pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [redacted]
MAILING DATE: September 19, 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 30, 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing 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
Dept. of Labor & Industry

Staffing Hours

Resident Support: NM	**Total Daily Staff:** 68	**Waking Staff:** 51
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

07/30/2015: Rushin, Julienne; Patton, Leslie

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: 68

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: 6

Number of Hospice Residents in past year: 6

Number of Residents who:

- **Receive Supplemental Security Income:** 15
- **Are 60 Years of Age or Older:** 65
- **Have Mental Illness:** 23
- **Have an Intellectual Disablity:** 3
- **Have a Mobility Need:** 0
- **Have a Physical Disability:** 0

Violation Report: 20576 - 07/30/2015 - Rushin, Julienne
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

The home did not obtain a PA criminal background check for a total of 10 employees hired by home health agencies Life Choice Hospice, Aseracare Hospice, and Grane Hospice who currently provide services to 7 residents of 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.

SEE NEXT PAGE →

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 PRES - ADMIN	Date 11-14-15

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

The above plan of correction is approved as of 11/17/15 (Date)

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

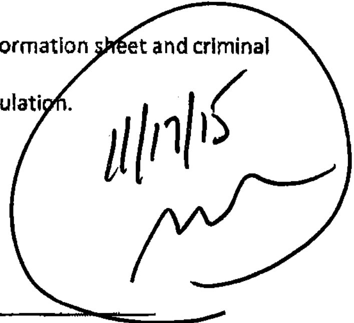
Plan of correction implementation status as of 11/17/15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] ~~Partially Implemented - Inadequate Progress~~
- [ ] Not Implemented

2600.51

Pg 2 cont.

1. Regulation 2600.51 is important because it ensures that the facility does not hire applicants with prohibitive offenses.
2. The regulation is violated when a criminal history background check for an employee or home health agency documented by the PA State Police is missing.
3. The violation of this regulation occurred due to an absence of PA criminal background checks of 10 hospice agency employees, who were providing services to 7 residents of the home. It was explained to the inspectors that the criminal background checks had been filed in the Administrator's Outside Agency book that is kept in her office; whereas, the facility employees' background checks are filed in the respective personnel files.
4. To fix the violation right away, the Administrator immediately contacted the agencies, requested the faxing of the missing background checks and received them prior to the end of business of the day of the inspection.
5. To prevent future violations, the following procedure will be strictly followed:
   a. All authorized outside agencies must provide personnel information and contact sheets, as well as current criminal background checks.
   b. Agency personnel will be screened daily upon signing in to insure the proper information sheet and criminal background prior to authorization for them to provide services to the residents.
6. The Administrator will be responsible for overseeing compliance to this important regulation.



Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY PRES - ADMIN Date: 11-14-15

Violation Report: 20576 - 07/30/2015 - Rushin, Julienne
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

On 7/8/15, staff person "C" noted on resident #1's RASP that a message was left for the resident's family member to "call med manager regarding the serious decline in the resident's condition" and that "family and facility need to speak about future steps with his/her care and what is best for [the resident]". Based on an interview with resident #1's family member, it was noted that they expressed concerns to owner/staff person "D" that resident #1 needed a higher level of care; however staff person "D" insisted that the home was the appropriate setting for the resident. The home failed to have resident #1 assessed for a higher level of care after a decline in their health and behavioral status and after their family expressed concerns that his/her needs could no longer be met in 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.

