



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 13 2015

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 Human Services' licensing inspection on November 6, 2014 and November 21, 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 February 5, 2015 to February 5, 2016 was issued on October 24, 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: VILLA ANGELA AT ST ANNE HOME		License Number: 42804
Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Jennie Long		Region: WEST
Legal Entity Name: ST ANNE HOME INC		
Legal Entity Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		RECEIVED
Certificate(s) of Occupancy I-2 12/01/2010 City of Greensburg		FEB 03 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2014: Pfaff, Vicki; Mazza, Larry; Park, Both 11/21/2014: Pfaff, Vicki		
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: 54	Number of Residents who:	
Number of Residents Served: 43	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 43	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served In Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 9	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 9		

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
February 5, 2015

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WEST HICKORY FIELD OFFICE
Human Services Licensing

Violation Report: 42804 - 11/06/2014 - Pfaff, Vicki
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired on 6/14/10 did not receive training on the following topics during the 1/1/13 - 12/31/13 staff training year:

- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- * Care for residents with dementia and cognitive impairments.
- * Personal care service needs of the resident.

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 page 2 B of 4

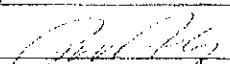
Exhibit # 1

Exhibit # 1 a (1-8)

Exhibit # 1 b

Exhibit # 1 c

Repeat Violation: No	Date(s) of Previous Violation(s):		
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S I P R	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	February 5, 2015	

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

The above plan of correction is approved as of 2-9-15
(Date)

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

Plan of correction implementation status as of 2-9-15
(Date)

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

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FEB 5 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Exhibit # 1

Regulation §2600.65 (f) (Page 2 of 4)

- Staff Member A's educational hours exceeded the required number. However she had not completed the appropriate required topics. Staff member completed education on the three topics listed in the violation report (1. Instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan. 2. Care for residents with dementia and cognitive impairments. 3. Personal care service needs of the resident.) by January 31, 2015 (see attachment Exhibit #1a(1-8) Education certificates and sign sheet for in-service).

Education is extremely important for direct care staff at Villa Angela. We will take the following steps to ensure that we remain in compliance with education requirements in §2600.65 (f).

- All Villa Angela staff are required to complete monthly on-line education at <https://learningcenter.pahomecare.org/> (Nurses can also complete the required topics on <http://www.medscape.com/resource/geriatric>), print the certificates and turn them into the Resident Care Coordinator to be logged in on the Staff education log (see attachment Exhibit #1b) by the last day of each month.
- The log will be updated monthly by the 15th of the following month. If there are any staff members that have not completed the minimum requirement of 1 hour of education, the Resident Care Coordinator will notify the staff member that is not in compliance in writing using a counseling form (see attachment Exhibit #1c) that they will have one week to complete the required monthly education before they will go into the disciplinary process.

By 2-15-15 - The Administrator or designated staff person will review all 2014 direct care staff training records to ensure all direct care staff have completed all of the required training in accordance with regulation 2600.65(f) during the 2014 training year. 2-9-15

Jennie R. Long, BSN, RN
Director of Villa Angela at
St. Anne Home

February 5, 2015

2-9-15

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FEB 05 2015

Violation Report: 42804 - 11/06/2014 - Pfaff, Vicki
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the home's elevator electrical room has not been inspected since 7/2013.

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.

See page 3A of 4

Exhibit # 2

Exhibit # 2 a

Exhibit # 2 b

Exhibit # 2 c

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(R) 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

February 5, 2015

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The above plan of correction is approved as of 2-4-15
(Date)

Plan of correction implementation status as of 2-9-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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

Page 3 of 4

Violation report: 42804- Pfaff, Vicki
PCH Name: VILLA ANGELA AT ST. Anne Home

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Human Services Licensing

Exhibit # 2

Regulation §2600.131 (f) (Page 3 of 4)

- 11-22-2014 [REDACTED] (Director of Plant Operations) replaced the out dated fire extinguisher with a spare that has a current inspection date of 11-2014 in the elevator room.
- The Director of Plant Operations notified ABC Fire Protection Company (150 Wilson Ave, Greensburg, PA 15601 724-834-3665) that the Fire Extinguisher needed inspected and a new label would need placed on it when the inspection was completed.
(Completed)
- The Fire extinguisher located in the elevator room will be moved to a flush mount wall cabinet outside of the elevator room by **February 28, 2015. (Documentation to Follow)**
- The fire extinguisher map will be updated to reflect the change of location (see attachment Exhibit #2a Map indicating Fire Extinguisher Locations).
- Maintenance staff / Night Guard will perform monthly Quality Assurance inspections on all fire extinguishers. Any discrepancies or concerns while completing the inspections will be documented and communicated to the Director of Plant Operations (see attachment Exhibit #2b Q. A. Audit form). The Audits will be reviewed at the Quarterly Quality Assurance meetings.
- The Safety Committee will also audit the Villa Angela fire extinguishers on a monthly basis to ensure that they are within compliance for the dates and that the extinguishers are fully charged (see attachment Exhibit #2c Safety Committee Audit form). The Audits will be reviewed at the Monthly Safety meetings.

Jennie R. Long, BSN, RN
Director of Villa Angela at
St. Anne Home

February 5, 2015

2-7-15

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FEB 13 2015

Violation Report: 42804 - 11/06/2014 - Pfaff, Vicki
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's safe evacuation time specified by a fire safety expert on 8/19/14 is 4 minutes and 50 seconds. On 9/11/14 at 3:00 a.m. the home conducted a fire drill which had an evacuation time of 5 minutes and 10 seconds.

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 page 4 & 119

Exhibit # 3

Exhibit # 3 a

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
February 5, 2015

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

The above plan of correction is approved as of 2-9-15
(Date)

Plan of correction implementation status as of 2-9-15
(Date)

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

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

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FEB 15 2015

WEST REGION FIELD OFFICE
Human Services Licensing

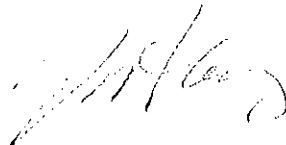
Exhibit # 3

Regulation §2600.132 (d) (Page 4 of 4)

- This regulation is to ensure resident safety and practice of fire drills on a routine basis. This allows for residents to be familiar with the fire drill practices and the different routes that can be used during a drill.
- Staff education regarding fire drills and our fire safety plan. This occurred January 21, 2015 (see attachment Exhibit #3a Meeting sign in sheet)
- The August 19, 2014 letter from the fire safety expert specifies 4minutes and 50 seconds as a safe evacuation time. We will add weekly drills (2/9, 16, 23, 3/2) until the time is below the allowable time as indicated by the fire safety expert for 2 consecutive drills and then return to the required monthly drills (**Documentation to Follow**).
- From this point forward, if there is a drill that supersedes the required time as determined by the Fire safety expert, a fire drill will be held unannounced on a weekly basis until the safe evacuation time is reached. There will be documentation as to what may be the cause of the extended evacuation time.
- Villa Angela will investigate hiring an additional fire safety consultant to inspect our facility and establish a fixed evacuation time in lieu of basing our fire safe time on our annual drill time. (**Documentation to Follow**).

Immediately - If the home is unable to meet the safe evacuation time specified by the fire safety expert, the home will add the proper number of staff to ensure resident safety including safe evacuation of all residents in the time specified by the fire safety expert. 2-9-15

Jennie R. Long, BSN, RN
Director of Villa Angela at
St. Anne Home



February 5, 2015

2-9-15