



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: December 20, 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 inspection on October 10, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED
NOV 21 2018

Violation Report: 42804 - 10/10/2018 - Flinner-Alman, Lisa
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/6/18 at approximately 9:00 p.m., resident #1 told staff person A that on 10/5/18 at approximately 10:00 p.m., he/she awoke with staff person B lying in his/her bed touching, kissing and holding his/her face. This allegation of abuse was not reported to the local Area Agency on Aging until 10/7/18.

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

Attachment 1-B

Attachment 1-C

Attachment 1-D

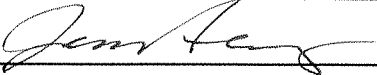
Attachment 1-E

Attachment 1-F

SEE PAGES 5B, 5C AND 5D OF 6

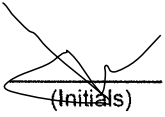
Attachment 1-G

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennie R. Long, BON, RN Director	11/21/2018

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

The above plan of correction is approved as of <u>12/12/18</u> (Date)	Plan of correction implementation status as of <u>12/12/18</u> (Date)
The above plan of correction was approved by  (Initials)	<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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42804 - 10/10/2018 - Flinner-Alman, Lisa
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2a. DESCRIPTION OF VIOLATION
On 10/6/18 at approximately 9:00 p.m., resident #1 told staff person A that on 10/5/18 at approximately 10:00 p.m., he/she awoke with staff person B lying in his/her bed touching, kissing and holding his/her face. This allegation of abuse was not reported to the local Area Agency on Aging until 10/7/18.

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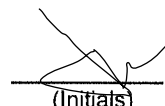
SEE PAGES 5B, 5C AND 5D

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 11/21/18

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Violation Report: 42804 - 10/10/2018 - Flinner-Alman, Lisa
PCH Name: VILLA ANGELA AT ST ANNE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 10/6/18 at approximately 9:00 p.m., resident #1 told staff person A that on 10/5/18 at approximately 10:00 p.m., he/she awoke with staff person B lying in his/her bed touching, kissing and holding his/her face. The home did not immediately develop and implement a plan of supervision or suspend staff person B. Staff person B continued working unsupervised until 11:00 p.m. on 10/6/18 and on 10/7/18 from 3:00 p.m. until 4:40 p.m.

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

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Attachment 1-A

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Attachment 1-C

Attachment 1-D

Attachment 1-E

Attachment 1-F

Attachment 1-G

SEE PAGES 5B, 5C AND 5D OF 6

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Printed Name and Title of Legal Entity Representative
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Jennie R. Long, BSN, RN, Director

Date

11/21/18

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Human Services Licensing

Violation Report: 42804 - 10/10/2018 - Flinger-Alman, Lisa
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/6/18 at approximately 9:00 p.m., resident #1 told staff person A that on 10/5/18 at approximately 10:00 p.m., he/she awoke with staff person B lying in his/her bed touching, kissing and holding his/her face. This allegation of abuse was not reported to the allegation to the Department until 10/8/18.

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

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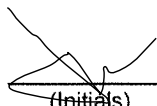
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Violation Report: 42804 - 10/10/2018 - Flinner-Alman, Lisa WEST REGION FIELD OFFICE
PCH Name: VILLA ANGELA AT ST ANNE HOME Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 10/15/18 at approximately 10:00 p.m., staff person B went into resident #1's room to check on his/her hearing aids. The resident was sleeping in bed. Staff person B kissed the resident, held resident #1's face, and hugged the resident while the resident was still in bed. The incident caused resident #1 mental anguish and emotional distress and the resident became fearful to sleep in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 428040 – Flinner-Alman, Lisa **PCH Name:** VILLA ANGELA AT ST. ANNE HOME

Exhibit # 1_(pg. 1)

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Pertaining to:

- Regulation §2600.15 (a)
- Regulation §2600.15 (b)
- Regulation §2600.16 (c)
- Regulation §2600.42 (b)

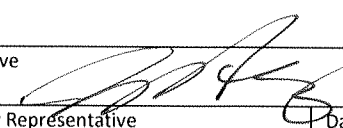
Villa Angela at St. Anne Home takes abuse allegations seriously. The timeliness of reporting the incident is equally important. This is a situation that everyone has learned from. The director utilized staff education to reinforce the importance of staff immediately reporting events and to who those events should be reported to as defined in the above listed regulations.

Immediate Actions pertaining to this specific incident:

- Staff member **(A)** made the initial attempt to notify the Director October 6, 2018 at 2115 and did not reach her. A second attempt to notify the Director of alleged inappropriate touching was successful October 7, 2018 at 1618. At this time, immediate action was taken by the director to remove staff member **(B)** from the floor. Staff member **(B)** was placed on suspension without pay pending the completion of the investigation.
- Written statements were obtained from Staff members **(A)** and **(B)**.
- Resident **#1's** Family was notified.
- Resident **#1's** verbal statement was received and typed on behalf of the resident. The statement was then reviewed with and signed by resident.
- DHS was notified of the incident October 7, 2018 at 1852.
- Area Agency on Aging, Protective Services was notified October 7, 2018 at 1856.
- City of Greensburg Police Department was notified October 7, 2018 at 2015
- Human Resources/Corporate Compliance Officer for the facility was notified of the allegation.
- PA Department of Aging was notified October 8, 2018 at 0921.
- DHS Incident Reporting Form was submitted October 8, 2018 at 1548



