



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 4, 2014

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

RE: Olivia Village
319170

Dear Ms. Aguillo:

As a result of the Department of Public Welfare's licensing inspection on June 30, 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 cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: OLIVIA VILLAGE		License Number: 319170
Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686		County: Blair
Administrator: Heidi Aguillo		Region: CENTRAL
Legal Entity Name: HFA INC		
Legal Entity Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686		
Certificate(s) of Occupancy C-2 LP 06/29/2004 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/30/2014: Gensil, Lori; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>AUG 01 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 15 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	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 15 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 31917 - 06/30/2014 - Gensil, Lori
PCH Name: OLIVIA VILLAGE

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

On 6/16/14, an allegation of abuse against Resident #1 was reported to the administrator. The home did not report the allegation to the local Area Agency on Aging until 6/17/14.

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 / Long Term Goals:

1. The Administrator reviewed with all staff the Protocols to follow for any Suspected Resident Abuse, Reporting and Investigation Requirements.
2. The Administrator posted the flow chart of the Suspected Resident Abuse Reporting and Investigation Requirements on the employee bulletin board to keep all staff always aware and reminded on the mandatory procedure to follow on any allegation of abuse.
3. The administrator emphasized to all staff to immediately call the local area agency on aging on any report or suspicion of any allegation of abuse.
4. All staff is instructed to report right away observations or evidence of abuse to the administrator as outlined in the Abuse Policy Statement of Olivia Village.
5. The Administrator reviewed with the staff Olivia Village's Risk Management Practices and Prevention Manual on Abuse, Molestation and Misconduct.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Heidi A. Aguillo RN, PDRN</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HEIDI A. AGUILLO/ADMINISTRATOR</i>			Date <i>7/31/2014</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8-1-14</u> (Date)		Plan of correction implementation status as of <u>8-1-14</u> (Date)	
The above plan of correction was approved by <u>HE</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: 31917 - 06/30/2014 - Gensil, Lori
 PCH Name: OLIVIA VILLAGE

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
 -On 6/16/14, Resident #1 reported an allegation of abuse to the administrator. The administrator did not call or send a reportable incident to the Department until 6/18/14.
 -Resident #2's support plan requires staff to be with the resident when walking the grounds. On 6/24/14, the resident became confused and wandered outside of the personal care home alone for an undetermined amount of time. A person from the community found the resident along a busy highway close to the home. The administrator did not submit an incident report 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.

Short term / Long term goals:

1. The Administrator reviewed the Abuse Reporting and Investigation Requirements with all staff. That any allegation of abuse must be called and/or a Reportable Incident form completed and sent to ARL within 24 hours.
2. The Administrator reviewed with all staff the protocols on Reportable Incident. Emphasized on the mandatory nature of submitting all reportable incidents and conditions within 24 hours.
3. The Administrator reviewed the lists of Reportable Incidents and conditions to all staff. Stressed on the unexplained absence of a resident and the need of supervision as reflected in the RASP.
4. The administrator requires the staff to document in detail on the progress notes any incident when an ambulance and/or police arrive in the facility with or without the staff calling or any outside person on the site of incident. These must all be reported to the administrator and a reportable incident must be sent within 24 hours.
5. The Administrator emphasized to all staff that any allegation of abuse and wandering outside the home requires a reportable incident and must be sent to DPW within 24 hours.
6. The Administrator will make sure that a Reportable Incident be submitted to DPW within 24 hours for any allegation of abuse and wandering outside the home.

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>7/31/2014</i>
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The above plan of correction is approved as of <u>8-1-14</u> (Date) P03of4 The above plan of correction was approved by <u>BE</u> (Initials)	Plan of correction implementation status as of <u>8-1-14</u> (Date) <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
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Violation Report: 31917 - 06/30/2014 - Gensil, Lori

PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for Resident #2 indicates that the resident requires assistance with supervision outside of the home. On 6/24/14, the resident became confused and wandered outside of the home alone. The resident was found by a person from the community along a busy highway. The resident's supervision needs were not met by 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.

Long Term and Short Term Goals:

1. The administrator requires all staff to sign and date the RASP as they read to ensure that all staff is aware of each resident's needs and that these needs must be met.
2. The administrator will continue to enforce on new employees to read and sign all the resident's RASP before working with the residents to keep them aware of supervision needs and other resident's needs.
3. The Administrator will increase / adjust number of staff on duty according to acuity and needs of supervision to ensure safety of all residents.
4. The Administrator instructed all staff to plan together their daily activities to consider a staff is always available for supervision needs of residents.
5. The administrator instructed and reminded all staff to continue reviewing and updating RASP every month and when there are changes in resident's status to make sure all resident's needs are met.
6. The administrator instructed all staff to assess residents daily of any increasing confusion and disorientation and the need of more supervision as needed during the shift. Report to the administrator of such a need to ensure coverage of supervision needs.
7. The administrator reviewed with the staff the Home's Risk Management Practices and Prevention Manual on Safe Wandering and Elopement Prevention.

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

7/31/2014

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(Date)Plan of correction implementation status as of 8-1-14
(Date)The above plan of correction was approved by EA
(Initials)

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