



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 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 Human Services' annual licensing inspection on August 25, 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,


Matthew J. Jones
Director ^{SH}

Enclosure
License Inspection Summary

Violation Report: 20576 - 08/25/2015 - Harvey, Jason
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The Traulsen Brand refrigerator located in the home's kitchen had the following temperature readings:
 1:45 pm/ 50 degrees Fahrenheit
 2:45pm 44 degree Fahrenheit
 4:00pm 43 degree Fahrenheit

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) *Jason Bready*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J BREADY owner-admin	Date 10-10-15
---	----------------------

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

The above plan of correction is approved as of 11-30-15
 (Date)

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

Plan of correction implementation status as of 11-30-15
 (Date)

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

p 2 A 96

08-25-2015 Inspection

1. 2600.103(f)

page 2 of 6

1. Regulation 2600.103(f) is important as it ensures that food is stored at safe temperatures.
2. A violation occurs when the refrigerator temperature exceeds a reading of forty degrees when not affected by the closing and opening of the refrigerator associated with mealtimes.
3. The cause of this violation was a faulty fan timer control, which was intermittently extending the off cycle of the refrigerator compressor.
4. To fix the violation right away, the dietary manager immediately contacted the facility's on-call emergency appliance repair contractor. The faulty part was replaced the same evening.
5. To ensure on-going compliance to 2600.103(f), the dietary manager has incorporated the daily reporting of all freezer and refrigerator temperatures on the dietary daily sign-in-and-out sheets (see attached). These sheets are reviewed and signed off by the dietary manager and forwarded to the Administrator.
6. The Administrator and dietary manager will be responsible for the daily reviews and monitoring of all the freezer and refrigerator temperatures to insure the future compliance to this important regulation.

Signature of Legal Entity Representative:

Jean Bready

Print Name and Title of Legal Entity Representative:

J. BREADY

Date: 10-10-15

OWNER - ADMIN

Anne Hoagwood
11-30-15

Violation Report: 20576 - 08/26/2016 - Harvey, Jason
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2800.132(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 fire drill conducted on 2/26/16 at 6:30am notes 73 residents present in the building when the alarm sounds and 68 residents evacuated. The home improperly documented the fire drill logs. 68 residents were in the building and evacuated.

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)

Jason Brandy

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

J. BRADY OWNER-ADMIN

Date 10-10-15

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

The above plan of correction is approved as of <u>11-30-15</u> (Date)	Plan of correction implementation status as of <u>11-30-15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

p3 Ag 6

08-25-2015 Inspection
1. 2600.132(c)
page 3 of 6

1. Regulation 2600.132(c) is important as it ensures compliance with all the regulations relating to fire drills, and to identify and correct problems with evacuation.
2. A violation occurs when any information is omitted or inaccurate.
3. The cause of this violation was a clerical, recording error. All the information related to the 2/26/15 fire drill was accurately recorded except the entry depicting the number of residents in the facility. There were 68 residents in the facility and all 68 were evacuated in a timely and safe manner; however, the Administrator wrote the number 73 instead of the correct number of 68. Please note that 73 was the number of the current total census on the day of the fire drill.
4. To fix the violation right away, the Administrator showed the Inspectors that all the recorded information was accurate except the mis-recording of the number 73 instead of 68. The 73 was changed to 68 on the fire drill record.
5. To ensure on-going compliance to 2600.132(c), the Administrator will double-check all entries on the fire drill record in the future.
6. The Administrator will be responsible for the accuracy of the fire drill record to insure the future compliance to this important regulation.

The home will continue or resume the practice of a daily update that determines the census data in order to accurately know who is in the building and evacuations can be undertaken quickly and safely. Q. 11-30-15

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: J BREADY Date: 10-10-15
OWNER - ADMIN

Anne Higgins, RLA 11-30-15

Violation Report: 20576 - 08/25/2015 - Harvey, Jason
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
 (1) Vehicle registration.
 (2) Valid driver's license for each vehicle operator.
 (3) Vehicle insurance.
 (4) Current inspection.
 (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION
 The home's 1996 Ford passenger van's Pennsylvania inspection stickers expired on 12/31/14.

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)

Jean Bready

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
J BREADY OWNER - ADMIN	10-10-15

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

The above plan of correction is approved as of 11-30-15
 (Date)

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

Plan of correction implementation status as of 11-30-15
 (Date)

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

Page 6

08-25-2015 Inspection

1. 2600.171(c)

page 4 of 6

1. Regulation 2600.171(c) is important as it ensures that the home's vehicles are in compliance with the Pennsylvania traffic codes.
2. A violation occurs when any of the required certifications are not current.
3. The cause of this violation was an out-dated state vehicle inspection.
4. To fix the violation right away, the vehicle was inspected by its long-time vehicle mechanic. There were no deviations and the vehicle passed its inspection (see attached photos of the vehicle and the current inspection stickers).
5. To ensure on-going compliance to 2600.171(c), the General manager and Administrator have revised their maintenance computer software to generate more reminder output reports for the vehicle inspections, registrations and preventive maintenance visits to the mechanic.
6. The Administrator and General Manager will be responsible for the on-going compliance to this important regulation.

Signature of Legal Entity Representative:

Julian Brandy

Print Name and Title of Legal Entity Representative:

J. BREADY

Date: 10-10-15

OWNER - ADMIN

Orine Graziano, RLA
11-30-15

Violation Report: 20576 - 08/25/2015 - Harvey, Jason
 PCH Name: THE VILLA ST ELIZABETH

- 1. REGULATION 55 Pa.Code §2600**
 2800.187(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 #1's MAR does not indicate the amount of insulin administered for the Humalog kwik pen per a sliding scale from 8/18-8/20/15 when coverage was needed.
 Resident #2's MAR is improperly documented on 8/19/15 at bedtime for the blood glucose reading. The glucometer has a reading of 171 but the MAR notes 210

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)

J. Bready

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
J. BREADY OWNER-ADMIN	10-10-15

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

The above plan of correction is approved as of <u>11-30-15</u> (Date)	Plan of correction implementation status as of <u>11-30-15</u> (Date)
The above plan of correction was approved by <u>OP</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

08-25-2015 Inspection

1. 2600.187(a)

page 5 of 6

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 the pharmacy or a medications technician fails to document on the resident medications administration records (E-MAR) the proper information.
3. The causes of these violations were a pharmacy software error for Resident #1 and a medications-tech error for Resident #2. The correct unit information was not properly set-up by the pharmacy and not caught by the medications manager. The facility has been on the new EMAR program for only two and a half months; however, it failed to discover the pharmacy software error. The med-tech failed to properly record the glucometer reading for Resident #2.
4. To fix the violations right away, the Administrator and owner immediately while the inspectors were still at the facility, conferred with the owner and general manager of the pharmacy and the EMAR software was corrected to properly include the resident unit information. Likewise, on the same day the inspectors were at the facility, the Administrator initiated the re-training of all the med-techs on the proper procedure to document the glucometer readings.
5. To ensure on-going compliance to 2600.187(a), the pharmacy's revisions of all resident medications will be closely audited and signed off by both the facility's medication manager and Administrator. Also, the Administrator and medications manager will coordinate the weekly audits of glucometer internal readings and the documentation of the med-techs.
6. The Administrator and medications manager will be responsible for the audits of the pharmacy EMAR and the weekly glucometer audits to insure the future compliance to this important regulation.

Signature of Legal Entity Representative: _____

Jean Bready

Print Name and Title of Legal Entity Representative: _____

J. BREADY

Date: _____

10-10-15

OWNER-ADMIN

Anne Hogan, RLA

11-30-15

Violation Report: 20576 - 08/25/2015 - Harvey, Jason
 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 #2 has an order for Novolog flexpen 4 units before breakfast if blood sugar is <110. On 8/22/15 the blood sugar was 76, the medication was not administered.

