



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

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 4, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

RECEIVED

APR 24 2017

Violation Report: 42804 - 01/04/2017 - Georgoulis, Karen
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were grease stains in the kitchenette of resident #2's bedroom to include, the kitchenette counter (measuring approximately 2" x 6"), on the top of the refrigerator (measuring approximately 2" x 6") and the front left side of the refrigerator (measuring approximately 2" x 12"). Resident #2's bedroom is extremely cluttered with piles of food opened packages and open containers of food throughout the room.

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 page 2A of 7

Please see

Exhibit # 1

Attachment 1 A

Attachment 1 B

Repeat Violation: No

Date(s) of Previous Violation(s):

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
April 21, 2017

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

The above plan of correction is approved as of 4-24-17
(Date)

Plan of correction implementation status as of 4-24-17
(Date)

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

The above plan of correction was approved by JL
(Initials)

Violation report: 42804- 01/04/2017- Georgoulis, Karen
PCH Name: VILLA ANGELA AT ST. Anne Home

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APR 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Exhibit # 1

Regulation §2600.85 (a)

In order to initially correct the violation, housekeeping thoroughly cleaned kitchenette area and assisted the resident in picking up the food packages, sealed any open bags or containers. The non-refrigerated items were placed in a plastic tote. The resident made an attempt to get items picked up off the floor.

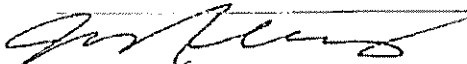
The director will schedule a meeting with the resident to verbally review a physical copy of the resident agreement pg. 6 (Attachment 1 A) and pg. 11 (Attachment 1 B), the survey findings and the notification letter (pending completion) requiring the resident come into compliance with the residential agreement (May 1, 2017).

Villa Angela will offer assistance to the resident to clean and organize the room, waiving the heavy cleaning fee for this circumstance.

Once the room is cleaned, it will be the resident's responsibility to keep it organized. Housekeeping will resume routine cleaning tasks.

In order to prevent future occurrences in the facility, the following will be put in place:

- Housekeeping staff will be educated on the importance of reporting unsanitary conditions in resident rooms when they are cleaning. The housekeeping staff will report unsanitary conditions on their weekly task sheets and notify the RCC of their findings.
- The residents of Villa Angela will be notified in writing that resident room spot checks will be completed weekly. Letter to be drafted and mailed out (May 1, 2017).
- Resident Care Coordinators (RCCs) will complete weekly spot checks in each of the residents' apartments (Effective June 1, 2017 – August 31, 2017), and then monthly thereafter.
- Any unsanitary conditions will be addressed and documented by the RCC. The RCC will report the findings to the Director. (Ongoing)
- The audits will be reported at the quarterly QAPI meetings.

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	April 21, 2017

4-24-17

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APR 21 2017

Page 3 of 7

Violation Report: 42804 - 01/04/2017 - Georgoulis, Karon
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The shower chair attached in the shower stall is not secured and pulling out on the right side in bathroom #103A.

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

Includo 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.

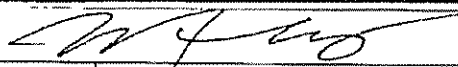
See page 2A of 7

Please see
Exhibit # 2

Repeat Violation: No

Date(s) of Previous Violation(s):

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
April 21, 2017

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Violation report: 42804-01/04/2017- Georgoulis, Karen
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Human Services Licensing

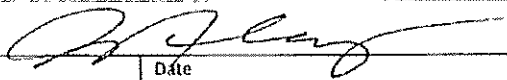
Exhibit # 2

Regulation §2600.95

The initial intervention was to place a portable shower chair in the shower stall until a contractor that can fix or replace the acrylic shower was able to provide his services. Resident indicated that was satisfactory until services could be rendered.

In order to correct the violation, the following is going to be completed:

- Director of plant operations has made contact with the contractor (C. A. Morgan Fiberglass).
- A whole house inspection will be completed to find any additional showers with concerns.
- Date of repair is pending the contractor's availability.

