



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 3 1 2014

Ms. Jean Bready, Owner
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 August 28, 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 November 18, 2014 to November 18, 2015 was issued on August 19, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE VILLA ST ELIZABETH		License Number: 20576
Address: 1201 MUSEUM ROAD, READING, PA 19611		County: Berks
Administrator: Denise Kasaba		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 PA Dept of L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 77 Waking Staff: 58		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/28/2014: Yellenic, Cindy; Patton, Leslie; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 74 Have Mental Illness: 47 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20578 - 08/28/2014 - Yellenic, Cindy
PCH Name: THE VILLA ST ELIZABETH

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
Staff Person A, date of hire 7-22-2014, background check was not completed until 8-28-14.

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.

See next page →

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) Date

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

The above plan of correction is approved as of 10/24/14
(Date)

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

Plan of correction implementation status as of 10/24/14
(Date)

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

DB

PLAN OF CORRECTION:

1. Regulation 2600.51 is important because it ensures that employees with prohibitive offenses do not work in personal care homes. Criminal Background checks and hiring practices in accordance with the Older Adult Protective Services Act will protect the elderly residents of the facility.
2. Although it was documented on the new hire's checklist that a criminal background was completed upon hiring the employee, the copy of the criminal background check was not discovered in the employee file on the day of inspection.
3. The violation was caused by the human resources manager having lost or misplaced the original criminal background check of the employee.
4. To fix the violation right away, the general manager requested on-line and received a clear criminal background check for the staff member while the inspectors were still at the facility. This copy was dated 8-28-2014, the day of the inspection, and was filed in the employee's personnel file.
5. To prevent a future violation, the personnel manager reviewed all the employee files again to insure that each file contained an appropriate criminal background check. Additionally, the management has created a mandatory audit of all new hire personnel files by the general manager and Administrator at the time they are hired. Each file will be signed off by both managers.
6. The Administrator, the General Manager and the records manager will be responsible to insure all new hire packages are complete and cross-checked on an on-going basis.

Signature of Legal Entity Representative:

Jean Brady, R.N.

M
10/24/14

Print Name and Title of Legal Entity Representative: JEAN BREADY

Date: 10-16-14

ADMIN - COUNEL

Violation Report: 20576 - 08/28/2014 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2800.52 - 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
 Staff Person A, date of hire 7-22-2014, has been working independently as a direct care staff person. Staff Person A did not have a criminal background check completed until 8-28-14.

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.

See next page →

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)	Date
---	------

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

The above plan of correction is approved as of 10/24/14
 (Date)

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

Plan of correction implementation status as of 10/24/14
 (Date)

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

JB

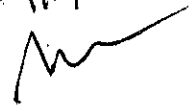
PLAN OF CORRECTION:

1. Regulation 2600.52 is important because it requires that background checks be performed within the required timeframes and that no individuals with a prohibitive offense be retained in a personal care homes. Criminal Background checks and hiring practices in accordance with the Older Adult Protective Services Act will protect the elderly residents of the facility.
2. Although it was documented on the new hire's checklist that a criminal background was completed upon hiring the employee, the copy of the criminal background check was not discovered in the employee file on the day of inspection.
3. The violation was caused by the human resources manager having lost or misplaced the original criminal background check of the employee.
4. To fix the violation right away, the general manager requested on-line and received a clear criminal background check for the staff member while the inspectors were still at the facility. This copy was dated 8-28-2014, the day of the inspection, and was filed in the employee's personnel file.
5. To prevent a future violation, the personnel manager reviewed all the employee files again to insure that each file contained an appropriate criminal background check. Additionally, the management has created a mandatory audit of all new hire personnel files by the general manager and Administrator at the time they are hired. Each file will be signed off by both managers.
6. The Administrator, the General Manager and the records manager will be responsible to insure all new hire packages are complete and cross-checked on an on-going basis.

Signature of Legal Entity Representative: _____

Jean Brady, C.N.

10/24/14



Print Name and Title of Legal Entity Representative: **JEAN BRADY**
ADMIN - OWNER

Date: **10-16-14**

Violation Report: 20576 - 08/28/2014 - Yellenic, Cindy
 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 exterior steps leading from the door to the outside of the home, in the fire tower near the library, does not have 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.

