



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 2 1 2016

Ms. Jean Bready, Owner/Administrator
Evergreen Eldercare, 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, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20576 - 08/25/2016 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa. Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The home's previous renewal LIS dated 6-17-16 was posted in the hall near the home's main dining room. The resident privacy coding page was attached and posted with the LIS.

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 ATTACHED →

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 Date 9-16-16

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

The above plan of correction is approved as of <u>9/21/16</u> (Date)	Plan of correction implementation status as of <u>9/21/16</u> (Date)
The above plan of correction was approved by <u><i>m</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

08-25-2016 Inspection

1. 2600.17

page 2 of 8

1. Regulation 2600.17 is important as it protects resident privacy and ensures that homes comply with other applicable laws.
2. A violation occurs when a previous violation report is left in the book with specific names of staff and/or residents not redacted on the resident/staff privacy coding page.
3. The cause of this violation was the inclusion of the non-redacted resident privacy coding page in the binder available to the public posted in the hall near the home's main dining room.
4. To fix the violation right away, the administrator quickly redacted the names on the resident privacy coding page while the inspectors were still on the property.
5. To ensure on-going compliance to 2600.17, the owner and administrator have incorporated a dual signature requirement on all posted information for public review, especially the binder containing the previous year's licensing inspection summaries.
6. The Administrator and owner will be directly responsible for the redaction of resident and staff names on all publicly available documents.

Signature of Legal Entity Representative: _____

Jean Brady

Print Name and Title of Legal Entity Representative: JEAN BRADY Date: 9-16-16

PRES

[Handwritten Signature]

9/21/16

Violation Report: 20573 - 08/25/2016 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person A, date of hire [REDACTED] 16, did enroll in a GED program but was unable to fulfill the requirements of the program by 7-30-16. Direct Care Staff Person A was still employed at the facility as of 8-24-16 and worked on August [REDACTED] and [REDACTED].

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 →

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08-25-2016 Inspection

1. 2600.54(a)

page 3 of 8

1. Regulation 2600.54(a) is important as it ensures that direct staff persons have the education and ability required to perform job duties specified by the home, including activities of the daily living.
2. A violation occurs when a direct care staff person does not have a high school diploma, a GED diploma or within 6 months of the hire date be actively registered in a GED program and achieve the GED certificate before the staff person's sixth month anniversary of hiring.
3. The cause of this violation was the continued employment of an employee without the proper educational certification. An employee was hired without a high school diploma or a GED. The employee enrolled in a certified GED program, but failed to achieve her GED certification.
4. To fix the violation right away, the administrator terminated the employment of the employee for failure to achieve her GED certification. Additionally, the personnel manager performed a complete audit of all staff personnel files to ensure that all educational certifications and diplomas were properly documented.
5. To ensure on-going compliance to 2600.54(a), the personnel manager will place a HOLD STATUS on any employee record lacking the proof of educational credentials, including the monitoring of any GED program's progress. Only when all required certifications and diplomas are received will the personnel manager sign-off and forward the file to the administrator for a final signature and authorization to enter the personnel file into the home's database.
6. The Administrator and personnel manager will be directly responsible for the accuracy and monitoring of all employee personnel files' requirements.

Signature of Legal Entity Representative: _____

Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY Date: 9-16-16

PRES

9/21/16

Violation Report: 20576 - 08/25/2016 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person B, date of hire [redacted] 15, whose first day was [redacted] 15, completed the 1st day orientation on 9-25-15.

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.

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 (Required on EVERY Page) *Jean Bready*

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08-25-2016 Inspection

1. 2600.65(a)

page 4 of 8

1. Regulation 2600.65(a) is very important as it ensures that all staff persons are immediately trained to an emergency situation.
2. A violation occurs when a direct care staff person does not have an orientation in the general fire safety and emergency preparedness prior to the first day of work.
3. The cause of this violation was the personnel manager's failure to properly process the new hire's employee jacket. Although this particular employee received all her direct care orientation and training on 9/19/15, her 2600.65(a) requirement documentation was signed and dated with a 9/25/15 date.
4. To fix the violation right away, the personnel manager was required to perform a complete employee file audit to ensure the requirements of the RCG are documented properly.
5. To ensure on-going compliance to 2600.65(a), the personnel manager will place a HOLD STATUS on all employees personnel files until both the personnel manager have signed off on their audits of the files to ensure accuracy and completion of all employee-related RCG requirements.
6. The Administrator and personnel manager will be directly responsible for the accuracy and monitoring of all employees personnel files' requirements.

Signature of Legal Entity Representative: _____

Jean Brady

Print Name and Title of Legal Entity Representative: _____

JEAN BRADY

Date: 9-16-16

PRES

9/21/16

Violation Report: 20576 - 08/25/2016 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1 has a physician's order for Advair 100/50. The medication was opened on 7/18/16 and was still available in the medication cart for use. The medication has a shelf life of one month after opening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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JEAN BREADY PRES

Date 9-16-16

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 (Date)

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 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

08-25-2016 Inspection

1. 2600.183(d)

page 6 of 8

1. Regulation 2600.183(d) is important as it ensures that the home does not keep medications that are for residents no longer living in the home or that have been discontinued.
2. A violation occurs when a med tech leaves an expired medication in the cart.
3. The cause of this violation was the medication manager's failure to remove an expired medication from the cart. In this case, the new Advair was in the cart and being properly administered.
4. To fix the violation right away, the medication manager removed the expired Advair from the cart.
5. To ensure on-going compliance to 2600.183(d), the Administrator with the Medications Manager will conduct med cart audits weekly focusing on the elimination of any expired medications and those that may belong to residents no longer living at the facility.
6. The Administrator and medications manager will be directly responsible for the accuracy and monitoring of all medications in the med carts.

Signature of Legal Entity Representative: _____

Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY Date: 9-16-16

PRES

M
9/21/16

Violation Report: 20576 - 08/25/2016 - Yellenic, Cindy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 The home used white out corrective fluid on the following incident reports: Resident #3 suffered an injury from a fall on 04/22/16 and the time of the incident was 1:30 PM, which had the time corrected and changed. Resident #4 suffered a fall with a laceration to his/her right eye, the injury site was corrected with corrective fluid.

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.

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 (Initials)

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

08-25-2016 Inspection
1. 2600.251(b)
page 8 of 8

1. Regulation 2600.251(b) is important as it ensures that all entries on the resident's records are permanent, legible, dated and signed and unaltered.
2. A violation occurs when an administrator or medications manager uses white out to amend a record entry.
3. The cause of this violation was the that record entries were made and the changed with white out instead of crossing through the old entry, initialing it and rewriting the entry.
4. To fix the violation right away, the Administrator audited the resident records to create new for entries.
5. To ensure on-going compliance to 2600.251(b), the Administrator will conduct audits weekly focusing on the elimination of any improperly posted or corrected record entries.
6. The Administrator and her management staff are directly responsible for the accuracy and posting of resident records.

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY Date: 9-16-16

PIES

9/21/16