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 April 21, 2017

4-24-17 ✓

Violation Report: 42804 - 01/04/2017 - Georgoulis, Karen
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 1/4/17, the home's car did not contain a first aid kit. The car was used throughout the day to transport residents.

On 1/4/17, the homes van did not contain a first aid kit. The van was used at 1:00 p.m. to transport residents.

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 pp 4 A & B

Please see

Exhibit # 3

Attachment 3 A

Attachment 3 B

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative
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Violation report: 42804-01/04/2017- Georgoulis, Karen
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WEST REGION FIELD OFFICE
Human Services Licensing

Exhibit # 3

Regulation §2600.171 (b) (5)

Prior to the violation, the activity staff had a first aid kit that was kept in the activity room. They would take the kit with them when they left the building.

In order to correct the violation and to prevent future occurrences, the following actions were taken:

- 2 additional boxes were purchased and filled with the necessary items as per the regulation §2600.96.
- The kits were placed in the vehicles that are used to transport the residents.
- Lists of the necessary items specified in regulation §2600.96 have been placed in each of the boxes. The person that takes any supplies from the box is to complete a first aid replacement checklist and return it to the director of Villa Angela so that the item can be replaced. (Attachment 3 A)
- In order to ensure compliance, the boxes are being audited weekly. (Ongoing) (Attachment 3 B)
- The results of the audits will be reviewed at the quarterly QAPI (Quality Assurance Performance Improvement) meetings.

Signature of Legal Entity Representative (Required on Every Page)	
Printed Name and Title of Legal Entity Representative	Date
	4-24-17

APR 21 2017

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Violation Report: 42804 - 01/04/2017 - Georgoulls, Karon
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 2/4/16, indicates the resident cannot self-administer medications. However, the resident is self-administering albuterol SOL 2.5mg/3ML, give one unit dose via nebulizer twice daily and Albuterol SOL 2.5mg/3ML give one unit dose via nebulizer every 6 hours as needed.
Resident #2 continues to take his/her own blood glucose readings before breakfast and dinner. The MAR indicates, "Check blood glucose twice daily, may self-administer before breakfast and dinner." However, the resident indicated has not checked blood glucose levels in the past 2-3 weeks and was unaware the checks are to be done twice a day. The resident record indicates last blood glucose reading was completed on 11/22/16.

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 page 5 of 7

Please see

Exhibit # 4

Attachment 4 A

Attachment 4 B

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on Every Page)

Printed Name and Title of Legal Entity Representative
(Required on Every Page) Jennie R. Long, BSN, RN Director

Date
April 21, 2017

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(Date)

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(Initials)

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

Violation report: 42804-01/04/2017- Georgoulis, Karen
PCH Name: VILLA ANGELA AT ST. Anne Home

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WEST REGION FIELD OFFICE
Human Services Licensing

Exhibit # 4

Regulation §2600.181 (c)

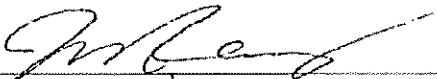
In order to remedy the current violation, an appointment to meet with the resident and the physician has been scheduled for Friday, April 21st at 9:00 am. (Completed)

The doctor reviewed the medication and treatments with the resident and assessed his/her ability to self-administer the medications. New orders have been received (Attachment 4 A)

The doctor has indicated that the resident may continue to self-administer the Nebulizer treatment and to monitor the blood glucose levels, the resident is required to disclose the results to the Medication Nurse after each reading and when a nebulizer is administered. The nurse will document the reading in the Medication Administration Record. This intervention is to ensure the resident's compliance with the orders and proper medical intervention if needed.