Resident #2 has an order for Novolog flexpen 6 units before lunch and dinner if blood sugar is > 110. The medication was not administered on the following dates:

- 8/5/15 blood sugar was 140 before lunch
- 8/8/15 blood sugar was 154 before dinner
- 8/9/15 blood sugar was 116 before dinner
- 8/22/15 blood sugar was 208 before dinner

Resident #2 has an order for Novolog flexpen units before lunch and dinner if blood sugar is <110. The medication was not administered on the following dates:

- 8/12/15 blood sugar was 56 before lunch
- 8/16/15 blood sugar was 53 before lunch

Resident #2 has an order for Novolog 100 units before bedtime as per a sliding scale. On 8/8/15 the blood sugar reading was 112, 2 units of insulin were administered. According to the sliding scale 201-300 no coverage was needed.

Resident #1 has an order for nateglinide 120mg tablets 3 times daily with meals, hold for blood sugar readings <125. The medication was administered on the following days when the blood sugar reading was <125: 8/2, 8/3, 8/7, 8/8, 8/12, 8/16, 8/21/15 in the morning 8/10, 8/21 and 8/24/15 in the evening.

Resident #3 has an order for Novolog 100 units per a sliding scale before meals and at bedtime. On 8/8/15 at bedtime the blood sugar reading was 298, 4 units were administered. According to the sliding scale 251-300 6 units should have been administered. On 8/23/15 15 at bedtime the blood sugar reading was 248, 6 units were administered. According to the sliding scale 201-250 4 units should have been administered.

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) *J. Bready*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) J. BREADY OWNER-ADMIN Date 10-10-15

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

The above plan of correction is approved as of 11-30-15
 (Date)

Plan of correction implementation status as of 11-30-15
 (Date)

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

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

pl 6 A 9 6

08-25-2015 Inspection

1. 2600.187(d)

page 6 of 6

1. Regulation 2600.187(d) is important because it ensures that residents receive medications and treatments as ordered by a physician.
2. A violation occurs when medications are not administered exactly per the directions of the prescriber.
3. The causes of these violations were trifold:
 - a. Upon receipt of the original physician orders for Resident #2, the medications manager queried the Novolog Insulin patient instructions as per the facility's policy and procedures related to insulin administration. The PCP had not provided a bottom line blood sugar reading; instead, the order read to give units when the blood sugar reading was less than 100.
 - b. The pharmacy format for the recent EMAR conversion vacated the proper field for recording the administration of Novolog Flexpen units. Additionally, the exception field was not programmed on the screen for recording by the med-tech.
 - c. The medications administration staff was confused with the sliding scale prescribed by the PCP.
4. To fix these violations right away, the following corrective actions have been taken:
 - a. In the three instances where the blood sugar levels of Resident #2 were less than 76, a new PCP has issued orders to resolve this issue of having no bottom line blood sugar reading. The new PCP agreed with the concern of the medications manager and issued orders to discontinue the Novolog. The resident is now receiving a daily dosage of lantus.
 - b. The Owner and Administrator immediately met with the director of the new pharmacy and her IT and medications administration staff. The pharmacy corrected the omissions of the necessary reporting fields in the new EMAR format. This directly affected the second incident of Resident #2 and the resident #1 occurrence where the non-administering -- exception -- was recorded on the old EMAR field resembling an actual administration to the resident, as well as the Resident #3 issue where the administered units were entered in the wrong EMAR field.
5. To prevent future violations related to this regulation, the Administrator and medications manager have re-trained the medications administration staff on the new, correct recording procedures on the EMAR screens. Additionally, all initial insulin orders will be closely reviewed, logged and audited by the medications manager to insure the accuracy of all recordings.
6. The Administrator, medications manager and med-techs will be responsible for preventing future violations by adhering to these procedures.

Admin or Designee will perform random periodic audits of administration of insulin to ensure ongoing compliance.

Signature of Legal Entity Representative: Jean Brandy

Print Name and Title of Legal Entity Representative: J. BREADY Date: 10-10-15

OWNER- ADMIN

Anne Graziano, RLA
11-30-15