



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2017

Ms. Jean Bready
Owner, President, Administrator
Evergreen Elder Care, 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' (Department) annual licensing inspection on July 25, 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

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not have carbon monoxide alarms placed properly in the facility in accordance with the Care Facility Carbon Monoxide Alarms Standards Act. The home did not have a carbon monoxide alarm placed in the kitchen 15 feet or more from the gas fired stove. The carbon monoxide detector located in the basement was approximately 5 feet above the gas fired boiler.

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 →

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 - OWNER

Date 8-13-17

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

The above plan of correction is approved as of 8/31/17
 (Date)

Plan of correction implementation status as of 8/31/17
 (Date)

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

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

07-25-2017 Inspection

1. 2600.18

page 2 of 9

1. Regulation 2600.18 is important because it ensures compliance with all applicable health, safety and wellness requirements not incorporated by Chapter 2600; in this case, specifically the September 2016 Care Facility Carbon Monoxide Alarms Standard Act.
2. This regulation is violated when a carbon monoxide detector is not installed at all or is installed within 15 feet of a fossil-fuel burning device or appliance.
3. The facility had a new installation of its entire fire alarm system – approved by the City of Reading Fire Marshal in February 2017. No carbon monoxide detector was installed in the kitchen and another detector was installed too close to the facility's gas boiler.
4. To fix the violation right away, the facility management and ownership notified the Fire Marshal and Alarm Tech Systems installation that these violations must be corrected as soon as possible.
5. To prevent future violations, the facility has included the September 2016 Care Facility Carbon Monoxide Alarms Standard Act in its Fire Alarm Guideline manual located at the Fire Panel, where all activity related to the system is recorded.
6. The Administrator and General Manager 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 :

JEAN BREADY - OWNER

Date: 8-13-17

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8/31/17

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, who was hired on 3/22/2017, did not receive training in the required topics resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents within 40 scheduled hours of employment. Training in these topics was not taken until 7/19/2017.

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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- Not Implemented

07-25-2017 Inspection

1. 2600.65(b)

Page 3 of 9

1. Regulation 2600.65(b) is important because it ensures that all staff persons working in the home are familiar with residents' rights, mandated reporting, and the procedures for responding to a medical emergency.
2. A violation of this regulation occurs when a staff member fails to receive the required training on residents' rights, emergency medical plan and abuse and neglect under the Older Adult Protective Services Act.
3. The cause of this violation was staff member A not receiving the above training within her initial 40 scheduled hours.
4. The violation was already fixed, because the staff member was already covered on 7/19/17.
5. To prevent future violations, the Administrator and Personnel Manager have implemented a digital tracking system to document the training requirements of all new hires.
6. The Administrator and Personnel Manager 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: _____

JEAN BREADY
OWNER

Date: B-13-17

8/31/17

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B who is a direct care staff person did not receive the required training in medication self administration for the 2016 year.

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*

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07-25-2017 Inspection

1. 2600.65(f)

Page 4 of 9

1. Regulation 2600.65(f) is important because it ensures that staff persons receive the necessary annual training to successfully provide essential resident care services.
2. A violation occurs when a staff member does not complete all of the mandatory twelve hours of annual training.
3. The cause of this violation was the personnel manager to ensure all staff signed in for their annual training sessions. Staff member B was working and in attendance at the medication self-administration training session; however, she failed to sign-in to document her attendance.
4. To fix the violation right away, the administrator and owner, who is a registered nurse, trained staff member B on medication self-administration on July 27, 2017.
5. To ensure on-going compliance to 2600.65(f), the Administrator, Owner and Personnel Manager will sign-off on all annual staff training sessions.
6. The Administrator, Owner and Personnel Manager will be directly responsible for the timeliness, accuracy and completeness of all staff annual training.

Signature of Legal Entity Representative:

Jean Bready

Print Name and Title of Legal Entity Representative:

JEAN BREADY
OWNER

Date: 8-13-17

8/31/17
m

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The following rooms had bed side lighting that was not functional: Room # 141 and Room # 1C lower level.

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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1. Regulation 2600.101(j)(7) is very important as it provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.
2. A violation occurred when a resident's bedside light was not operable.
3. The cause of violations against this regulation was a burnt-out light bulb and an unplugged lamp in another room.
4. To fix the violation right away, the General Manager supervised the replacement of the defective light bulb and plugging in the other resident's lamp, which the resident had unplugged to charge his cell phone. A multiple outlet was installed so the resident could charge his phone and still keep the bedside lamp lit.
5. To ensure on-going compliance to 2600.101(j)(7), the Administrator and Resident Care Manager updated their room compliance sheets to require positive reporting of all bedside lamp operations, and was added on to the night shifts task sheets to document during their rounds.
6. The Administrator, Resident Care Manager and all direct care staff members will be responsible for the on-going compliance to this regulation.

Signature of Legal Entity Representative: _____

Jean Bready

Print Name and Title of Legal Entity Representative :

JEAN BREADY
OWNER

Date: _____

8-13-17

8/31/17
[Signature]

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The home's kitchen refrigerator was found to have an approximately ¼ pound package of Kuntzler Brand sliced Sweet Bologna luncheon meat that was not labeled with a date the product was opened.

