



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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' annual licensing inspection on January 5, 2016 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 "Matthew Jones".

Matthew J. Jones
Director^{SH}

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCR Name: VILLA ANGELA AT ST ANNE HOME		License Number: 42804
Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Jennie R. Long		Region: CENTRAL
Legal Entity Name: ST ANNE HOME INC		
Legal Entity Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		
Certificate(s) of Occupancy I-2 12/01/2010 City of Greensburg		
Staffing Hours Resident Support: 0 Total Daily Staff: 44 Waking Staff: 33		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/05/2016: Springs, Israel; Rosenblat, Dale		
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 Served: 44 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: 1 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	
Signature of Legal Entity Representative (Required on Every Page)		Date
Printed Name and Title of Legal Entity Representative (Required on Every Page) Jennie R. Long, BSN, RN Director		2/5/2016

Violation Report: 42804 - 01/05/2016 - Springs, Isrsel
 PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 The double doors in the Garden level living room area lead out to a porch that provides an egress route from from home. These doors do not have any signs designating them as an exit.

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.

Please see

Exhibit # 1

Exhibit # 1a

Exhibit # 1b

Exhibit # 1c

Page 2A of 4
 and
 Page 2B of 4

BAS
 2/29/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 2/5/2016
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/29/16</u> (Date)	Plan of correction implementation status as of <u>2/29/16</u> (Date)
The above plan of correction was approved by <u>BAS</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

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Violation report: 42804-01/05/2016 - Springs, Israel
PCH Name: VILLA ANGELA AT ST. Anne Home

Exhibit # 1

Regulation §2600.133 (a) (1) (Page 2a)

- The double doors in the garden level living room area lead out to a porch that provides an egress route from the home. These doors do not have any signs designating them as an exit.

Resident and Fire safety are of utmost importance to the administration and staff of Villa Angela at St. Anne Home. The front veranda is used for social gatherings and was not designed to be a fire egress. The doors do not have a push bar that would indicate use as a fire exit. They were used only for the residents to gain access to sit on the front veranda. Admittedly, the fire exit diagram did indicate that the doors were to be used as an egress in the event of a fire (The French doors were not to be considered a fire egress during a fire drill/fire as indicated in the facility's Fire Safety plan) The diagram showing it as path of egress was incorrect at the time of inspection. When it was brought to the Director of Plant Operations attention, he immediately corrected the evacuation diagram and a copy was given to the Licensing Agents prior to their departure from the facility.

After serious consideration and discussion, Villa Angela has decided to make the area a fire egress. Our Fire Drill procedure will be corrected to indicate that

1. The Facilities Fire Safety Manual will be updated to indicate that changes that the double doors exiting to the veranda are going to be used as an exit. **(March 31, 2016)**
2. The evacuation diagram for the Garden level will be corrected to indicate the doors are to be used as an evacuation route. **(March 31, 2016)**
3. During our annual fire safety training and new hire orientation; the fire egresses will continue to be reviewed as per the verbiage of the fire safety manual with staff, including the addition of the fourth exit point to the veranda. **(ongoing)**
4. A directional, lit, exit sign will be placed at the double doors that access the veranda. **(March 31, 2016)**


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

February 5, 2016
Revised February 29, 2016

Page 2 B of 4

Violation report: 42804-01/05/2016 - Springs, Israel
PCH Name: VILLA ANGELA AT ST. Anne Home

Exhibit # 1

Regulation §2600.133 (a) (1) (Page 2b)

5. Panic hardware will be installed on the left side of the door. **(March 31, 2016)**

6. As residents leave the building during a fire drill or actual fire using this fire exit, they will exit to the right side of the veranda which connects to another evacuation route that leads residents away from the building. At the request of the Bureau of Human services, a linear planter box with tall plantings placed at the left side opening of the veranda will eliminate any option of egress to the left side of the veranda. **(Due to the weather conditions, ordering and the ability to place plants in the planter; the anticipated completion date will be June 1, 2016)**



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

February 5, 2016
Revised February 29, 2016

Violation Report: 42804 - 01/05/2016 - Springs, Israel
 PCH Name: VILLA ANGELA AT ST ANNE HOME

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 driver license for Staff Person A expired November 2015. This staff person provides transportation for the 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.

