



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

Ms. Wendy Vennard, Nurse Administrator
Presbyterian Homes, Inc.
1155 Indian Springs Road
Indiana, Pennsylvania 15701

RE: The Village House
License #: 427290

Dear Ms. Vennard:

As a result of the Department of Human Services' annual licensing inspection on August 26, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: THE VILLAGE HOUSE		License Number: 42728
Address: 1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701		County: Indiana
Administrator: Wendy Vennard		Region: WEST
Legal Entity Name: PRESBYTERIAN HOMES INC		
Legal Entity Address: 1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701		RECEIVED OCT 20 2016 WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy C-1 08/24/1989 Dept of Health		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 25	Working Staff: 19
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/26/2016: Park, Beth; Knee, Donald		
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: 42 Number of Residents Served: 26 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

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Violation Report: 42729 - 08/26/2016 - Park, Beth
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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 licensing inspection summary, dated 12/17/14, was posted in a conspicuous and public place in the home; however, the resident privacy coding document was attached, including resident #1 and #2's names.

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.

The privacy coding document was removed from the posted licensing inspection summary dated 12/17/14 at the time of the inspection on 8/26/16.

The licensing inspection summary dated 12/17/14 remains posted without the privacy coding document with resident #1 and #2's names.

Future Licensing inspection summaries will be posted as they become available without any resident specific information.

The administrator will be responsible for maintaining resident confidentiality.

Immediately: A designated staff person shall inspect the home weekly to ensure all resident records and resident information is kept in an area that is locked and secured.

[Signature]
10/24/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Kennard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Kennard / Nurse Administrator* Date *10-20-16*

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

The above plan of correction is approved as of 10/24/16 (Date)

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

Plan of correction implementation status as of 10/24/16 (Date)

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

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Violation Report: 42729 - 08/26/2016 - Park, Both
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #3's medical evaluation, dated 4/22/16, does not include the resident's height.

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.

Resident # 3's medical evaluation was updated with the height on 10/10/16 and sent to the residents physician for review and signature.
The physician reviewed the DME with the updated height and signed at the bottom of the DME with the date of review.
All Medical Evaluations will include the required information at the time of completion and signed approval of the physician.
Physician orders will be included as part of the the direct care staff review process. Direct care staff will review new and annual support plan documents to ensure accurate information and compliance with physicians orders going forward.
please see attached documents

Immediately: A designated staff person shall review all resident records to ensure each resident has a current medical evaluation, completed in its entirety, to include the resident's height.
fv -
10/24/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Vennard

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

Wendy Vennard / Use Administrator

Date

10-20-16

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10/24/16
(Date)

Plan of correction implementation status as of

10/24/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 42729 - 08/26/2016 - Park, Beth
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

Resident #3's medical evaluation, dated 4/22/16, indicates the resident is prescribed an 1800 calorie and controlled carbohydrate diet. However, the resident's assessment, dated 6/1/16, indicates a regular diet.

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.

The resident's assessment was corrected at the time of inspection and dated 8/26/16.
The LPN completing the residents assessment will carefully ensure that all information from the medical evaluation is accurately completed on the resident's assessment.
When the LPN has completed the resident's assessment all staff members sign a cover sheet stating that they have:
Reviewed the assessment and support plan.
Understand the needs of the resident.
Have been given the opportunity to ask questions.
Will notify the shift supervisor if a new care needs are identified.
A copy of the medical evaluation will be placed with the assessment so when staff are reviewing the assessment they can ensure that the correct information is on both documents.

please see attached documents

Immediately: A designated staff person shall review all resident records to ensure each resident has a current assessment, completed in its entirety, to include their correct diet. *[Signature]* 10/24/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/17/2014

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Wernard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Wernard, Nurse Administrator

Date

10-20-16

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The above plan of correction is approved as of

10/24/16
(Date)

Plan of correction implementation status as of

10/24/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented