



DEC 03 2013

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

RE: Villa Angela at St. Anne Home  
License #: 428040

Dear Mr. Long:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 4, 2013 and October 11, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period February 5, 2014 to February 5, 2015 was issued on October 26, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style. To the right of the signature, the letters "SJP" are written in a smaller, handwritten font.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: VILLA ANGELA AT ST ANNE HOME		<b>RECEIVED</b>	License Number: 42804
Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601			County: Westmoreland
Administrator: Jennie <del>Lang</del> Long		NOV 7 2013	Region: WEST
Legal Entity Name: ST ANNE HOME INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601			
<b>Certificate(s) of Occupancy</b> I-2 12/01/2010 City of Greensburg			
<b>Staffing Hours</b>			
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
<b>Reason(s) for Inspection(s)</b>			
Renewal			
<b>On-Site Inspections Dates and Department Representatives On-Site</b>			
10/04/2013: Garrigan, Laurie ; Rosol, Jennifer			
10/11/2013: Garrigan, Laurie			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
<b>Other Details</b>			
Partial or Full Triggers:		Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 54 Number of Residents Served: 42 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: 0 Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 15 Have a Physical Disability: 0	

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NOV 7 2013

Page 2 of 9

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, hired 6/10/13, has only held permanent residency in Pennsylvania since 10/12; however, a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check") has not been completed.

**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.

*See home's attached plan of correction*

Please see Exhibit # 1 for POC

*See Attachment A page 2A of 9*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Jennie R. Long BSW RN Director*

Date

*11/7/2013*

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

The above plan of correction is approved as of

11/8/13  
(Date)

Plan of correction implementation status as of

11/8/13  
(Date)

The above plan of correction was approved by

WS  
(Initials)

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



685 Angela Drive, Greensburg, PA 15601  
(724) 837-6070 FAX (724) 837-1063  
www.stannehome.org

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WEST REGION FIELD OFFICE  
Human Services Licensing

Exhibit # 1

Regulation §2600.51 (see Page 2 of 9)

- Immediate action was taken to remove the staff member from the floor and put on immediate leave pending the completion of his federal criminal history record from the FBI. (10-14-2013)
- Human Resource Director was notified immediately of the situation via her cell phone because she was out of the building. (10-14-2013)
- To ensure that this does not occur again the following was put into place:
  - ☼ The Human Resource Director instituted a new form "Verification of Pennsylvania Residency" (Exhibit 1 A) for ALL new hires to complete. It is for the staff to complete upon hire to verify their length of time as a Pennsylvania resident. If the staff member has not been a Pennsylvania resident for more than the required 2 years, Human resources will initiate the federal criminal history record check. (On-going)
  - ☼ The Human Resource Director also added the "Verification of Pennsylvania Residency" to our "New Hire Check Sheet" (Exhibit 1 B) to verify that it was completed upon review of the staff record. This is a visual check to make sure that new hires complete the verification form and that if it is necessary, the federal criminal history record check, has been initiated. (On-going)
- On Wednesday October 16, 2013 Human Resource Director received a letter from the Pennsylvania Department of Aging (Exhibit 1 C) indicating that the finger prints of the staff member in question had been processed in accordance with Section 10225.502(a) (2) of the Pennsylvania Older Adults Protective Services Act and based on the result it was determined that the staff member met the criteria for employment under the Older Adults Protective Services Act. The staff member was reinstated to full duty on his next scheduled shift (October 17, 2013).

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative (Required on Every Page) Jennie R. Long, BSN, RN Director	Date 11-7-2013

MARIA STEPANOVICH (MS) 11/8/13  
Regional Licensing Approval of Plan of Correction  
maria stepanovich  
Dedicated to the healing mission of Jesus Christ.

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NOV 7 2013

Page 3 of 9

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLAANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE  
Human Services Liaison

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 8/10/13, has only held permanent residency in Pennsylvania since 10/12; however, a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check") has not been completed.

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.

