assisting the evacuation of the residents. Since these two drills were conducted out-of-normal daytime hours, he would not have normally been present in the case of a real emergency. Resultantly, he should not have included himself as a staff participant. Regarding the fifth staff participant on the 5-31-12 drill, a med-tech, who lived in a private apartment on the premises also participated in the drill.

Please note that additional staff was never contacted to come in to help with these fire drills. Staff person A did not mean to imply that during his interview with the inspector.

The administrator has met with staff person A and covered his responsibility to accurate reporting, including the timing, staff reporting, the detailing of any problems encountered and the accurate time to evacuate. As detailed in the earlier responses to the hospice - fire drill related violations of regulation 2600.29, the facility management confused its responsibility with the hospice and fire department entities.

To avoid future violations, the fire drill coordinator has been placed on probation for a period of 90 days to insure he has taken the necessary corrective actions to eliminate the errors in reporting. Additionally, the administrator will send an alternate management person to the county's fire safety training. This new staff person will coordinate the fire drills and alternatively conduct them with staff person A.

The administrator will be responsible to audit every fire drill report and conduct a de-briefing meeting with her management team and other staff as required.

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Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluations located in the record of resident #4 (admitted 8/14/12) were completed on 4/2/12 and 11/26/12. Neither of the medical evaluations were completed either within 60 days prior to admission or 30 days after admission to the home.

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.

The facility's medical records staff and administration have been committed to Regulation 2600.141(a)(1) and understands the importance of admitting a resident with a current medical evaluation or securing one within 30 days.

The administrator and medical records manager entered an incorrect date of the medical evaluation into the DME/RASP database. Resultantly, the resident's 4/2/12 medical evaluation was not updated in a compliant timeframe until an administrator's audit caught the error.

The administrator and medical records manager immediately conducted an audit of all medical evaluation dates and ensuing support and assessment reports.

To insure future compliance to this regulation, the administrator and IT manager created a computerized check and balance to properly maintain the current status of the residents' DME and RASP documents.

The administrator will be responsible to audit monthly the DME/RASP documents to insure required deadlines are met.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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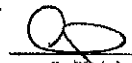
Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready R.N.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEAN Bready Adm/owner</i>	Date <i>4/18/13</i>
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The above plan of correction is approved as of 4-29-13
 (Date)

Plan of correction implementation status as of 4-29-13
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2500
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 The home permit's smoking in the home's designated smoking areas. Department Representatives observed a resident smoking on the patio outside the main lobby of the home. This patio is not the home's designated smoking area.

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.

The facility's staff and management are strictly committed to Regulation 2600.144(c) and understand the importance of a fire safety plan, which details the safe smoking procedures.

The facility has a strict policy prohibiting smoking on the property, except at the two outside designated smoking locations. These two locations are clearly marked with signage and the proper fire-safe receptacles. All requirements of regulation 2600.144(c) have been met, maintained and monitored on a 24/7 basis. The facility's two designated smoking areas are located outside the cottage dining room and on the west end of the mansion's rear patio.

The management team respectfully submits that there was no violation of this regulation 2600.144(c). The facility has an established and well-constructed smoking policy, which exceeds the requirements of this regulation. The citing by the inspectors was, in fact, a resident who went out to the smoking area off the west end of the patio and it was raining. The resident then elected to stay on the patio to smoke her cigarette - in direct violation of the facility's fire safety plan/smoking policy. This was a flagrant breakdown of adherence to the stated and signed House Rules of the facility by the resident.

Because the resident violated house rules, she has been served with a written warning placing her on probation. Any re-occurrence of any violation of house rules will result in a 30 day notice of eviction. The resident has clearly been covered with the unsafe condition she caused for her fellow residents and staff. The administrator is thankful for the citing by the inspectors, as she and her staff rely on all the cooperation of the staff, residents and their families to insure a safe environment to work and live.

The administrator has re-asserted to all the residents the house rule regarding the smoking policy. All members of the Villa family are necessary to help keep a safe facility. Around the clock monitoring and enforcement will be conducted.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm/owner* Date *4/18/13*

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

The above plan of correction is approved as of <u>4-29-13</u> (Date)	Plan of correction implementation status as of <u>4-29-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #5's open Lantus Solostar insulin pen was being stored in a refrigerator. The manufacturer's instructions read to keep pen at room temperature after opening.

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.

The facility's staff and management are strictly committed to Regulation 2600.183(e) and understand the importance of storing medications under the proper conditions in accordance with the manufacturer's instructions.

As described in section 2a. above, the open insulin pen was stored in the med room refrigerator. The manufacturer's instructions state to store the insulin pen at room temperature after opening.

This regulation was violated, however, after investigation, mitigating factors were discovered. Of all the residents who are prescribed insulin, Resident 5 is the only one with the Lantus Solostar insulin pen. This resident was admitted to the facility just a few months ago at the end of December 2012. Her medications are mostly provided by the VA, which is where the insulin pen originates. All the other insulin residents have vials, which are kept refrigerated in the med room. The Medications Manager assumed the insulin pen of resident 5 was to be stored in the same fashion.

The administrator and medications manager immediately corrected the storage problem while the inspectors were still on site.

To avoid this violation in the future, all medications administration staff have since been covered on two important subjects: the proper storage at room temperature of the open insulin pen, and the requirement to read every label for the manufacturer's instructions regarding proper storage. The staff was instructed not to assume that just because medications may be similar in nature that they are treated the same.

The administrator and med room manager will insure that the monthly insulin audits include the inspection of the different storage requirements associated with the insulin pen versus the vials. The administrator will be ultimately responsible for the correct handling on an on-going basis.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm/owner* Date *4/18/13*

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 (Initials)

Plan of correction implementation status as of 4-29-13
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5: Lantus Solostar insulin pen did not have a pharmacy label attached.