In order to prevent this from occurring in the facility as a whole the following will be put in place:

- A new assessment will be completed on all the residents that self-administer medications to verify if the resident is able to self-administer some or all of their medications by the Resident Care Coordinator. (Attachment 4 B)
- The residents' assessments will be reviewed by the physician or certified registered nurse practitioner and will make the final determination if the resident capable of self-administering medications (Competition will be dependent on the physician and Nurse practitioner's availability to review the).
- If it is found that the resident's ability differs from the current physician's orders, new orders will be received to reflect the change in the resident's ability to self-medicate. Any changes will be noted in the RASP.
- The Assessments will be completed on a quarterly basis. (Ongoing)

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 April 21, 2017

4-24-17

APR 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42804 - 01/04/2017 - Georgoulis, Karen
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

The following medications were unlocked and accessible in resident #3's bedroom desk. The resident does not lock the bedroom door when leaving the bedroom, to include on 1/4/17. The accessible medications included:

- * Col Rite Colace capsules
- * Equate Aspirin
- * A bottle of Ibuprofen
- * One card of Alprazolam .25mg - 22 tablets remaining.

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 pp 6 of 7

Please see

Exhibit # 5

Attachment 5 A

Attachment 5 B

Attachment 5 C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

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
April 21, 2017

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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(Initials)

Violation report: 42804- 01/04/2017- Georgoulls, Karen
PCH Name: VILLA ANGELA AT ST. Anne Home

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APR 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Exhibit # 5

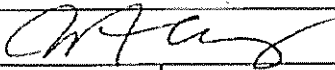
Regulation §2600.183 (b)

Immediately following the exit conference with the Licensing agents, staff were directed to talk to the resident regarding the storage his/her medications.

Resident #3 is alert and oriented. The resident already had a locked box and was re-educated of the importance of having his/her medications locked. When the resident leaves his/her room, the door is locked as well.

In order to prevent this from occurring in the facility as a whole the following will be put in place:

- The current residents who self-administer all or some their medications will be audited and re-educated on the importance of keeping medications in locked containers. (Attachment 5 A)
- A letter will be sent to the residents/family members explaining the current violation (By May 1, 2017). It will also include the guidelines as stated in the resident agreement pg. 9 (Attachment 5 B), Pg. 11 (Attachment 5 C), for them to review.
- The Resident Care Coordinators (RCCs) will audit the residents that self-administer their medications to ensure the medications are in locked containers. This will be monitored on a weekly basis for 12 weeks and then monthly. (Ongoing)
- The results will be reported at the quarterly Quality Assurance meetings. (Ongoing)
- On admission, residents that will be self-administering medications will be educated on how to store medications safely and informed that this will be monitored by staff on a regular basis. (Ongoing)

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 April 21, 2017

4-24-17 y

Violation Report: 42804 - 01/04/2017 - Georgoulis, Karan
PCH Name: VILLA ANGELA AT ST ANNE HOME

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 #2's support plan, dated 2/4/16, indicates the resident has a diagnosis of depression and anxiety. However, the resident's support plan does not include the care and services the home will provide to meet the resident's needs.

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 page 7 of 7

Please see

Exhibit # 6

Attachment 6 A

Repeat Violation: No

Date(s) of Previous Violation(s):

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
April 21, 2017

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Plan of correction implementation status as of 4-24-17
(Date)

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- Partially Implemented - Adequate Progress ✓
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- Not Implemented

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

Violation report: 42804-01/04/2017- Georgoulls, Karen
PCH Name: VILLA ANGELA AT ST. Anne Home

Exhibit # 6

Regulation §2600.227 (d)

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APR 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

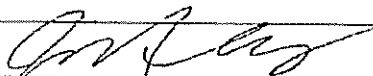
In order to remedy the current violation, an appointment to meet with the resident and the physician has been scheduled for Friday, April 21st at 9:00 am. (Completed)

The doctor reviewed the resident's current treatment plan for the diagnosis listed and discussed additional treatment options for the resident. It was decided that the primary care physician will continue to monitor medications and does not feel that Psychiatric or Psychological services are needed. (Attachment 6 A)

In order to prevent future occurrences, the following will be put into place:

- Staff will receive education on Mental Health diagnosis and interventions to follow for behaviors. (May 31, 2017)
- If a resident exhibits behaviors the staff will notify the resident's physician and a request for additional services (Psychiatric or Psychological) will be made.
- Adjustments to the resident's RASP will made as needed.

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
April 21, 2017

4-24-17