*See home's attached plan of correction*

Please see Exhibit # 2 for POC

*See Attachment B page 3A of 9*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Jennie R. Long BSN, RN Director*

Date

*11/7/13*

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The above plan of correction is approved as of 11/8/13  
(Date)

Plan of correction implementation status as of 11/8/13  
(Date)

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

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



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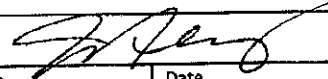
NOV 7 2013

Exhibit # 2

Regulation §2600.52 (see Page 3 of 9)

WEST VIRGINIA UNIVERSITY  
PLACEMENT COUNSELOR

- Immediate action was taken to remove the staff member from the floor and put on immediate leave pending the completion of his federal criminal history record from the FBI. (10-14-2013)
- Human Resource Director was notified immediately of the situation via her cell phone because she was out of the building. (10-4-2013)
- To ensure that this does not occur again the following was put into place:
  - ☼ The Human Resource Director instituted a new form "Verification of Pennsylvania Residency" (Exhibit 2 A) for ALL new hires to complete. It is for the staff to complete upon hire to verify the length of time as a Pennsylvania resident. If the staff member has not been a Pennsylvania resident for more than the required 2 years, Human resources will initiate the federal criminal history record check. (On-going)
  - ☼ The Human Resource Director also added the "Verification of Pennsylvania Residency" to our Villa Angela New Employee Check List (Exhibit 2 B) to verify that it was completed upon review of the staff record. This is a visual check to make sure that new hires complete the verification form and that if it is necessary, the federal criminal history record check, has been initiated. (On-going)
- On Wednesday October 16, 2013, the Human Resource Director received a letter from the Pennsylvania Department of Aging (Exhibit 2 C) indicating that the finger prints of the staff member in question had been processed in accordance with Section 10225.502(a) (2) of the Pennsylvania Older Adults Protective Services Act and based on the result it was determined that the staff member met the criteria for employment under the Older Adults Protective Services Act. The staff member was reinstated to full duty on his next scheduled shift (October 17, 2013).

Signature of Legal Entity Representative (Required on Every Page)		
Printed Name and Title of Legal Entity Representative (Required on Every Page)	Jennie R. Long, BSN, RN Director	Date 11-7-2013

MARLA STEPANOVICH (MS) 11/5/13  
Regional Licensing Approval of Plan of Correction  
Maia Stepanovich  
Dedicated to the healing mission of Jesus Christ.

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NOV 7 2013

Page 4 of 9

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST PENNSYLVANIA  
Municipal Code 25.15.01.01

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash cans in shower room #A009.01 and in the kitchenette on the terrace level do not have lids.

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.

See home's attached plan of correction

Please see Exhibit # 3 for POC

By 12/8/13 - A designated staff person will check trash cans in all shared bathrooms and in the kitchen at least weekly to ensure lids are in place. ms 11/8/13

See Attachment C page 4A 99

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Jennie K Long BSN RN Director

Date

11/7/2013

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

The above plan of correction is approved as of

11/8/13  
(Date)

Plan of correction implementation status as of

11/8/13  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress ms

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

ms  
(Initials)



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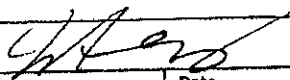
NOV 7 2013

Exhibit # 3

WEST VIRGINIA STATE DEPARTMENT OF HEALTH  
 PUBLIC HEALTH DIVISION

Regulation §2600.85 (see Page 4 of 9)

- Upon receiving our violation report, an audit of the kitchens and Shower room, Tub room and public restrooms was completed to ensure all other required areas would have garbage cans in place if needed.
- In order to prevent the penetration of insects and rodents in kitchenette and shower room listed on the violation report, garbage cans were ordered 11/5/2013 (the day that the Violation report was received). We received the Garbage cans 11/6/2013 and they were distributed to the 2 areas indicated on the violation report on 11/6/2013.
- Proof that the garbage cans were ordered (Exhibit 3 A) and received (Exhibit 3 B). (11/6/2013)
- In order to prevent the penetration of insects and rodents in kitchenette and shower room listed on the violation report, the garbage cans in these areas are being emptied every shift.

Signature of Legal Entity Representative (Required on Every Page)		
Printed Name and Title of Legal Entity Representative (Required on Every Page) Jennie R. Long, BSN, RN Director		Date 11-7-2013

MARIA STEPANOVICH (MS) 11/8/13  
 Regional Licensing Approval of Plan & Correction  
 Maria Stepanovich  
 Dedicated to the healing mission of Jesus Christ.

NOV 7 2013

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

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 #1 is prescribed Tramadol HCL, 50 mg - take 1 tablet at bedtime. However, the pharmacy label indicates Tramadol HCL, 50 mg - take 1 tablet every 6 hours if needed for pain.

Resident #4 is prescribed Senna laxative, 8.6 mg - take 1 tablet daily. However, the pharmacy label indicates Senna laxative, 8.6 mg - take 1 tablet twice daily.

The pharmacy label for Hydrocodone-Acetaminophen 5-500, belonging to resident #5, does not include the prescribed dosage and instructions for 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.