See next page →

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/05/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 10/24/14
 (Date)

Plan of correction implementation status as of 10/24/14
 (Date)

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

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

JB

1. Regulation 2600.98a is important to ensure the safety of the residents, their families, the staff and visitors by preventing trips and falls. Compliance to this regulation prevents falls and provides for the safe evacuation during emergency evacuations.
2. This regulation was violated because the exit-only door to the outside of the fire tower did not have a grab bar or handrail on the outside wall.
3. This violation was caused because the facility management had been instructed by the fire marshal that fire fighters would evacuate the residents out of the fire tower, which is the only time that this exit would be used. Resultantly, it was believed that this emergency exit-only door would be exempt from this regulation.
4. To fix this right away, the facility installed a handle at the cited emergency exit door while the inspectors were still on the property during the annual inspection.
5. The installation of handle will now prevent any future violations by the DPW inspectors. Additionally, the administrator and maintenance manager will conduct a monthly property and building inspection to insure the proper condition and locations of the handles and handrails at all doors. Evaluations will be noted to the need for additions or replacements during this inspection.)
6. Unless the facility undergoes construction of additional exits or interior modifications, there will be no other locations requiring handles or handrails. The administrator and maintenance manager will be responsible for on-going compliance to this regulation.

Signature of Legal Entity Representative:

Jean Bready, R.N.

10/24/14



Print Name and Title of Legal Entity Representative: JEAN BREADY

Date: 10-16-14

ADMIN - OWNER

Violation Report: 20576 - DB/28/2014 - Yellenic, Cindy
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 8/28/14, a case of peanut butter was stored on the floor in the closet off the staff laundry hallway. The home had a food delivery in the early morning of 8/28/14, and during the physical site inspection in the late afternoon, the food that was delivered was still on the floor of the kitchen.

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 next page →

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) Date

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

The above plan of correction is approved as of 10/24/14
(Date)

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

Plan of correction implementation status as of 10/24/14
(Date)

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

J.B.

1. Regulation 2600.103(d) is important in that it protects food from contaminants on the floor or which may be spilled on the floor. Furthermore, the regulation ensures that food items and their original packaging will not be in direct contact with the floor.
2. This regulation was violated because a case of peanut butter was in direct contact with the floor in the emergency food storage room.
3. This violation was caused because the facility management believed the original packaging was protecting the case of peanut butter.
4. To fix this right away, the facility management placed the case of peanut butter in a sealed plastic container on the day of the inspection while the inspectors were still on the property.
5. In order to prevent future violations of this type, all food storage areas will have signs posted that no food articles are allowed to be placed in direct contact with the floor. Additionally, the dietary manager will include the monitoring of the placements of all food packages in her weekly inspections of all food storage areas.
6. The dietary manager and Administrator will be responsible to monitor the food storage areas for proper off-the-floor storage on an on-going basis.

Signature of Legal Entity Representative:

Jean Bready, R.N.

10/24/14
M

Print Name and Title of Legal Entity Representative: JEAN BREADY

Date:

10-16-14

ADMIN - OWNER

Violation Report: 20575 - 08/28/2014 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home. The emergency procedures were being kept in the office.

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 next page →

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)	Date
---	------

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

The above plan of correction is approved as of <u>10/24/14</u> (Date)	Plan of correction implementation status as of <u>10/24/14</u> (Date)
The above plan of correction was approved by <u>M</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

JB

1. Regulation 2600.123(b) is important because it requires the following items to be readily available to all. Posting the required information allows for easy access to critical information by laypersons during an emergency.
 - a. The emergency preparedness plan for the municipality in which the home is located. See § 2600.107(a).
 - b. Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of residents. See § 2600.107(b)(3).
 - c. Means of transportation in the event that relocation is required. See § 2600.107(b)(4) in that it protects food from contaminants on the floor or which may be spilled on the floor. Furthermore, the regulation ensures that food items and their original packaging will not be in direct contact with the floor.
2. This regulation was violated because the emergency procedures were in the Administrator's office, instead of being posted in the main lobby for use and reference by all.
3. This violation was caused because the facility management did not return the notebook to the lobby after it had been updated.
4. To fix this right away, the facility management placed the emergency procedures in the lobby, which is both conspicuous and public, on the day of the annual inspection, while the inspectors were still on the property.
5. In order to prevent future violations of this type, the Administrator will insure that when any and all updates to the facility's census and/or staff lists are posted on the emergency procedures clipboards, she will insure that the emergency procedures are posted in conspicuous and public locations.
6. The General Manager and Administrator will be responsible to monitor the mandatory postings of all the emergency procedures documents in conspicuous and public areas of the facility.