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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Jean Bready

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) JEAN BREADY - OWNER

Date 8-13-17

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07-25-2017 Inspection

1. 2600.103(e)

Page 6 of 9

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.103(e) regulation.

1. It is important to note that the sweet bologna package referred to in the DESCRIPTION OF VIOLATION WAS NOT LEFTOVER FOOD. This package was opened the day before the inspection and several slices were extracted from the package to make sandwiches for residents, who requested them instead of the main meal offering.
2. The opened package was securely wrapped and sealed with commercial restaurant clear film wrap. It was located in the main refrigerator in the facility's kitchen, approximately five feet from the dietary manager's office. The inspector did not notify the Dietary Manager nor the Administrator of her finding until the exit meeting.
3. The General Manager explained at the exit meeting that this wrapped package of bologna was in fact marked with a date, because he made a sandwich of the bologna and cheese at 11:15AM the day of the inspection – prior to the inspector's review of the dietary area.
4. It is of further importance to note that the Dietary Manager has 15 years of service as the Dietary Manager at the facility and only once before was a violation cited in her kitchen area. In that instance, a refrigerator compressor was losing its Freon and the temperature was found to be 5 degrees warmer than standard. Her credentials and track record of adherence to the DHS regulations are impeccable. The Dietary Manager personally handles the opening of all food packaging and placement of the dates.
5. On the day of the inspection, the remainder of the bologna in the cited package was used for sandwiches for the evening meal. The Dietary Manager is committed to the quick, efficient and safe turnaround of food at all times.

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 which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.103(e) is very important as it provides information regarding the identity of food items and the length of time food has been in storage, preventing cross-contamination of food and the use of expired food items.
2. A violation to this regulation occurs when an opened original package of food is not noted with a date when it was opened.
3. The cause of a violation against this regulation would be the failure of a dietary staff member to note the opened date on a package.
4. To fix the violation right away, the Dietary Manager will properly date the opened package or if there is any doubt as to the date, the opened package would be discarded.
5. To ensure on-going compliance to 2600.103(e), the Dietary Manager will continue her excellent adherence to dating open packages of food properly.
6. The Administrator and Dietary Manager will be responsible for the on-going compliance to this regulation.

Signature of Legal Entity Representative: _____

Jean Bready

Print Name and Title of Legal Entity Representative: _____

JEAN BREADY
OWNER

Date: 8-13-17

8/31/17

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Staff did not sign or initial the Medication Administration Record of resident #1 on 7/13/2017 to indicate that 0.5mg of Lorazepam and Prednisolone 1% eye drops had been administered at bedtime.

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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Jean Bready

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

JEAN BREADY - OWNER

Date 8-13-17

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8/31/17
 (Date)

Plan of correction implementation status as of

8/31/17
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

1. Regulation 2600.187(a) is important because it ensures that the staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.
2. In the event a violation of this regulation occurred, it would have been violated by the omission of any elements of the medication record as detailed in 187(a).
3. The cause of this violation was the failure of the facilities' medication administration staff to properly record all administering of medication with complete info of dates, times, quantities, etc.
4. To fix the violation right away, the Administrator and Medications Manager recovered the medications administration staff on the proper and detailed input data required at the time of each med given.
5. To ensure the on-going compliance to 2600.187(a), the four-step process is initiated:
 - a. Carefully audit new MAR entries to physician orders and prescriptions;
 - b. Cross-check the established MAR elements to the physical packaging and cart placement;
 - c. Explain during daily med-tech shift exchange meetings the new additions and supervised the discontinued;
 - d. Audit the daily medication administration activity to insure all activity is recorded.
6. The Administrator and Medications Manager are directly responsible for the daily compliance of the medication administration staff to the MAR / physicians orders.

Signature of Legal Entity Representative:

Jean Bready

Print Name and Title of Legal Entity Representative :

JEAN BREADY
OWNER

Date:

8-13-17

M
8/31/17

Violation Report: 20576 - 07/25/2017 - Deluca, Amy
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for Calcium Antacid Chewable 500mg to be taken daily as needed. The medication was not available for the resident.

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) JEAN BREADY - OWNER	Date 8-13-17
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 (Initials)

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- Not Implemented

07-25-2017 Inspection

1. 2600.187(d)

Page 9 of 9

1. Regulation 2600.187(d) is important as it ensures that residents receive medications and treatments as ordered by a physician.
2. A violation occurs when a medication is not available as prescribed by the physician.
3. The cause of this violation is when the med-tech failed to reorder a PRN medication.
4. To fix the violation right away, the Administrator and medication manager had ordered the refill on the day of the inspection. It should be noted that the resident had a 750 mg of the same PRN medication available for him. Resultantly, the PCP cancelled the refill altogether.
5. To ensure on-going compliance to 2600.187(d), the Administrator with the Medications Manager will continue to review daily all new medications and those running low on quantity in order to refill on time. Weekly cart audits and shift-by-shift EMAR audits will continue to be conducted by the Administrator and Medications Manager to insure compliance. The Administrator also worked with the EMAR software and IT technicians to have the QuickMar software highlight medications needing efills.
6. The Administrator and medications manager will be directly responsible for the compliance to all prescribers' orders.

Signature of Legal Entity Representative:

Jean Bready

Print Name and Title of Legal Entity Representative:

JEAN BREADY
OWNER

Date:

8-13-17

8/31/17

m