SEE NEXT PAGE →

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): JEAN BREADY PRES-ADMIN | Date: 11-14-15

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

The above plan of correction is approved as of 11/17/15 (Date)

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

Plan of correction implementation status as of 11/17/15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

2600.141b2

07-30-2015 Inspection
1. 2600.141(b)(2)
page 3 of 8

Pg 3 cont

1. Regulation 2600.141(b)(2) is important because accurate and updated medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.
2. The regulation is violated when a potential change in a resident's medical condition is not followed with a determination by a medical professional of a change in medical condition by requesting a medical evaluation (DME form).
3. The violation of this regulation occurred when the Administrator and Medications Manager failed to have a medical evaluation by the resident's PCP after they identified a potential change in the resident's condition.
4. To fix the violation right away, the Administrator met with all personal care staff and documented that they are required to report immediately any potential change of any type. The Administrator will then initiate the corrective action plan noted below.
5. To prevent future violations, the following three-step system has been adopted by the facility:
    a. All personal care staff, management and ownership are required to report immediately any potential change of any type.
    b. The Administrator will initiate a CHANGE OF CONDITION report, which will require a notification to the resident's family and PCP and a corrective action plan to be conducted by the Administrator and ownership.
    c. Within one business day of the initial report, a behavioral/medical evaluation will be requested of the appropriate medical professional.
    d. The Administrator and ownership will collectively document all the necessary action items to resolve, record and complete the resident's CHANGE OF CONDITION report.
6. The Administrator and ownership will be responsible for on-going compliance to securing medical evaluations and overseeing the RASP developmental process of all instances related to potential resident change of condition.

11/17/15

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY PRES - ADMIN Date: 11-14-15

Violation Report: 20576 - 07/30/2015 - Rushin, Julienne
PCH 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

On the following dates and times, the home did not properly maintain the Medication Administration Record (MAR) of the specified resident. The blood glucose readings were as follows:

Resident #5
-Before breakfast on 7/23/15 the reading was 136 but was recorded on the MAR as 126
-Before breakfast on 7/24/15 the reading was 192 but was recorded on the MAR as 130
-Before lunch on 7/26/15 the reading was 190 but was recorded on the MAR as 199
-Before breakfast on 7/27/15 the reading was 104 but was recorded on the MAR as 105

Resident #2
-Before breakfast on 7/30/15 the reading was 94 but was recorded on the MAR as 92

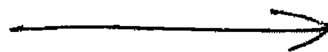
Resident #1
-Before breakfast on 7/20/15 the reading was 171 but was recorded on the MAR as 191
-Before breakfast on 7/24/15 the reading was 206 but was recorded on the MAR as 202
-Before lunch on 7/25/15 the reading was 247 but was recorded on the MAR as 278

Resident #3
-Before breakfast on 7/24/15 the reading was 119 but was recorded on the MAR as 112
-Before lunch on 7/24/15 the reading was 268 but was recorded on the MAR as 278
-Before dinner on 7/24/15 the reading was 163 but was recorded on the MAR as 173
-Before lunch on 7/26/15 the reading was 270 but was recorded on the MAR as 273

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



2600 187a

pg 4 cont

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 accurately on the EMAR the blood glucose readings of the residents.
3. The cause of this violation was the inaccurate documentation of glucose readings on the MAR. The readings recorded on the EMAR were different from the readings recorded by the glucometers. It should be noted that the facility had recently converted to EMAR, which led to some inconsistencies.
4. To fix any violations right away, the Administrator and Medications Manager re-trained the med-techs of each shift commencing with the afternoon shift of the day of the inspection.
5. To ensure on-going compliance to 2600.187(a), the Administrator and Medications Manager have created EMAR – glucometer audits that will be conducted weekly. Bi-weekly reviews will be conducted by the Administrator, Medications Manager and ownership.
6. The Administrator, Medications Manager and ownership will continue to hold all medications administration staff accountable and in compliance by the regular audits and corrective action summary meetings.