Please see Page 3A of 4
BAS 2/29/16

Exhibit # 2

Exhibit # 2a

Exhibit # 2b

Exhibit # 2c

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 2/5/2016
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Exhibit # 2

Regulation §2600.171 (c) (2) (Page 3a)

- The driver's license for Staff Person A expired November 2015. This staff person provides transportation for the residents of the home.

Resident and staff safety are of utmost importance to the administration of Villa Angela at St. Anne Home. The following steps have been taken to correct and to prevent the situation as listed above:

1. On 1/5/2016, the staff member was sent to get his/her driver's license to make a copy of it.
2. When it was found that he/she had an expired license, he/she immediately went on line to the Pennsylvania Department of Transportation Temporary Internet Driver's License page, updated the needed information and printed the temporary license. This was given to the Department Representatives prior to their departure from our facility. (Exhibit #2a)
3. The staff member is not permitted to drive any company vehicles until proof of an updated photo driver's license is received. (effective immediately 1/5/2016)
4. The Director received the staff member's photo card to have the photo driver's license taken. (Exhibit #2b 1/14/2016)
5. The Director will send a copy of the photo License when it is received. (pending as of 2-3-2016)
6. The licenses of the three staff members that are currently eligible to drive a company vehicle have been audited to ensure they are in compliance. (Completed 1/6/2016) (Exhibit #2c) The audits will continue on a Quarterly basis. If it is found that a staff member has a driver's license that is going to expire within the upcoming 2 months, they will receive a notice to remind them that a copy of the updated license is required a week prior to the actual expiration. If the license is not received the date listed in the notice, the staff member will receive a disciplinary action as per the Employee handbook. (ongoing)
7. Staff member will receive a disciplinary action regarding this situation. This is an essential job function in the position's job description. (pending as of 2-3-2016)


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

February 5, 2016

Violation Report: 42804 - 01/05/2016 - Springs, Israel
 PCH Name: VILLA ANGELA AT ST ANNE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a prescription for one Meclizine 12.5 mg tablet to be administered at 8 am and 5 pm. The Medication Administration Record indicates that one tablet shall be administered two times daily and documents that this medication has been given to the resident at 8 am and 8 pm.

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.

Please see *Page 4 A of 4*
BS 2/29/16

Exhibit # 3

Exhibit # 3a

Exhibit # 3b

Exhibit # 3c

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennie R Long, BSN RN Director</i>	Date <i>2/5/2016</i>
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Exhibit # 3

Regulation §2600.187 (D) (Page 4a)

- Resident #1 has a prescription for one Meclizine 12.5mg tablet to be administered at 8am and 5pm. The Medication Administration Record indicated that one tablet shall be administered two times daily and documents that this medication has been given to the resident at 8 am and 8 pm.

The following steps have been taken to correct the violation and to prevent a similar violation from occurring again.

1. The order dated 3/17/2015 indicated that the resident did not like the times the med was being given. The CRNP documented that "will adjust times" in her notes and wrote the order that one Meclizine 12.5mg tablet shall be administered two times daily at 8am and 5 pm. The resident was requesting the changes secondary to her visiting her spouse in the nursing center however there were no orders received to change the time after the documented order 3/17/2015. **(Exhibit #3a)**
2. On 1/5/2016, a clarification order was received for the order to read one Meclizine 12.5mg tablet shall be administered two times daily. **(Exhibit #3b)**
3. New labels indicating the change in order were received by the dispensing pharmacy to insure that the label matched the new order. **(Exhibit #3c)**
4. Dose/instruction change labels and scotch tape have been placed on each medication cart. When new orders are received that could possibly change the directions of use for the same medication, the staff will place the stickers on the medication card/bottle label with clear scotch tape to ensure adhesion of the sticker. **(completed 2/2/2016)**
5. Provide education to the Licensed Staff and the Resident Associates who have passed the medication classes **(Pending - by March 5, 2016)**. The education will include reviewing the following Policy and procedures for:
 - A. receiving and taking off new orders.
 - B. checking in new medications delivered by the pharmacies.
 - C. reviewing and comparing the monthly physician order forms and Medication Administration Records printed by the pharmacy.
 - D. Medication passes.


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

February 5, 2016