Signature of Legal Entity Representative:

Jean Brady, R.N.

Print Name and Title of Legal Entity Representative: JEAN BRADY

Date: 10-16-14

ADMIN. OWNER

10/24/14

Violation Report: 20578 - 08/28/2014 - Yellenic, Cindy
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

The comment section of the fire drill record for the drill conducted on 10/16/13 states, "Resident in shower. Refused to evacuate." The fire drill record incorrectly indicated that 68 of 68 residents evacuated during the drill. Information regarding the number of residents who evacuated during the drill was incorrectly documented.

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 next page →

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)	Date
---	------

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

The above plan of correction is approved as of <u>10/24/14</u> (Date)	Plan of correction implementation status as of <u>10/24/14</u> (Date)
The above plan of correction was approved by <u>M</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

JB

1. Regulation 2600.132(c) is important because it requires the proper recording of fire drill information in order to help the home ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.
2. This regulation was violated because of a documentation error when recording the fire drill info on the log.
3. This violation was caused because the fire safety manager made a data recording error when filling out the fire drill log.
4. To fix this right away, the facility management corrected the documentation error while the inspectors were still at the property.
5. In order to prevent future violations of this type, the Administrator will sign-off on the documentation of the fire drill data on the fire drill log. The Administrator will conduct a follow-up meeting after every fire drill with affected staff to guarantee the accuracy of all the compiled data.
6. The General Manager and Administrator will be responsible to insure the accurate recording of all monthly fire drill data on an on-going basis. Additionally, the monthly fire drill log will be signed off by the Administrator.

Signature of Legal Entity Representative:

Jean Brady R.N.

10/24/14

Print Name and Title of Legal Entity Representative: JEAN BRADY

Date: 10-14-16

ADMIN - TWINER

Violation Report: 20576 - 08/28/2014 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 65 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates that 68 residents were present in the home on 10/18/13 at 3:07am and that 67 evacuated. Resident #1 was in the shower and refused to evacuate.

In addition, the home's fire alarms sounded at approximately 11:00pm on the evening of 8/27/14 as a result of what was believed to be an air conditioner unit in an unoccupied resident room releasing dust particles into the smoke detector. When the alarms sounded, all residents evacuated except for resident #1 who remained in his/her room and refused to evacuate to a designated internal or external fire safe 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.

See next page →

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)	Date
---	------

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

The above plan of correction is approved as of <u>10/24/14</u> (Date)	Plan of correction implementation status as of <u>10/24/14</u> (Date)
The above plan of correction was approved by <u>M</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

JB

1. Regulation 2600.132(h) is important because it establishes and requires the facility mark designated meeting places and utilize communication systems to ensure that residents are accounted for during actual fires and to ensure total evacuation and prevent death or injury from wandering.
2. This regulation was violated because not all of the residents evacuated to the designated meeting places as required in the fire safety code.
3. This violation was caused because the staff failed to assist the resident out of the shower to properly evacuate.
4. To fix this right away, the facility management covered the sectional staff of the resident with the proper procedures for resident evacuation.
5. In order to prevent future violations of this type, all staff was covered on the proper procedures to evacuate the residents, especially those who initially refuse. The Administrator also met with the family of the resident and there was a concerted plan of action to insure he will evacuate at any time the bell sounds.
6. The General Manager and Administrator will be responsible to insure the proper procedures and accurate recording of all monthly fire drills are executed on an on-going basis.

M
10/24/14

Signature of Legal Entity Representative: Jean Bready, R.N.

