



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: July 27, 2017

Ms. Jean Bready  
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' licensing inspection on May 3, 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.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20576 - 05/03/2017 - OHaire, Anne  
 PCH Name: THE VILLA ST ELIZABETH

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(b) - The home shall have written emergency procedures that include the following:  
 (1) Contact information for each resident's designated person.  
 (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.  
 (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.  
 (4) Means of transportation in the event that relocation is required.  
 (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.  
 (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**  
 On 4/27/17 at 5:30pm smoke was noted in Resident # 1's room. The staff person did not initiate the home's emergency procedures. The emergency procedures note: Anytime a fire or smoke conditions exist the area should be immediately evacuated. If a fire is seen, residents, visitors or staff should activate a manual pull station without hesitation. Fire drill procedures will immediately begin an evacuation of the building or to a fire safe area. The fire alarms were not activated and the residents were not evacuated.

**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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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 OWNER-**      Date **7-21-17**

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

The above plan of correction is approved as of <u>7/26/17</u> (Date)  The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>7/26/17</u> (Date) <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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05-03-2017 Inspection

1. 2600.107(b)

page 2 of 5

1. Regulation 2600.107(b) is important because it ensures that the home is prepared to respond to localized and general emergencies.
2. Because the facility's emergency procedures were not followed properly, this regulation was violated.
3. The cause of this violation was the failure of the staff person to properly follow the facility's emergency procedures whenever a fire or smoke condition exists. The staff person present smelled an odd odor and went into the resident's room to find the lamp shade charred, but never saw smoke or a flame.
4. To fix the violation right away, the facility management and ownership have e-covered the staff on the proper emergency procedures when a condition of smoke or fire exists by activating a manual pull station without hesitation.
5. To prevent future violations, the facility has adopted a monthly staff coverage of the facility's emergency procedures in concert with the monthly fire drill.
6. The Owner, Administrator and all management are directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative: \_\_\_\_\_

*Jean Bready*

Print Name and Title of Legal Entity Representative: \_\_\_\_\_

J. BREADY OWNER

Date: 7-21-17

7/26/17  
*[Handwritten signature]*

Violation Report: 20576 - 05/03/2017 - O'Haire, Anne  
 PCH Name: THE VILLA ST ELIZABETH

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The homes most recent supervised fire drill was conducted on 2/1/16.

**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.*

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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)	Date
J BREADY OWNER	7-21-17

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

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

1. Regulation 2600.132(b) is important because identifying and correcting unsafe conditions helps prevent fires from occurring.
2. It is important to note that the facility invested in a very expensive and complicated replacement of the fire alarm system during the time period of November 2016 through April 2017. Throughout this period, the local fire marshal was in attendance at the facility location daily. Although management requested the fire marshal observe a fire drill in early February 2017, he elected to wait until the total installation was completed.
3. The cause of this violation would be the failure of the management team to insist that the fire marshal conduct the observed fire drill in early February 2017. It should be further noted that this is the first time there has ever been a delay in the fire marshal annual observance of the fire drill.
4. The General Manager immediately contacted the City of Reading Fire Department and requested an expedited visit by the fire marshal to observe the fire drill. The fire marshal was finally able to accommodate the facility on 6/5/2017.
5. To prevent future violations, the Administrator and General Manager have created an advance written correspondence to the fire marshal well in advance of the annual deadline.
6. The Administrator and General Manager will be directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative: \_\_\_\_\_

*Jean Bready*

Print Name and Title of Legal Entity Representative: \_\_\_\_\_

J. BREADY OWNER

Date: 7-21-17

7/26/17  
*[Signature]*

Violation Report: 20576 - 05/03/2017 - O'Haire, Anne  
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The homes most recent sleeping hours' fire drill was conducted on 7/5/16 at 11:50pm.

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*

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1. Regulation 2600.132(e) is important because it is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours.
2. A violation occurs when a fire drill is not performed every six months during the residents' sleeping hours.
3. The cause of this violation was the failure by management to schedule and perform an out-of-hours fire drill during the residents' sleeping hours.
4. To fix the violation right away, the administrator scheduled and completed a fire drill at 5:00AM on 6-22-2017.
5. To prevent future violations, the Administrator has had her computer schedule organizer reset by the IT tech to establish a fire drill during sleeping hours at least every six months.
6. The Administrator and General Manager will be directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative: \_\_\_\_\_

*Jean Bready*

Print Name and Title of Legal Entity Representative: \_\_\_\_\_

J. BREADY  
OWNER

Date: 7-21-17

7/26/17  
*m*

Violation Report: 20576 - 05/03/2017 - O'Haire, Anne  
 PCH Name: THE VILLA ST ELIZABETH

**1. REGULATION 55 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**

Staff interviews were conducted and indicate the following: Resident #2 wears two briefs because the urine may go through sometimes to maintain dry clothing. Resident #3 wears two briefs because the resident's urine has a very strong odor and to make sure the resident's clothes stay dry. Resident #3's RASP dated 10/18/16 notes the resident wears depends for occasional incontinence and staff will assist to change soiled depends. Resident #2's RASP dated 10/5/16 notes the resident wears briefs for occasional incontinence and staff will remind the resident to use depends and will also assist with depend change. The residents RASP's have not been updated to reflect the residents current care needs.

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

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1. Regulation 2600.227(d) is very important as it ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.
2. A violation occurs when the Administrator and Personal Care Manager fail to update the resident's RASP when a resident's needs change.
3. The cause of this violation was that the staff members, without authorization from the Administrator nor the Personal Care Coordinator, used extra depends on two residents. The staff members involved failed to notify the Administrator of her concern of the residents' incontinent status.
4. To fix the violation right away, the involved staff members were disciplined for their failure to follow the policies and procedures of the facility, and the Administrator re-covered the entire staff on their responsibility to report any and all behavioral changes of the residents to the Administrator and to cease using two depends. The RASPs were updated to detail the residents' higher incontinent level. (see attached)
5. To prevent future violations, all shift change meetings will underscore the reporting of changes in residents' needs. Additionally, the facility will be using a higher absorbency depend for residents with a greater incontinence level.
6. To ensure on-going compliance to this important regulation, the Administrator and Personal Care Coordinator will be responsible.

Signature of Legal Entity Representative: \_\_\_\_\_

*Jean Bready*

Print Name and Title of Legal Entity Representative : J. BREADY  
OWNER

Date: 7-21-17

7/26/17  
AM