



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: July 28, 2016

Ms. Jean Bready, Owner  
Evergreen Elder Care Inc.  
1201 Museum Road  
Reading, Pennsylvania 19611

RE: The Villa St. Elizabeth  
License #: 205760

Dear Ms. Brady:

As a result of the Department of Human Services' licensing inspection on March 2, 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,

*Anne Graziano*  
Anne Graziano  
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: 20578
Address: 1201 MUSEUM ROAD, READING, PA 19611		County: Berks
Administrator: Jean Bready		Region: NORTHEAST
Legal Entity Name: EVERGREEN ELDER CARE INC		
Legal Entity Address: 1201 MUSEUM ROAD, READING, PA 19611		
<b>Certificate(s) of Occupancy</b>		
C-1 04/20/2015 Department of L&I		
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/02/2016: Hummel, Jesse		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 92	Number of Residents who:	Receive Supplemental Security Income: 15
Number of Residents Served: 67		Are 60 Years of Age or Older: 60
Secured Dementia Care Unit in Home: No		Have Mental Illness: 19
Area:		Have an Intellectual Disability: 2
Secured Dementia Unit Capacity, if Applicable:		Have a Mobility Need: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Physical Disability: 0
Number of Current Hospice Residents: 5		
Number of Hospice Residents in past year: 6		

*AB*

Violation Report: 20576 - 03/02/2016 - Hummel, Jesse  
 PCH Name: THE VILLA ST ELIZABETH

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 An interview with staff person A determined that approximately one and one half months ago resident #1 struck resident #2 in the face with a hair brush. Resident #2 suffered minor scrapes to the resident's right hand. The facility failed to report this incident to the local Area Agency on Aging as required under the Older Adult Protective Services Act.

**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 NEXT TWO PAGES →  
 \* It is the Berks County Area Agency on Aging role to determine if abuse occurs, not the home's. The violation stands. @ 7-23-16.

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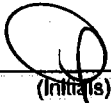
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jean Bready*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. BREADY, RN ADMIN / OWNER	Date 6-17-16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/22/16  
 (Date)

Plan of correction implementation status as of 7/22/16  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

p2-33

The management of the facility respectfully submits that **NO VIOLATION** occurred for the following reasons:

1. There was never an incident of suspected abuse of a resident. As clearly defined in the Older Adults Protective Services Act (35 P.S. Sections 10225.103), the definition of "abuse" is as follows:

The occurrence of one or more of the following acts:

- a) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- b) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.
- c) sexual harassment, rape or abuse, as defined in the act of October 7, 1976 (P.L.1090, No.218), known as the Protection from Abuse Act. No older adult shall be found to be abused solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care.

The local AAA interprets this definition - NOT the same.

None of the above occurred. Regarding item "a." above -- There was no "infliction of injury . . . with resulting physical harm, pain or mental anguish." Items "b. and c." obviously are non-applicable. It is important to note the following discrepancies in the surveyor's unfounded assignment of this violation:

1. On January 6, 2016, the DPW office received an anonymous complaint with seventeen unfounded allegations. By the nature and substance of the complaint, it clearly originated from an ex-employee, who abandoned her job with no notice on that [redacted] date of [redacted] 2016!
2. On March 2, 2016, the surveyor visited the facility, investigated the complaint and met with the facility ownership and management at the exit meeting, and he proclaimed that he had determined that the elements of the complaint were all unfounded and resultantly there were no violations.
3. Over five months later, on June 7, 2016, the facility receives a violation report, which listed that the facility failed to notify the local Area Agency of Aging and the DPW. This was based on an interview with a newly-hired direct care aide, who specifically told the surveyor that she did not witness any altercation or disturbance between the resident 1 and 2. Instead, she heard about it and went to their room to check on them.
4. Furthermore, staff member A advised the surveyor that she briefly mentioned the incident to her manager - the same ex-employee, who initiated the unfounded complaint in the first place.
5. It is important to note further that the surveyor did not receive any corroboration from resident 1 or 2 that any problem did in fact occur.
6. The event supposedly occurred "one month and one half ago" according to the surveyor.
7. Staff member A had attended and passed her annual training session on Older Adult Protection 2600.65g-4 - Act 13 Reporting Abuse on 7/15/2015 with [redacted] from Berk's AAA - Protective Services, and she not recognize or believe there was any alleged act of abuse.

