



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]  
MAILING DATE: June 18, 2015

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 February 10, 2015 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: 20576 - 02/10/2015 - Novak, Ryan  
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The exit door located near room #134 has duct tape around the frame of the door. The door will not immediately open when pushed upon, preventing immediate egress in the event of an emergency.

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 →

JB  
3.20.15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jean Brandy*

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

J BRANDY PESS / OWNER

Date 3.20.15

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

The above plan of correction is approved as of 4-1-15  
(Date)

Plan of correction implementation status as of 4-1-15  
(Date)

The above plan of correction was approved by

*JP*  
(Initials)

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

02-10-2015 Inspection

1. 2600.121(a)

page 3 of 5

1. Regulation 2600.121(a) is important because it ensures that all fire exits are unblocked and clear for immediate evacuation.
2. It was violated by the temporary application of tape around the frame of the door.
3. The cause of this violation was the lack of timely repair of a separated door seal around the frame of the exit door.
4. The violation was fixed right away. The new door sealer gasket was installed the same day of the inspection.
5. To prevent future violation, all staff have been re-trained on the importance of maintain free access to all exit doors with no blockages or attachments.
6. The Administrator, her management team and staff will continue to daily monitor all exit doors during all shifts. Any deviation will be reported to the Administrator or owner immediately.

Signature of Legal Entity Representative: \_\_\_\_\_

*Jean Brady*

Print Name and Title of Legal Entity Representative: \_\_\_\_\_

J. BRADY

Date: \_\_\_\_\_

3-20-15

PRES/OWNER

*Anne Grayson*

04-01-15

Violation Report: 20576 - 02/10/2015 - Novak, Ryan  
 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  
 The home's narcotic policy notes: At the change of each shift an inventory of controlled substances must be completed by two persons who are authorized to administer medication. Both must sign off on the controlled substance sheet and witness the locking of the drugs in the narcotics box.  
 On 2/10/15 at 7am Staff member B and C signed the controlled substance sheet that the inventory was accurate. During a narcotic count by licensing representatives on the day of the inspection, the following was noted: The narcotic count sheet for Resident #2's 50 mcg Fentanyl patch notes 4, however only 3 were present in the box. The narcotic count sheet for Resident #2's PRN Lorazepam notes 3, however only 2 pills were present in the bubble pack.

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 →  
 JB  
 3-20-15

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) *J. BREADY Pres/owner* Date *3-20-15*

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1. Regulation 2600.185(a) is important as it reduces the risk that medications and medical equipment will be misplaced, lost or mis-used.
2. A violation occurs when a med-tech fails to perform an accurate medications count.
3. The cause of this violation was firstly that the med-tech did not count the med cart's narcotics correctly and thus documented an incorrect count. Secondly, the med-tech failed to document on the MAR for PRN Lorazepam - only documented it on the NARC sheet.
4. To fix any violations right away, the same med-tech, who caused both violations was suspended from medication administration until he would be re-trained and monitored.
5. To ensure on-going compliance to 2600.185(a), the med-tech will take the patches out of the box and both med-techs will count the patches. Additionally, the med-tech must document on both the MAR and Narc count sheet as soon as it is given. At each shift change, this procedure with two med-techs. Ongoing, Med Mgr will audit Narc books at the end of each shift. Supervisor on the on-coming shift will audit Narc books. Furthermore, when counting the blister pack narcotics, all blister packs will be removed from the narc box and counted so the med-tech counting can see clearly the amount of pills left in the blister packs and then document correct amount on both the MAR and narc count sheet.
6. The Administrator and Med. Mgr. will continue to audit the med carts and narc counts and will be directly responsible for the future compliance to this regulation.

Signature of Legal Entity Representative: \_\_\_\_\_

*Jean Brady*

Print Name and Title of Legal Entity Representative: \_\_\_\_\_

J. BRADY

Date: \_\_\_\_\_

3-20-15

PRES / OWNER

*Anne Grayson*

04-01-15

Violation Report: 20576 - 02/10/2015 - Novak, Ryan  
 PGH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's PRN Lorazepam .5mg tablet was not noted on the medication administration record on 2/2/15 at 4pm, 2/7/15 at 8pm, 2/8/15 at 8am, and 2/9/15 at 8pm.

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 →

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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jean Bready</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 3-20-15	
J. BREADY, PRES/DOWNER			

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 (Initials)

02-10-2015 Inspection

1. 2600.187(a)

page 5 of 5

1. Regulation 2600.187(a) is important as it ensures the facility's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.
2. A violation occurs when a med-tech fails to document on the MAR that the narc was given. Med-tech only documented on the Narc sheet.
3. The cause of this violation was a documentation error by the med-tech.
4. To fix any violations right away, the same med-tech, who caused this documentation error, as well as the violations on the previous page, was suspended from medication administration until he was re-trained. He has been assigned a Med mgr to partner with when he will be scheduled as a med-tech.
5. To ensure on-going compliance to 2600.187(a), the med-tech who is giving meds is responsible for proper documentation. Also, during change of shifts, oncoming med tech will check MAR to make sure that the medication given to resident was documented properly and initialed by off-going med-tech.
6. The Administrator and Med. Mgr. will continue to audit the med carts and narc counts and will be directly responsible for the future compliance to this regulation.

Signature of Legal Entity Representative:

*Jean Brady*

Print Name and Title of Legal Entity Representative:

J. BRADY

Date:

3-20-15

PRES / OWNER

*Anne Graziano 04-01-15*