Print Name and Title of Legal Entity Representative: JEAN BREADY Date: 10-16-14
ADMIN - OWNER

Violation Report: 20678 - 08/28/2014 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 2-22-14, Staff Person B completed the medication administration annual practicum. However the student certification form does not have any trainer information listed.

On 11-12-13, Staff Person C completed the medication administration annual practicum. However the student certification form was not completed after the practicum.

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 next page →

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)	Date
---	------

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

The above plan of correction is approved as of 10/24/14
 (Date)

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

Plan of correction implementation status as of 10/24/14
 (Date)

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

AB

1. Regulation 2600.182(b) is important because it ensures that medication will be administered safely and in accordance with best practices by trained professionals.
2. This regulation was violated because the medication administration training records were incomplete for two staff members.
3. This violation was caused because the facility management failed to monitor the proper training records of its med-techs.
4. To fix the violation right away, the Administrator contacted the Trainer, [REDACTED] to come to the facility that same day to correct and complete the training records of the two staff members. Additionally, the Administrator had the Trainer speak with the inspectors while they were still on the property.
5. To prevent future violations of this type, the Administrator will audit the quarterly reviews of the existing staff and ensure that the student certification forms are completed properly.
6. The Administrator and owner together with the contracted training vendor will ensure the on-going compliance to this regulation.

10/24/14

Signature of Legal Entity Representative:

Jean Brady, L.N.

Print Name and Title of Legal Entity Representative

JEAN BRADY

Date:

10-16-14

ADMIN - OWNER

Violation Report: 20576 - 08/28/2014 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 8/28/14 Cortisone cream was on Resident #2's night stand, unlocked and accessible to residents in resident room 105.

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 next page →

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)	Date
---	------

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

The above plan of correction is approved as of 10/24/14
 (Date)

Plan of correction implementation status as of 10/24/14
 (Date)

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

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

JB

1. Regulation 2600.183(b) is important because it ensures that all medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications. A locked area or container will prevent unauthorized usage of these medications.
2. This regulation was violated because the medication was discovered in an unlocked, private resident room.
3. This violation was caused because the new resident, who was covered on the house rules about no OTC medications allowed in the room, went shopping the day before the inspection and purchased the cortisone cream without the staff's knowledge.
4. To fix the violation right away, the Administrator notified the resident's doctor and received an order for self-medication of this cream and permission from the doctor to keep the cream at his bedside. This was accomplished while the inspectors were still on the property.
5. To prevent future violations of this type, the Administrator counseled the resident about keeping his door locked at all times when leaving his room.
6. The Administrator and Medication Manager together will be responsible to ensure the on-going compliance to this important regulation.

Signature of Legal Entity Representative:

Jean Bready R.N.

10/24/14

Print Name and Title of Legal Entity Representative:

JEAN BREADY

Date:

10-16-14

ADMIN - OWNER

Violation Report: 20576 - 09/28/2014 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

It is the home's policy that all narcotic medications be double-locked at all times. At approximately 3:15pm on the day of the inspection, the "mansion" medication cart was observed to be locked, but the drawer containing narcotics was not, resulting in the narcotics not being double-locked as required by the home's policy.

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 next page →

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/05/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 10/24/14
 (Date)

Plan of correction implementation status as of 10/24/14
 (Date)

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

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

AB

1. Regulation 2600.185(a) is important because it reduces the risk that medications and medical equipment will be misplaced, lost, or misused.
2. This regulation was violated because the narcotics box was not locked down, even though the cart was properly locked.
3. This violation was caused because the wrong key was used to lock the narcotics lockbox and it stayed ajar.
4. To fix the violation right away, the Medication Manager used the proper key to lock the narcotic lockbox while the inspectors were still on the property.
5. To prevent future violations of this type, the Administrator has coordinated with the pharmacy to have a monthly audit of the working condition. All med-techs were re-covered on the proper double-locking of the narcotics in the med cart.
6. The Administrator and Medication Manager together will be responsible to ensure the on-going compliance to this important regulation.

Signature of Legal Entity Representative:

Jean Bready, R.N.

10/24/14

Print Name and Title of Legal Entity Representative: JEAN BREADY

Date: 10-16-14

ADMIN - OWEN