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY Date: 11-14-15
PRES - ADMIN

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

The above plan of correction is approved as of 11/17/15 (Date)	Plan of correction implementation status as of 11/17/15 (Date)
The above plan of correction was approved by M (Initials)	☐ Fully Implemented ☒ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented

Violation Report: 20576 - 07/30/2015 - Rushin, Julienne
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed blood glucose testing to be completed daily before each meal. The resident's glucometer indicates the home is currently doing testing 4 times daily and not 3 time daily as ordered.
The glucometer belonging to resident #1 indicates the home did not complete a blood glucose test on 7/26/15 before breakfast as ordered.
The glucometer belonging to resident #2 indicates the home did not complete blood glucose testing before breakfast on 7/23/15-7/26/15.
The glucometer belonging to resident #3 indicates the home did not complete blood glucose testing before breakfast on 7/26/15.
The glucometer belonging to resident #4 indicates the home did not complete blood glucose testing on the following dates and times:
Before breakfast- 7/21/15, 7/22/15, 7/24/15- 7/26/15
Before lunch- 7/20/15 and 7/21/15
Before dinner- 7/20/15
Before bed- 7/21/15

The glucometer belonging to resident #5 indicates the home did not complete blood glucose testing on the following dates and times:
Before breakfast- 7/20/15 and 7/25/15
Before lunch- 7/21/15 and 7/25/15
Before dinner- 7/21/15
Before bed- 7/21/15

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): Jean Bready

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): JEAN BREADY PRES-ADM — Date: 11-14-15

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

The above plan of correction is approved as of 11/17/15 (Date)

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

Plan of correction implementation status as of 11/17/15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

2600 187d

Pg 6 Cont

1. Regulation 2600.187(d) is important because it ensures that residents receive medications and treatments as ordered by a physician.
2. It was violated by the failure of the medications administration staff to specifically follow the directions of the prescriber.
3. The cause of this violation was the confusion of the med-techs to complete blood glucose testing as per the directions of the prescribers. The recent conversion to EMAR in late May required the different formats that some of the med-tech staff did not understand.
4. To fix any violations right away, the Administrator and Medications Manager re-trained the med-techs of each shift commencing with the afternoon shift of the day of the inspection.
5. To ensure on-going compliance to 2600.187(d), the Administrator and Medications Manager have created EMAR – glucometer audits that will be conducted weekly. Bi-weekly reviews will be conducted by the Administrator, Medications Manager and ownership.
6. The Administrator, medications manager, ownership and med-techs will be responsible for preventing future violations by adhering to these procedures.

11/17/15

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY PRES – ADMIN Date: 11-14-15

Violation Report: 20576 - 07/30/2015 - Rushin, Julienne
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
Under the "Behavioral" section of resident #1's RASP it was noted that on 7/2/15 an update was made from "no problem" under "aggression" to "moderate problem". Based on an interview with direct care staff person "A", resident #1's aggression increased 2 months prior and that while attempting to change the resident's adult brief with another staff person, resident #1 hit staff person "A" causing them to fall to the floor. Direct care staff person "B" confirmed that resident #1 would hit staff when they tried to change the resident's clothes. According to staff person "A", the resident would also refuse to drink his/her Ensure and throw it at staff in the dining room. In addition, on 7/7/15 it was noted on the resident's RASP that the "resident is still being uncooperative with care; hitting staff and being nasty with others". The home failed to take steps to address, modify or eliminate the resident's behaviors.

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) Jean Bready

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN BREADY PRES-ADMIN — **Date** 11-14-15

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

The above plan of correction is approved as of 11/17/15 (Date)

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

Plan of correction implementation status as of 11/17/15 (Date)

