



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 14 2018

Mr. Jeffrey S. Long
President/CEO
St. Anne Home, Inc.
Villa Angela at St. Anne Home
685 Angela Drive
Greensburg, Pennsylvania 15601

RE: Villa Angela at St. Anne Home
Certificate #: 428040

Dear Mr. Long:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 5, 2018, 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".

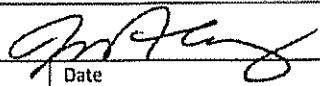
Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: VILLA ANGELA AT ST ANNE HOME		Licence Number: 42804
Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Jennie Long		Region: WEST
Legal Entity Name: ST ANNE HOME INC		RECEIVED MAY 09 2018 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601		
Certificate(s) of Occupancy 1-2 12/01/2010 City of Greensburg		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 59	Working Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/05/2018: Roser, Ashley; Eveges, Joseph		
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: 54 Number of Residents Served: 40 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: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

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
 May 8, 2018

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WEST REGION FIELD OFFICE Page 2 of 7
Human Services Licensing

Violation Report: 42804 - 01/05/2018 - Roser, Ashley
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
A copy of 55 PA Code Chapter 2600 is not posted in a conspicuous and public place in the home.

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.

Please see
Exhibit # 1
Attachment 1 A

See Page 2A of 7

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 May 8, 2018

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The above plan of correction is approved as of 5/15/18 (Date) Plan of correction implementation status as of 5/15/18 (Date)
The above plan of correction was approved by J (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation report: 42804- 01/05/2018- Roser, Ashley
PCH Name: VILLA ANGELA AT ST. Anne Home

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WEST REGION FIELD OFFICE
Human Services Licensing

Exhibit # 1

Regulation §2600.3 (c)

On 1-5-2018, when it was brought to the director's attention that the copy of 55 PA Code Chapter 2600 was not posted on the bulletin board, a copy was posted immediately.
(Attachment 1 A) (Completed 1-5-2018)

A staff meeting will be held to educate staff of the regulation of the 55 PA Code Chapter 2600 being posted. (Meeting to be held May 16, 2018)

Immediately: A designated staff person shall check the home monthly to ensure all items specified in 2600.3c are posted in a conspicuous and public place in the home. J
5/15/18

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 May 7, 2018

Violation Report: 42804 - 01/05/2018 - Roser, Ashley
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for multiple residents, including residents #2, #3 and #4.

Resident #2's record of financial transactions does not include the dates of the transactions, time, or amount of withdrawals. Also, the record indicates the resident's balance is \$50; however, the resident has \$87.04 available in his/her financial envelope.

Residents #3's record of financial transactions does not include a record of deposits or withdrawals. Also, the record indicates the resident's balance is \$200; however, the resident has \$201.50 available in his/her financial envelope.

Resident #4's record of financial transactions does not include a record of deposits or withdrawals. Also, the record indicates the resident's balance is \$200; however, the resident has \$21.84 available in his/her financial envelope.

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.

Please see

Exhibit # 2

Attachment 2 A

Attachment 2 B

Attachment 2 C

See Page 3A of 7

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
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(Date)

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5/15/18
(Date)

The above plan of correction was approved by

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(Initials)

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

Violation report: 42804- 01/05/2018- Roser, Ashley
PCH Name: VILLA ANGELA AT ST. Anne Home

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Human Services Licensing

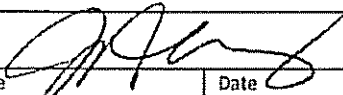
Exhibit # 2

Regulation §2600.20 (b)(1)

It is the policy of Villa Angela at St. Anne Home to promote safe funds management for Villa Angela residents that choose to have funds held for safe keeping.

In order to correct the violation and to prevent any further occurrences, the following is going to be completed:

- The director has written a policy regarding management of Resident Funds (**Attachment 2 A**)
- Administrative assistant will be educated on the Resident Financial Management Policy (Upon return from leave) (**Pending**)
- Each resident that has requested funds management will have the Cash Distribution Record form completed. (**May 6, 2018**) (**Attachment 2 B**)
- Each of the residents will have their current receipts reviewed and funds counted with them. The resident will be asked to sign off on the amount of money being kept for them. (**May 6, 2018**)
- Monthly Audits for Quality Assurance and Performance Improvement (QAPI) will be completed for at least 12 months to ensure that the resident funds, receipts and Cash Distribution Record coincide with each other. This will be reported at the Quarterly QAPI meetings (**Ongoing**) (**Attachment 2 C**)

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 May 7, 2018

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Violation Report: 42804 - 01/05/2018 - Roser, Ashley
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

During the fire drill conducted on 12/27/17 at 5:30am, 39 residents were present in the home; however, only 37 residents 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.

