



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 14, 2018

Ms. Heidi A. Aguillo, RN, BSN,
President
HFA, Inc.
13771 South Eagle Valley Road
Tyrone, Pennsylvania 16686

RE: Olivia Village
Certificate #: 319171

Ms. Aguillo:

As a result of the Department of Human Services' licensing inspections on April 26, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger", written over a horizontal line.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 31917 - 04/26/2018 - Showers, Michael
 PCH Name: OLIVIA VILLAGE

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 #1's most current Documentation of Medical Evaluation form, dated 12/17/18, documents that the resident "Cannot self-administer medications" and the resident's current assessment and support plan does not identify that the resident is capable of self-administration. The administrator of the home stated that Resident #1 performs his/her own blood sugar testing and injections of insulin. The resident has not been assessed as capable of medication self-administration.

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.

Short Term Goals:

1. Administrator obtained an order from PCP for [redacted] able to take her FS blood sugar tests and self-administer her insulin. Pls. see attached PCP order.
2. Administrator updated Resident #1's DME. Also, updated the RASP using the Assessment and Support Plan Updates and Changes form. Pls see attached updates.

Long Term Goals:

1. Administrator will ensure that a doctor's order is obtained if resident is able to do his / her FS blood sugar tests and self-administer his / her insulin.
2. Administrator updates DME and RASP of any changes in resident's preference and ability to perform self-administration of medications.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heidi A. Aguillo RN, BSN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *HEIDI A. AGUILLO / Pres. HFA Inc.* Date *5/9/2018*

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

The above plan of correction is approved as of <u>5/14/18</u> (Date) The above plan of correction was approved by <u><i>BAJ</i></u> (Initials)	Plan of correction implementation status as of <u>5/14/18</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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