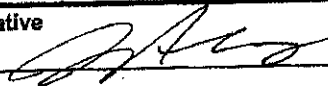
Please see Exhibit # 4 for POC

See home's attached plan of correction

See Attachment D page 5A of 9

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



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jennie R. Long BSN RN Director

Date 11/7/13

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

The above plan of correction is approved as of <u>11/8/13</u> (Date)	Plan of correction implementation status as of <u>11/8/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



NOV 7 2013

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WEST PENNSYLVANIA  
Human Services License

Exhibit # 4

Regulation §2600.184 (a) (see Page 5 of 9)

- Upon notification that the residents' labels did not match the MAR's, the pharmacy was notified. Labels were received and placed on the blister packages for each medication listed (Exhibit 4 A).
- A Quality Assurance 3 way audit was completed of all the residents in the building. The MAR's, the blister packs and the residents' orders were reviewed simultaneously (10/23-24/2013). If a discrepancy was found, it was handled the same day.
- In order to prevent a similar violation from occurring again the following safeguards have been put into place:
  - ☼ Resident Care Coordinator meeting was held 10/22/2013 to review the Exit interview findings with the licensed staff (Exhibit 4 B).
  - ☼ The director reviewed the practice of how to take new physician orders off. (10/22/2013)
  - ☼ The director reviewed that any new Physicians orders that are received must be faxed to the facility's contracted pharmacy as "PROFILE ONLY" in addition to being faxed to the resident's pharmacy of choice used if it is a different pharmacy. (10/22/2013)
  - ☼ 11-7 RCC's will be "Red lining" (completing a 3 way audit) charts the same night following the House physician being in the facility to see residents. (Exhibit 4 C) This procedure will allow for a 2<sup>nd</sup> check of the initial orders that were taken off by the 7-3 or 3-11 RCC. (On-going)
  - ☼ 3-11 AND 11-7 RCC's will be "Red lining" (completing a 3 way audit) all charts on a rotational basis for Quality Assurance purposes. (Exhibit 4 D) This procedure will allow for an additional check of any physician orders that were received by the 7-3 or 3-11 RCC. The rotation will be A001-A013, A101-A109 week 1 (3-11), A201-A222 week 2 (11-7), A001-A013, A101-A109 week 3(11-7), and A201-A222 week 4 (3-11). (On-going)

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative (Required on Every Page) Jennie R. Long, BSN, RN Director	Date 11-7-2013

MARLA STEPAKOVICH LMSW 11/7/13  
Regional Licensing Approval & Plan of Correction  
maria stepanovich  
Dedicated to the healing mission of Jesus Christ.

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 October 2013 medication administration record (MAR) for resident #2 includes instructions to wash the right, lateral malleolus with normal saline solution; apply Santyl, cover with gauze; however, it does not include the dose or frequency of administration.

The October 2013 MAR for resident #2 includes Percocet 2.5 - 325 mg tablet take 1 tablet by mouth every 8 hours as needed for pain; however, this prescription was discontinued on 7/25/13. withdrawn MS 11/8/13

Please see Exhibit # 5 for POC

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.

See home's attached plan of correction

See Attachment E page 6A 009

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Jennie R. Long BSN RN Director

Date

11/7/13

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

The above plan of correction is approved as of

11/8/13  
(Date)

Plan of correction implementation status as of

11/8/13  
(Date)

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

The above plan of correction was approved by

WS  
(Initials)



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WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Regulation §2600.187 (b) (see Page 6 of 9)

- Regarding Resident #2 Percocet order: on the violation report, you have indicated that the order was discontinued 7-25-2013. The Director has attached the order (Exhibit 5 A1) and the prescription (Exhibit 5 A2) for that specific medication, as well as the MAR (Exhibit 5 A3). It was written as ordered. The Director is respectfully requesting that you would please consider removing this example from this violation listed in the License Inspection Summary.
- Regarding Resident #2's MAR that includes the instructions for a dressing using Santyl: The order dated 9/18/2013 was reviewed (Exhibit 5 B1) and the MAR was corrected 10/5/2013 (Exhibit 5 B2).
- In order to prevent a similar violation from occurring again the following safeguards have been put into place:
  - ☼ A Quality Assurance 3 way audit was completed of all the residents in the building. The MAR's, the blister packs and the residents' orders were reviewed simultaneously (10/23-24/2013). If a discrepancy was found, it was handled the same day.
  - ☼ A Mandatory Resident Care Coordinator (RCC) Meeting was held 10/22/2013 to review the Exit interview findings with the licensed staff (Exhibit 5 C).
  - ☼ The director reviewed the practice of how to take new physician orders off with all of the RCC's in attendance at the meeting. (10/22/2013)
  - ☼ 11-7 RCC's will be "Red lining" (completing a 3 way audit) charts the same night following the House physician being in the facility to see residents. This procedure will allow for a 2<sup>nd</sup> check of the initial orders that were taken off by the 7-3 or 3-11 RCC (Exhibit 5 D). (On-going) 11-7 RCC's will be "Red lining" (completing a 3 way audit) all charts on a rotational basis for Quality Assurance purposes. This procedure will allow for an additional check of any physician orders that were received by the 7-3 or 3-11 RCC. The rotation will be A201-A210 week 1, A211 - A222 week 2, A101-A109 week 3, and A 001 - A 013 week 4 (Exhibit 5 E). (On-going)

