



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: July 8, 2014

Ms. Jean Bready, President
Evergreen Elder Care Inc.
1201 Museum Road
Reading, Pennsylvania 19611

RE: The Villa St. Elizabeth
License #205760

Dear Ms. Bready:

As a result of the Department of Public Welfare's licensing inspection on May 27, 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20578 - 05/27/2014 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Approximately 3-4 weeks ago, Resident #1 allegedly hit Resident #2 across the face and hit Resident #3 with a spoon. The incidents were witnessed by staff members and reported to Administrator A. The home did not report the suspected resident to resident abuse to the local area agency on aging.

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 NEXT TWO PAGES →

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, RN ADMIN / OWNER	Date	6-20-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

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

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

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.....Continued from previous page 2 of 4

RE: 2600.15(a)

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS? which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan IN THE EVENT THE VIOLATION WERE TO OCCUR. The facility has disputed the findings noted on Section 2a by the DPW inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below in the event a violation in this area were to occur sometime in the future:

1. Regulation 2600.15(a) is important because it ensures the immediate reporting of suspected abuse of a resident to the Area Agency on Aging – Protective Services and other authorities. The facility has always been committed to preserving a safe and nurturing environment for its residents.
2. In the event a violation of this regulation occurred, it ~~would~~^{will} have been violated by the Administrator's failure to report an incident of alleged abuse to the AAA and/or Police Departments.
3. The cause of this violation in the event it was to occur would be the lack of timely reporting of an incident of alleged abuse to the AAA and/or police department.
4. To fix the violation right away, the Administrator ~~would~~^{will} re-train the entire staff on Older Adult Protective mandatory reporting of alleged resident to resident abuse.
5. To prevent future violation, all staff is re-covered to closely monitor their respective residents to reduce resident to resident disagreements. In the event, of an alleged abuse incident, the employee is to notify their supervisor/manager immediately.
6. The Administrator, her management team and the owners will continue to daily monitor all resident relations to completely insure the prevention of any and all potential occurrences of resident to resident disagreements and/or alleged abuse. *and report as required.*

Signature of Legal Entity Representative:

Jean Bready
JEAN BREADY ORS

Print Name and Title of Legal Entity Representative:

ADMIN/OWNER

Date: 6-20-14

J 7-7-14

The home will have the training on what constitutes abuse, and the reporting requirements. Sign in sheets will be used - the topics covered & attendance sheets will be retained by the home.

Violation Report: 20576 - 05/27/2014 - Novak, Ryan
 PGH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Approxiamately 3-4 weeks ago, Resident #1 allegedly hit Resident #2 across the face and hit Resident #3 with a spoon. The incidents were witnessed by staff members and reported to Administrator A. The home did not report the suspected resident to resident abuse to the Department

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 NEXT TWO PAGES →

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/18/2013 ERROR	07/03/2013	6-18-13
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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 RN
 ADMIN / OWNER

Date 6-28-14

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

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

Please send training docs to the Scranton office upon completion.

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

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

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

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.....Continued from previous page 3 of 4

RE: 2600.16(c)

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS? which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan **IN THE EVENT THE VIOLATION WERE TO OCCUR**. The facility has disputed the findings noted on Section 2a by the DPW inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below in the event a violation in this area were to occur sometime in the future:

1. Regulation 2600.16(c) is important because it ensures the immediate reporting of suspected abuse of a resident to the Pennsylvania Department of Welfare. The facility has always been committed to preserving a safe and nurturing environment for its residents.
2. In the event a violation of this regulation occurred, it ^{will} ~~would~~ have been violated by the Administrator's failure to report an incident of alleged abuse to the DPW.
3. The cause of this violation in the event it was to occur would be the lack of timely reporting of an incident of alleged abuse to the DPW.
4. To fix the violation right away, the Administrator ^{will} ~~would~~ re-train the entire staff on Older Adult Protective mandatory reporting of alleged resident to resident abuse.
5. To prevent future violation, all staff is scheduled closely monitor their respective residents to reduce resident to resident disagreements. In the event, of an alleged abuse incident, the employee is to notify their supervisor/manager immediately.
6. The Administrator, her management team and the owners will continue to daily monitor all resident relations to completely insure the prevention of any and all potential occurrences of resident to resident disagreements and/or alleged abuse. *and report if necessary.*

