



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 22 2014

Ms. Heidi A. Aguillo, RN, President
HFA, Inc.
13771 South Eagle Valley Road
Tyrone, Pennsylvania 16686

RE: Olivia Village
License #: 319170

Dear Ms. Aguillo:

As a result of the Department of Public Welfare's licensing inspection on May 6, 2014, 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.

Your regular license for the period September 6, 2014 to September 6, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

Violation Report: 31917 - 05/06/2014 - Hoover, Douglas.
 PCH Name: OLIVIA VILLAGE

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
 Resident #1 has not received quarterly reports of financial transactions since October of 2013.

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.

Short Term Goals:

1. A copy of the resident's quarterly itemized account was given to Resident #1 and a copy was sent via mail to his designated person. Pls. see record of receipt from Resident #1.
2. Please see attached copy of Quarterly Financial report given to Resident #1.

Long Term Goals:

1. The administrator will ensure that all residents that require assistance with financial management will receive a quarterly financial summary report. The residents will sign receipt of the report.
2. The administrator will send resident's designated person a copy of the quarterly financial summary report via mail.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Heidi A. Aguillo RN, BSN

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) HEIDI A. AGUILLO / ADMINISTRATOR Date 5/21/2014

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

The above plan of correction is approved as of 7.8.14
 (Date)

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

Plan of correction implementation status as of 8.15.14
 (Date)

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

Violation Report: 31917 - 05/06/2014 - Hoover, Douglas
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION
 The home collects a portion of the rent rebate benefit for eligible residents. The resident-home contract for residents' 2, 3 and 4 does not include the home's intended use for rent rebate revenues collected.

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.

Short Term Goals:

1. Residents 2, 3 and 4 contracts ~~should include~~ home's intended use for rent rebate revenues collected. *have been updated with the (SE)*
2. Please see the attached completed contract signed by Resident's 2, 3 and 4.

Long Term Goals:

1. The Administrator will ensure the intended use for rent rebate revenues will reflect in the contract.
2. The contract will be prefilled with (Resident's Activities) as the intended use for rent revenues before printing and signing by residents on admission to make sure the contract is complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Heidi A. Aguillo RN, BSN
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI A. AGUILLO / ADMINISTRATOR	Date 5/21/2014
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The above plan of correction is approved as of 7.8.14
 (Date)

Plan of correction implementation status as of 7.8.14
 (Date)

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

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

Violation Report: 31917 - 05/06/2014 - Hoover, Douglas
 PCH Name: OLIVIA VILLAGE

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 can in the kitchen has a lid with a circular opening in the center which would not prevent the penetration of insects and rodents.

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.

Short Term and Long Term Goals:

1. The kitchen trash can was replaced with covered trash can that has no opening in the center of the lid. Please see attached picture of the trash can replacement.
2. Staff was instructed to keep the kitchen trash can covered. The lid may be removed only when they are actively in use, during food preparation and clean up.
3. The administrator will check daily that the kitchen trash can is kept covered when not actively in use.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Heidi A. Aguillo RN, BSN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI A. AGUILLO / ADMINISTRATOR Date 5/21/2014

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The above plan of correction is approved as of 7-8-14
 (Date)

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

Plan of correction implementation status as of 7-8-14
 (Date)

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

Violation Report: 31917 - 05/06/2014 - Hoover, Douglas
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The kitchen freezer had a package of boneless chicken thighs and a 4 pound bag of fish sticks that was open and not sealed.

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.

Short term goals:

1. The administrator hanged a poster at the freezer door to remind all staff to seal and date food items before storing in the freezer. Please see attached poster hanged at the freezer door.

Long term goals:

1. The administrator included in the daily monitor sheet for charge staff to check refrigerators and freezers every shift to make sure all food items stored in the freezer and refrigerator are sealed and dated.
2. The administrator will continue educating the staff on Food Safety and the importance of storing food in closed or sealed containers.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heidi A. Aguillo RN, BSN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HEIDI A. AGUILLO / ADMINISTRATOR</i>	Date <i>5/21/2014</i>
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The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-9-14</u> (Date)
The above plan of correction was approved by <u><i>HA</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31917 - 05/06/2014 - Hoover, Douglas
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.104(c) - Condiments shall be available at the dining table.

2a. DESCRIPTION OF VIOLATION

No condiments were on the dining room tables or provided to residents for the noontime meal on 5/6/14. Staff members stated that no condiments were provided for breakfast on 5/6/14 and dinner on 5/5/14 because the residents did not ask for them.

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.

Short Term and Long Term Goals:

1. The administrator instructed all staff to place condiments on every dining table every each meal.
2. The administrator trained staff as a procedure in setting the dining table to add the condiments along with the silver wares and other dining settings before each meal.
3. A set of condiments is placed at the table server in the dining room so they are readily available to all residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heidi A. Aguillo RN, BSN

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

HEIDI A. AGUILLO / ADMINISTRATOR

Date *5/21/2014*

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 (Date)

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7.8.14
 (Date)

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HA
 (Initials)

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Violation Report: 31917 - 05/06/2014 - Hoover, Douglas
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

There were no directional exit signs for the side exits in the 2 hallways. The side exits are not visible from either end of the hallways.

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.

Short Term and Long Term Goals:

1. A visible directional exit signs were provided.
2. Please see attached picture of directional exit signs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heidi A. Aquillo RN, BSN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HEIDI A. AGUILLO / ADMINISTRATOR</i>	Date <i>5/21/2014</i>
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The above plan of correction is approved as of *7-8-14*
 (Date)

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

Plan of correction implementation status as of *7-8-14*
 (Date)

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