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative (Required on Every Page) Jennie R. Long, BSN, RN Director	Date 11-7-2013

MARIA STEPANOVICH (ms) 11/8/13  
Regional Licensing Approval of Plan of Correction  
Maria Stepanovich

RECEIVED

NOV 1 2013

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

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  
The October 2013 MAR for resident #2 does not include initials of staff administering medications as follows:

- \* The 8:00 pm dose of Lactulose 10 gm/15 ml solution on 10/2 and 10/3
- \* The 3:00 pm and 11:00 pm doses of Oxycodone-Acetaminophen 5-325 on 10/2 and 10/3

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.

*See home's attached plan of correction*

*withdrawn MS 11/5/13*

Please see Exhibit # 6 for POC

*See Attachment F page 7A & 9*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennie R. Long BSW RA Director</i>	Date <i>11/7/2013</i>
---	-----------------------

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



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(724) 837-6070 FAX (724) 837-1063  
www.stannehome.org

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NOV 7 2013

WEDNESDAY  
November 6, 2013

Exhibit # 6

Regulation §2600.187 (b) (see Page 7 of 9)

- Regarding Resident # 2's Lactulose and Percocet order:  
On the violation report, you have indicated that the October MAR does not include the initials of the staff administering both of the medications listed under this violation. The Director has attached the October MAR for Resident #2 (Exhibit 6 A), for those 2 specific medications that were indicated on the violation report to show that the signatures that were indicated to be missing were indeed there. These examples of lack of documentation were not presented to the Director during the inspection or the exit review, where the discrepancy could have been immediately reviewed. The Director is respectfully requesting that you please consider removing the violation involving Regulation §2600.187 (b) from the License Inspection Summary.

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative (Required on Every Page)	Date
Jennie R. Long, BSN, RN Director	11-7-2013

MARIA STEPIANOVICH, LMSW # 1177  
Regional Licensing Approval & Plan of Correction  
maria Stepanovich

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Violation Report: 42804 - 10/04/2013 - Garigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

NOV 7 2013

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The October 2013 MAR for resident #2 includes Xenaderm which is to be applied to the right foot every 12 hours, cover with gauze and tape; however, this treatment was not administered on 10/2/13 at 8:00 am and 10/3/13 at 8:00 pm.

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.

*See home's attached plan of correction*

Please see Exhibit # 7 for POC

*see Attachment G page 5A 89*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jennie A. Long BSN RN Director* Date *November 7, 2013*

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

The above plan of correction is approved as of <u>11/8/13</u> (Date)	Plan of correction implementation status as of <u>11/8/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



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Exhibit # 7

Regulation §2600.187 (a) (see Page 8 of 9)

- Initially both staff members that were involved were interviewed regarding this specific resident order. Both Nurses indicated that they had completed the dressing but had forgotten to sign off on the MAR. Human Resource Director was contacted regarding disciplinary action. Both Staff members received disciplinary action regarding the lack of documentation (Exhibit 7 A).
- In order to prevent a similar violation from occurring again the following safeguards have been put into place:
  - ☼ A Mandatory Resident Care Coordinator (RCC) Meeting was held 10/22/2013 to review the Exit interview findings with the licensed staff (Exhibit 7 B).
  - ☼ All RCC's were educated of the documentation policy and procedure (Exhibit 7 C). (10/22/2013)
  - ☼ All RCC's were educated on time management skills. They were informed that they need to set aside 5 minutes at the end of each medication pass to review the MAR's for missed documentation. They were also instructed to take 10 minutes at the end of their shift and review each of the MAR's for blanks to ensure that Medications and or treatments were not missed. Reminder sheets have been placed at the front of each MAR to serve as a visual reminder (Exhibit 7 D). (On-going)
  - ☼ Quality Assurance Audit has been instituted on a weekly basis that all of the MAR's will be reviewed for incomplete documentation (Exhibit 7 E). (On-going)

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative (Required on Every Page)	Date
Jennie R. Long, BSN, RN Director	11-7-2013

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

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Page 9 of 9

Violation Report: 42804 - 10/04/2013 - Garrigan, Laurie  
PCH Name: VILLA ANGELA AT ST ANNE HOME

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1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a diagnosis of Down's Syndrome as indicated on the medical evaluation, dated 5/3/13. However, resident #1's support plan, dated 5/7/13, does not address the services the home will provide to assist the resident regarding this diagnosis.