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.

The facility's staff and management are strictly committed to Regulation 2600.184(a) and understand the importance of the original container having the proper pharmacy labeling.

The facility management respectfully submits that there was no violation of regulation 2600.184(a). This regulation specifically addresses the proper labeling of the original container; whereas, the individual pen (which has a very small surface) is then properly labeled as detailed below. The original container for the Lantus Solostar insulin pen did have the proper pharmacy label with all the information required by regulation 2600.184(a). As an individual insulin pen is taken out of the original container and opened, the medications administration manager creates a label with the resident's name and the date when the pen was opened. This label is attached to the pen itself. During the use of the pen, the qualified med-tech records her administration on the MARS, which also has the pertinent pharmacy label information.

In order to honor the observation of the inspector, the administrator has requested the pharmacy to help create a mini-label to accommodate all the information. In the interim, the pharmacy has provide a small baggie with a pharmacy label that the pen will be kept in. The inspector has verified with the administrator that this would be acceptable.

As described in section 2a. above, the open insulin pen was stored in the med room refrigerator. The manufacturer's instructions state to store at room temperature after opening.

The administrator and med room manager will insure through their monthly insulin audits that the Individual pen is maintained in a labeled baggie. They will also be aware of all other Individual medications which may be multi-packaged and insure they are handled and labeled properly.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm/owner* Date *4/18/13*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #6's Hydrocod/Apap 7.5-325mg reads 1 tablet by mouth 3x daily as needed. The label on the bottle of the medication reads 1 tablet by mouth 2x daily as needed. The two are not in agreement.

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.

The facility's staff and management are strictly committed to Regulation 2600.187(a) and understand the importance of maintaining an accurate medication administration record (MAR) with no discrepancies from the MAR data to the pharmacy labeling.

As noted in section 2a. above, the violation occurred because the MAR dosage did not match the information on the label of the medication. Resident #6 was admitted to the facility 01-22-2013. She had tablets with her in a bottle that the pharmacy insisted she finish and then they would send the blister pack refill. During this transition, the physician revised her dosage to 3X a day and a copy of the order was to be affixed to the existing bottle. The breakdown was that the copy of the order was never properly matched up to the medication. The violation was fixed while the inspector was on the site. The copy of the order was shown to the inspector and placed with the bottle in the cart.

In order to prevent future violations, the administrator and medications administration manager have instituted a policy that all new admissions will fully participate in the medication packaging which is consistent with the incumbent pharmacy. Additionally, all medications administration staff have been covered on the necessity to carefully audit their MAR and pharmacy label data. Any discrepancy is to be escalated to the administrator immediately. The administrator will be responsible to focus on discrepancies like this on an on-going basis through her weekly cart and MARS audits.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm/owner* Date *4/18/13*

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The above plan of correction is approved as of 4-29-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4-29-13
 (Date)

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

Violation Report: 20578 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #7's medication administration record for metoprolol 25 mg tablet take 1 tablet by mouth 2x daily at 8am and 5pm was not initialed as administered on 3/1-3/11/13 at 5pm. Staff interviews indicated the medication was administered but not initialed on the medication administration record at the time of administration.

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.

The facility's staff and management are strictly committed to Regulation 2600.187(b) and understand the importance of recording at the time the medication is administered.

As noted in section 2a. above, the violation occurred because the MAR was not initialed at the time the medication was administered.

During the affected time frame, a newly trained med-tech failed to initial the MAR as she was administering the medication during the first shift. Additionally, the second shift med-tech did likewise.

The administrator has disciplined the med-techs for failure to follow the facility's strict policy of recording the MARS as they administer the medications. These med-techs had been thoroughly trained prior to this violation. Resultantly, they have been placed on probation and required to take immediate corrective action.

To insure compliance in the future, the administrator has re-asserted the facility's policy and procedure with all medication administrators. The entire staff has been covered on the required commitment to compliance of this important violation. Over the years, the facility has followed a strict regimen of end of shift audits that are cross-checked by the shift supervisor. Additionally, management conducts weekly MARS and med cart reviews. These procedures will be further underscored by the administrator and owner conducting weekly audits, which will be directly injected into the med-techs performance evaluation plan.

The owner, administrator, medications manager, shift supervisors and all med-techs will be responsible for the prevention of future violations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/27/2012			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Bready RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN Bready Adm/owner* Date *4/18/13*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20576 - 03/12/2013 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

It was stated by staff person B, who is the co-administrator, that staff person C routinely administers insulin to residents of the home. The staff person last received training to administer insulin on 2/22/12, more than 12 months ago, and therefore the staff person is not properly trained to administer insulin.

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.

The facility's staff and management are committed to Regulation 2600.190(c) and understand the importance of insuring the proper training is documented for each employee.

As noted in section 2a. above, the violation occurred because staff person B's diabetic training certificate had expired eighteen days before the inspection date.

The oversight of the renewal for diabetic training was due to a typographical error in the training records. Staff person B's expiration date was entered as 4-22-13 instead of 2-22-13.

The problem was fixed three days later, since a training class was already scheduled for 3-15-13 to renew his and others certificates.

To insure compliance in the future, the administrator and IT manager have re-programmed the training records software to produce 30 and 60 day advance notices of pending expiration dates. Additionally, the facility will continue its manual tracking of proper training for all employees.

The administrator and human resources manager will be responsible for the prevention of future violations. They will audit the training records monthly to insure all training at all levels are maintained in a current status.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Brady RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN BRADY Adm/owner* Date *4/18/13*

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- Partially Implemented - Inadequate Progress
- Not Implemented