



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: September 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 July 22, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20576 - 07/22/2015 - Harvey, Jason
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 06/13/15 and 07/06/15 Resident # 1 wandered away from the home. The resident required assistance to return to the home on both occasions. Resident # 1's RASP (support plan section) was completed on 02/28/15 and has not been updated to note these wandering incidents and the need for increased supervision on order to assure the resident's safety.

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.

1. Regulation 2600.227(d) is important because it ensures each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.
2. The regulation is violated when the description of services needed and the plan to meet these needs are not documented and acted upon in the corresponding section of the RASP.
3. The violation of this regulation occurred due to a clerical error by the Administrator while updating the resident's support plan. The two incidents where the resident required assistance to return to the facility during her daily walks were properly detailed in a timely manner on the addendum sheets of the support plan (see attached). However, the Assessment-Supervision section was not updated.
4. To fix the violation right away, the Administrator updated the Assessment-Supervision section of the resident's RASP. (see attached). Additionally, the Administrator covered all appropriate direct care staff in order to have all the necessary services provided to the resident. (Note: this resident was transferred to a higher care facility on 7/31/2015.)
5. To prevent future violations, the following three-step system has been adopted by the facility:
 - a. All RASP entries of any incidents will be reviewed carefully by the Administrator prior to inclusion in the RASP;
 - b. The Administrator will correct and/or amend the entries as appropriate and finalize the adjustments to the services needed by the resident.
 - c. The Administrator will document her coverage of the updates to all affected parties, including the direct care staff, the PCP, outside service provider, the resident and other responsible parties.
6. The Administrator will be responsible for overseeing the RASP developmental process at all times. The Administrator has initiated a complete review of all the RASP packages for all the residents beginning 8/15/15. This thorough audit will be a springboard to insure all service needs are current and then properly maintained on an on-going basis.

in order to maintain ongoing compliance.
 ① 9-18-15

Repeat Violation: No Date(s) of Previous Violation(s):

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 - RJ - OWNER - ADMIN Date 9-1-15

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|--|---|
| The above plan of correction is approved as of <u>9-18-15</u> (Date) | Plan of correction implementation status as of <u>9-18-15</u> (Date) |
| The above plan of correction was approved by <u><i>J</i></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 |