Resident #2 uses a walker; however, the support plan, dated 3/5/13, does not include the use of a walker.

Resident #3 uses a wheeled walker; however, the support plan, dated 8/7/13, does not include the use of a wheeled walker.

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.

*see homes attached plan of correction*

Please see Exhibit # 8 for POC

*See Attachment H page 9A 089*

*See Attachment I page 9B 089*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Jennie H. Long RN/BSW Director*

Date

*11/7/13*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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



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Exhibit # 8 (pg. 1)

Regulation §2600.227 (d) (see Page 9 of 9)

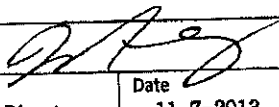
The initial corrective action taken for each resident:

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WEST REGION BUREAU OF  
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- Resident # 1
  - ☼ The resident's RASP was reviewed.
  - ☼ Regarding the resident's diagnosis (listed under Medical diagnosis-physical) (pg. 6) (Exhibit 8 A1): The RASP indicates that we will provide a safe environment for him, note changes in systems affected by Down Syndrome (vision, hearing, Thyroid).
  - ☼ Regarding the resident's diagnosis (listed under Medical diagnosis-Psychological) (pg. 8) (Exhibit 8 A2): Cognitive function due to Down Syndrome - "No issues of Psychological needs at this time (he has a clinical Psychologist that he sees as needed Listed on the page 1 of the RASP (Exhibit 8 A3)). Monitor for changes. Assist if problems with fine motor skills. Give ample time if speech is delayed when resident is answering questions. Answering for him can frustrate him on occasion. He needs time to think about what he wants before verbally answering."
  - ☼ The Director is respectfully requesting that you please consider removing this example of the violation involving Regulation §2600. 227 (d) from the License Inspection Summary because it believed that we have the services listed that we provide for the resident regarding this diagnosis effectively meet the resident's needs.
- Resident # 2
  - ☼ The resident's RASP was reviewed.
  - ☼ Regarding the resident's use of an assistive device for ambulation (pg.3) (Exhibit 8 B1): The use of a walker was added to information on the RASP.
  - ☼ Regarding the resident's use of an assistive device for ambulation (Last page of RASP) (Exhibit 8 B2): The use of a walker was added to the Assessment and Support plan Updates and Changes addendum attached to the RASP.

Signature of Legal Entity Representative (Required on Every Page)		
Printed Name and Title of Legal Entity Representative (Required on Every Page)	Date	
Jennie R. Long, BSN, RN Director	11-7-2013	

MARIA STEPAWICK (ms) 11/8/13  
Regional Licensing Approval of Plan of Correction  
maria stepawick

Dedicated to the healing mission of Jesus Christ.



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Human Services Licensing

Exhibit # 8 (pg. 2)

Regulation §2600.227 (d) (see Page 9 of 9)

- Resident # 3
  - ☼ The resident's RASP was reviewed.
  - ☼ Regarding the resident's use of an assistive device for ambulation (pg.5) (Exhibit 8 C): The use of a walker was added to the resident's Support Plan - Mobility on the RASP.
- In order to prevent a similar violation from occurring again the following safeguards have been put into place:
  - ☼ An Audit of all 42 RASP's was completed 11/5-6/2013. Any corrections that were needed were completed.
  - ☼ An audit of the RASP's that were completed for current month will be done on a monthly basis and reviewed at the quarterly Quality Assurance committee meeting. The audit will look at the Diagnosis' and assistive devices on the DME for each resident and will cross reference the RASP to ensure the residents' needs are being met. (Exhibit 8 D) (On-going)

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative (Required on Every Page) Jennie R. Long, BSN, RN Director	Date 11-7-2013

MARIA STEPAWVIC (LMS) 11/8/13  
 Regional Licensing Approval of Plan of Correction  
 Maria Stepanovich

Dedicated to the healing mission of Jesus Christ.