64
Berks
County
AAA

Q. 7-7-14

NOTE: REPEAT VIOLATION DESIGNATION IS NOT APPLICABLE:

At the instruction of legal counsel, it is being documented here that the designation on this inspection of "REPEAT VIOLATION: YES" is not correct or applicable. The two dates of previous violations are disputed by the facility for the following reasons:

1. 8/18/13 - The facility had no Previous Violation/Inspection with this date;
2. 7/3/13 - The facility management submitted a documented NO VIOLATION reply and rationale included in its Violation Report response to this inspection. As of today, 6/21/14, the company has received no communication from the DPW contesting nor disputing the company's NO VIOLATION stance. Additionally, the facility's annual inspection was conducted by the DPW on 9/5/13, at which time a full-license was renewed. There have been NO VIOLATIONS applicable to 2600.16(c) since the certification of a full license.

ERROR - 6-18-13 is the correct date. Q

Signature of Legal Entity Representative:

Jean Bready
JEAN BREADY, RN

Print Name and Title of Legal Entity Representative: ADMIN/OWNER

Date: 6-20-14

The home will submit sign in sheets and topics presented by the Berks County AAA. This training shall be scheduled no later than 7-21-14. They are expecting your call. Q. 7-7-14

Violation Report: 20576 - 06/27/2014 - Novak, Ryan
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent resident assessment support plan for Resident #1 was completed on 11/13/13. Staff and resident interviews indicated that Resident #1 is easily agitated, irritable, and aggressive to staff and residents. Licensing representative determined that Resident #1 is not oriented to time or place. The home has not completed a new resident assessment support plan of the residents needs to reflect these changes.

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 NEXT TWO PAGES →

Awaiting documentation regarding audits of resident records and evidence of quarterly reviews

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2013 ERROR	06/11/2013	6-18-13
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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 RN
 ADMIN - OWNER Date 6-20-14

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

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

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

20576

RE: 2600.225(c)

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan **IN THE EVENT THE VIOLATION WERE TO OCCUR**. The facility has disputed the findings noted on Section 2a by the DPW Inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below in the event a violation in this area were to occur sometime in the future:

1. Regulation 2600.225c is important as it provides the vehicle for the facility to create a comprehensive profile of a resident's needs. Additional assessments serve as basis for maintaining plans to meet the needs of the residents.
2. A violation occurs when a facility fails to update the resident's assessment if there is a significant change in the behavior of the resident.
3. The cause of this violation in the event it was to occur would be the staff of the facility did not update the assessment of the resident based on the understanding of the particulars of the resident and the physician's condition report.
4. To fix any violations and stay ahead of any developing or changing conditions of the residents, a staff review was done. A complete audit of all resident assessment and support plans will continue to be accomplished to clarify the current profiles of all the residents. - Documentation will be retained by the home. *ep*
5. To ensure on-going compliance to 2600.225c, the staff will participate in quarterly reviews of the residents they interact with to collect updated information, which might be important to escalate to the residents' physicians and responsible parties. Documentation to be retained by the home.
6. The Administrator is the responsible management person to ensure future compliance to this regulation, as she ultimately signs off on the assessment and support plans.

NOTE: REPEAT VIOLATION IS NOT APPLICABLE:

At the instruction of legal counsel, it is being documented here that the designation on this inspection of REPEAT VIOLATION: YES is not correct or applicable. The two dates of previous violations are disputed by the facility for the following reasons:

1. 8/18/13 - The facility had no Previous Violation/Inspection with this date; *ERROR - insp was 6-18-13.*
2. 6/11/13 - The facility management submitted a documented NO VIOLATION reply and rationale included in its Violation Report response to this inspection. As of today, 6/21/14, the company has received no communication from the DPW contesting nor disputing the company's NO VIOLATION stance. Additionally, the facility's annual inspection was conducted by the DPW on 9/5/13, at which time a full-license was renewed. There have been NO VIOLATIONS applicable to 2600.225(c) since the certification of a full license.

Signature of Legal Entity Representative: _____

Jean Brady
JEAN BRADY RN

Print Name and Title of Legal Entity Representative: ADMIN OWNER

Date: 6-20-14

ep, 7-7-14