Please see

Exhibit # 4

Attachment 4 A

See Page 5A of 7

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
May 8, 2018

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(Date)

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

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

Violation report: 42804- 01/05/2018- Roser, Ashley

PCH Name: VILLA ANGELA AT ST. Anne Home

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Exhibit # 4

MAY 09 2018

Regulation §2600.132 (d)

WEST REGION FIELD OFFICE
Human Services Licensing

Resident safety is essential to our facility. This regulation is to ensure residents' safety and practice of fire drills on a routine basis. This allows for residents to be familiar with the fire drill procedure and the different routes that can be used during a drill.

On 12/27/2017, immediately following the drill, both residents were educated by the Director of Plant Operations regarding the safety and regulatory reasons why they must evacuate every time a fire alarm sounds in the building. They were also re-educated that Mandatory drill participation is a home rule that is written in the resident agreement. Both Residents verbalized understanding of the importance of evacuation.

In order to correct the violation and to prevent any further occurrences, the following is going to be or has been completed:

- Residents were educated on the Resident Safety Fire policy. They were also re-educated that Mandatory drill participation is a home rule that is written in the resident agreement. Meeting agenda and signature sheet attached for review. (5-7-18) (Attachment 4 A)
- A staff meeting will be held to educate staff to review fire safety policy. (Meeting to be held May 16, 2018)

Immediately: A designated staff person shall review the home's fire drill records monthly to ensure all residents evacuate the entire building OR to a designated fire-safe area during each fire drill.
5/15/18

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 May 7, 2018

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Violation Report: 42804 - 01/05/2018 - Roser, Ashley
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 7/14/17, does not include the medical professional name and license number of the person who completed the medical evaluation. These sections of the form are blank.

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.

Please see

Exhibit # 5

Attachment 5 A

Attachment 5 B

Attachment 5 C

See Page 6A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date
May 8, 2018

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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- 01/05/2018- Roser, Ashley
PCH Name: VILLA ANGELA AT ST. Anne Home

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Human Services Licensing

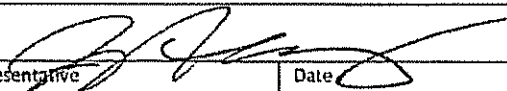
Exhibit # 5

Regulation §2600.141 (a)(1)

When this was brought to our attention, we amended the resident's medical evaluation.
(Attachment 5 A)

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

- All of the current residents Documentation of Medical Evaluations (DMEs) were audited to ensure the medical practitioner's name and license number were present on each of the forms. **1-9-2018 (Attachment 5 B)**
- The Resident Care Coordinators (RCCs) will complete Monthly Audits for Quality Assurance and Performance Improvement (QAPI). The audits will be on the new residents' DME's and annual/significant change DMEs for current residents for each month. The audits will be completed for at least 12 months to ensure that the resident DMEs do not have any blanks. This will be reported at the Quarterly QAPI meetings. **(Ongoing) (Attachment 5 C)**
- A staff meeting will be held to educate staff on how to complete DMEs. **(Meeting to be held May 16, 2018)**

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 May 7, 2018

MAY 09 2018

Violation Report: 42804 - 01/05/2018 - Rosor, Ashley
PCH Name: VILLAANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's medical evaluation, dated 6/6/17, does not include the medical professional license number. Also, the box marked "other-see needs addendum below" is checked; however, nothing is indicated in the needs addendum. This section of the form is blank.


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.

Please see
Exhibit # 6

- Attachment 6 A
- Attachment 6 B
- Attachment 6 C
- Attachment 6 D
- Attachment 5 C
- Attachment 6 E

See Page 7A of 7


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on Every Page)		
Printed Name and Title of Legal Entity Representative (Required on Every Page)	Date	
Jennie R. Long, BSN, RN Director	May 8, 2018	

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(Date)

Plan of correction implementation status as of 5/15/18
(Date)

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(Initials)

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

Violation report: 42804-01/05/2018- Roser, Ashley

PCH Name: VILLA ANGELA AT ST. Anne Home

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Exhibit # 6

MAY 09 2018

Regulation §2600.141 (b)(1)

WEST REGION FIELD OFFICE
Human Services Licensing

When this was brought to our attention, we amended the resident's medical evaluation to include the medical practitioner's license number (Attachment 6 A) and the Resident's orders were investigated. The director received a clarification order (Attachment 6 B) regarding the diet in the needs addendum at 1120 1-5-18. Dining Services Manager was also notified of the clarification order.

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

- All of the current residents Documentation of Medical Evaluations (DMEs) were audited to ensure they were completed. (Attachment 6 C) 1-10-2018.
- The Resident Care Coordinators (RCCs) will complete Monthly Audits for Quality Assurance and Performance Improvement (QAPI). The audits will be on the new residents' DMEs and annual/significant change DMEs for current residents for each month. The audits will be completed for at least 12 months to ensure that the resident DMEs do not have any blanks. These findings will be reported at the Quarterly QAPI meetings. (Ongoing) (Attachment 6 D)
- RCC's will communicate any new admission diets or diet changes to the Dining Services Manager utilizing the Diet Requisition/Recommendation form (Attachment 6 E)

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 May 7, 2018