The indictment that the facility failed to report a suspected resident-to-resident abuse incident to the local area agency on aging is ill-founded and completely false. Never was there a notice of any incident to the Administrator's office. It is important to note that Administrator of the facility has been a licensed Administrator for eight years. Before becoming an Administrator, she has held the position of Assistant Administrator- Medication Administrator Manager for over 4 years. Prior to that period in her career, Administrator A administered medication for over 8 years as a Med-tech. Additionally, the Administrator has been a Train-the-Trainer for 3 years during her healthcare career. The Administrator has the full responsibility of compliance to the Pennsylvania state regulations for the entire facility. She has complete knowledge of the mandatory reporting required by an alleged abuse incident as detailed in the Older Adults Protective Services Act (35 P.S. Sections 10225.701-707) and 6 Pa. Code Sections 15.21-15.27 (relating to reporting suspected abuse). With her vast experience in the regulated healthcare industry, she actively demonstrates to her staff proper compliance procedures through her daily hands-on example and annual training sessions in accordance with the DPW regulations. The DPW surveyor claims that that staff member A advised her manager - which was the ex-employee, who initiated the anonymous complaint. Follow-up interviews with ownership clearly confirm that the none of the staff members recognized the resident-to-resident disagreements as alleged abuse; thus, no alleged abuse was reported nor discussed with the Administrator.

AP  
7/23/16 JS

P2683

.....Continued from previous page 2 of 3

RE: 2600.15(a)

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan IN THE EVENT THE VIOLATION WERE TO OCCUR. The facility has disputed the findings noted on Section 2a by the DPW inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below in the event a violation in this area were to occur sometime in the future:

1. Regulation 2600.15(a) is important because it ensures the immediate reporting of suspected abuse of a resident to the Area Agency on Aging – Protective Services and other authorities. The facility has always been committed to preserving a safe and nurturing environment for its residents.
2. In the event a violation of this regulation occurred, it would have been violated by the Administrator's failure to report an incident of alleged abuse to the AAA and/or Police Departments.
3. The cause of this violation in the event it was to occur would be the lack of timely reporting of an incident of alleged abuse to the AAA and/or police department.
4. To fix the violation right away, the Administrator would re-train the entire staff on Older Adult Protective mandatory reporting of alleged resident to resident abuse, which is accomplished every year by the Area Agency of Aging with attendance sign-in sheets retained by the facility.
5. To prevent future violation, all staff is re-covered to closely monitor their respective residents to reduce resident to resident disagreements. In the event, of an alleged abuse incident, the employee is to notify their supervisor/manager immediately.
6. The Administrator, her management team and the owners will continue to daily monitor all resident relations to completely insure the prevention of any and all potential occurrences of resident to resident disagreements and/or alleged abuse and report as required.

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: J BREADY, RN Date: 6-17-16  
ADMIN/OWNER

Q. 7-22-16

Violation Report: 20578 - 03/02/2016 - Hummel, Jesse  
 PCH Name: THE VILLA ST ELIZABETH

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

An interview with staff person A determined that approximately one and one half months ago resident #1 struck resident #2 in the face with a hair brush. Resident #2 suffered minor scrapes to the resident's right hand. The facility failed to report this incident to the Department as required.

**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 NEXT TWO PAGES →

The Adm will train all staff on the elements of Incident Reporting, as well as the Regulatory Clarifications (Q & A process) from April 2015.

All staff will sign in; the home will conduct multiple sessions if necessary, in order to train all employees of the home.

Sign In Sheets, including signed roster for the review of the 04-15 Q & A Reg Clarification will be submitted to the Northern Regional Office upon completion.

This will assist the home in ensuring ongoing compliance. CA 7-22-16

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) J BREADY RN  
 ADMIN / OWNER      Date 6-17-16

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 (Date)

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p3 of 3

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- 3. Over five months later, on June 7, 2016, the facility receives a violation report, which listed that the facility failed to notify the DPW. This was based on an interview with a newly-hired direct care aide, who specifically told the surveyor that she did not witness any altercation or disturbance between the resident 1 and 2. Instead, she heard about it and went to their room to check on them.
- 4. Furthermore, staff member A advised the surveyor that she briefly mentioned the incident to her manager - the same ex-employee, who initiated the unfounded complaint in the first place.
- 5. It is important to note further that the surveyor did not receive any corroboration from resident 1 or 2 that any problem did in fact occur.
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The home was cited for a failure to submit a reportable incident. See 16(c) in RGDY pls as well as p. 1 and 2 & 3. BTSL DIA April. 2015. CP 7/23/16

CP 7/23/16 JB

p 369 3

RE: 2600.16(c)

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5. To prevent future violation, all staff is re-covered to closely monitor their respective residents to reduce resident to resident disagreements. In the event, of an alleged abuse incident, the employee is to notify their supervisor/manager immediately. resident-to-resident
6. The Administrator, her management team and the owners will continue to daily monitor all resident relations to completely insure the prevention of any and all potential occurrences of resident to resident disagreements and/or alleged abuse and report as required. - as w/ all 19 elements of 16(c).

reportable incidents

a reportable incident

Signature of Legal Entity Representative:

*Jean Bready*

Print Name and Title of Legal Entity Representative:

J. BREADY, RN

Date: 6-17-16

ADMIN / OWNER

16c is being cited because the home failed to report a physical altercation between two (2) residents. See the

April, 2015 (pp 1 & 2) Q&A Regulatory Updates for Personal Care Homes, BHS, DHS.

Q. 7/23/16