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

2600 .201

Pg 7
Cont

1. Regulation 2600.201 is important because it ensures that residents' behavioral needs are met in the least restrictive way possible.
2. The regulation is violated when a potential change in a resident's behavioral condition is not treated with the facility using positive interventions to modify or eliminate a behavior problem.
3. The violation of this regulation occurred when the Administrator and Medications Manager failed to pursue positive interventions as well as new medical examinations to achieve a resolution. In this case, the Administrator and Medications Manager relied on only a change of medication.
4. To fix the violation right away, the Administrator met with all personal care staff and documented that they are required to report immediately any potential change of any type. The Administrator will then initiate the corrective action plan noted below.
5. To prevent future violations, the following three-step system has been adopted by the facility:
    e. All personal care staff, management and ownership are required to report immediately any potential change of any type.
    f. The Administrator will initiate a CHANGE OF CONDITION report, which will require a notification to the resident's family and PCP and a corrective action plan to be conducted by the Administrator and ownership.
    g. Within one business day of the initial report, a behavioral/medical evaluation will be requested of the appropriate medical professional. Positive intervention methodologies will be openly researched, agreed upon and administered.
    h. The Administrator and ownership will collectively document all the necessary action items to resolve, record and complete the resident's CHANGE OF CONDITION report.
6. The Administrator and ownership will be responsible for on-going compliance to developing positive interventions and securing medical evaluations for all CHANGE OF CONDITION concerns.

11/17/15

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY Date: 11-14-15
PRES - ADMIN

Violation Report: 20576 - 07/30/2015 - Rushin, Julienne
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
Direct care staff person "A", reported that while attempting to change resident #1's Depends with another staff person, resident #1 hit staff person "A" causing her to fall to the floor. Direct care staff person "B" also stated that resident #1 would hit staff when they tried to change his/her clothes or adult briefs. On 7/7/15, staff person "C" noted on a RASP addendum that the "resident is still being uncooperative with care; hitting staff and being nasty with others". The home failed to update the resident's RASP to indicate their problems with aggression and the steps staff would take to address it.

On 7/13/15, resident #'1's daughter expressed concerns to owner/staff person "C" that their family member needed a higher level of care; however staff person "C" assured them that the home was "the appropriate setting" for resident #1. On 7/14/15 resident #1 became combative during care and staff noted blood on the residents clothing. The resident was sent to Reading Hospital for evaluation where it was then determined by physicians that they required a higher level of care due to a cognitive decline. The home failed to have resident #1 assessed for a higher level of care after a decline in their health and behavioral status and after their family expressed concern that the resident's needs could no longer be met in 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.

SEE NEXT PAGE →

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 PRES-ADMIN **Date** 11-14-15

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

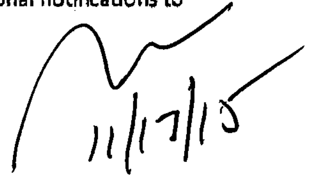
The above plan of correction is approved as of 11/17/15 (Date)

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

Plan of correction implementation status as of 11/17/15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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 provided to the family and concerned parties with concurrence of the PCP. A violation occurs also when the facility fails to record the above in the corresponding section of the RASP.
3. The violation of this regulation occurred due to a failure by the Administrator while updating the resident's support plan. The home failed to update the resident's RASP to indicate the problems with aggression and the steps staff would take to address it.
4. To fix the violation right away, the Administrator met with all personal care staff and documented that they are required to report immediately any potential change of any type. The Administrator will then initiate the corrective action plan noted below.
5. To prevent future violations, the following three-step system has been adopted by the facility:
   i. All personal care staff, management and ownership are required to report immediately any potential change of any type.
   j. The Administrator will initiate a CHANGE OF CONDITION report, which will require a notification to the resident's family and PCP and a corrective action plan to be conducted by the Administrator and ownership.
   k. Within one business day of the initial report, a behavioral/medical evaluation will be requested of the appropriate medical professional. The facility must notify the resident, the family and interact with the medical professionals and record the steps the facility staff will take to address the condition, including an evaluation for higher care.
   l. The Administrator and ownership will collectively document all the necessary action items to resolve, record and complete the resident's CHANGE OF CONDITION report.
6. The Administrator and ownership will be responsible for on-going compliance to developing positive interventions and securing behavioral/medical evaluations for all CHANGE OF CONDITION concerns, as well as professional notifications to the family and responsible parties..



Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative : JEAN BREADY Date: 11-14-15
PRES - ADMIN