12/12/18

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 November 21, 2018

Violation Report: 428040 – Flinner-Alman, Lisa **PCH Name:** VILLA ANGELA AT ST. ANNE HOME

Exhibit # 1 continued (pg. 2)

Pertaining to:


- Regulation §2600.15 (a)
- Regulation §2600.15 (b)
- Regulation §2600.16 (c)
- Regulation §2600.42 (b)

❖ **The following are the steps that have been or are going to be implemented to prevent this type of incident from happening again:**

- Staff member **(A)** was formally counseled regarding this specific incident. **(Attachment 1-A)**
- Suspected Resident Abuse Reporting and Investigation Requirements tool was formulated to be specific to Villa Angela at St. Anne Home **(Attachment 1-B)**. This tool was reviewed at the staff meetings and has been placed in the staffing notebook located in the conference room, the staff locker room and the activities staff planning binder located in the game room.
- **Educational Opportunity**
Opportunity 1
 - Meetings were scheduled as part of the Plan of Correction regarding the regulations listed above to prevent similar violations from occurring again. **(Meeting dates: November 12, 13, 15, 19, 2018)**
 - Staff acknowledgement forms with signatures **(Attachment 1-C)**
 - The following are specific facility policies reviewed in addition the Review of the Regulations directly from the Regulatory Compliance Guide:
 - ◆ Policy # CC.0008 Protection against Resident Abuse, Neglect, and Misappropriation of Resident Property. **(Attachment 1-D)**
 - ◆ Policy # VA.ADM.NO.001 Administrator Notification **(Attachment 1-E)**
 - ◆ Policy # VA.ADM.NO.004 Reportable incidents, §2600.16 Reportable incidents and conditions. **(Attachment 1-F)**
 - ◆ Suspected Resident Abuse Reporting and Investigation Requirements outline (tool). **(Attachment 1-B)**



12/12/18

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 November 21, 2018

Violation Report: 428040 – Flinner-Alman, Lisa PCH Name: VILLA ANGELA AT ST. ANNE HOME

Exhibit # 1 continued (pg. 3)

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Human Services Licensing


Pertaining to:

- Regulation §2600.15 (a)
- Regulation §2600.15 (b)
- Regulation §2600.16 (c)
- Regulation §2600.42 (b)

Opportunity 2

- o Education has been scheduled entitled Professional Boundaries in Healthcare. **(Attachment 1-G)**
- o This is to be completed for the Plan of Correction involving Regulation §2600.42 (b) in order to prevent a similar violation from occurring again. **(Meeting dates: November 26, 27, 29, 30, 2018)**
- o Signature sheets will be forwarded after the meeting has been completed **(Pending)**


Immediately - Staff person B will not provide unsupervised direct care or services to resident #1. The administrator will ensure that there is sufficient staffing while staff person B is working to enable other staff persons to provide direct care and services to resident #1 and to meet the needs of all the residents in accordance with §2600.60(a). The administrator will increase the supervision of staff person B. The supervision increase will at least include the administrator or a supervisory designee conducting at least 4 monthly random and unannounced observations lasting at least 30 minutes each time of staff person B providing direct care or services to residents other than resident #1.

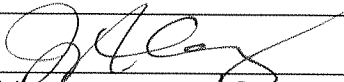
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Immediately - The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 3 residents regarding care and treatment.

Immediately - During the next quality management plan review and evaluation and ongoing – The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

 12/12/18

 12/12/18

Signature of Legal Entity Representative <i>(Required on Every Page)</i>		
Printed Name and Title of Legal Entity Representative <i>(Required on Every Page)</i>		Date
Jennie R. Long, BSN, RN Director		November 21, 2018

Violation Report: 42804 - 10/10/2018 - Flinner-Alman, Lisa
PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted 9/23/18, however, the assessment was not completed until 10/9/18. Also, the assessment does not include the diagnosis of a stage 2 coccyx wound, as indicated in the resident's record.

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

See page 6A of 6

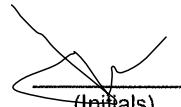
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Plan of correction implementation status as of 12/12/18
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Violation Report: 428040 – Flinner-Alman, Lisa PCH Name: VILLA ANGELA AT ST. ANNE HOME

Exhibit # 2

Regulation §2600.225(a)

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation is to ensure that the facility creates a timely, accurate, and comprehensive profile of a resident’s needs and serves as the basis for the plan to meet those needs.


❖ **The following are the steps that have been or are going to be implemented to prevent this type of incident from happening again:**


- Initial Audits will be completed by licensed staff for the following:
 - All of the Resident Assessments will be audited to verify that they are in compliance with the 15 day time line as indicated by the regulation.
(To be completed by 12-21-2018) (Attachment 2-A)
 - All of the residents’ RASPs will be audited against the residents’ diagnosis listed on the DME and chart, to ensure that all the diagnosis on each document match.
(To be completed by 12-21-2018) (Attachment 2-B)

The findings will be reported at the next quarterly QAPI meeting scheduled 1-16-2019.

- A flow sheet will be formulated to track admission dates and completion dates for each new admission to aid as a visual reminder that the assessment is to be completed by the due date. **(to be completed by 12-21-2018)**
- All new admissions will be audited within 7 days to ensure that the assessments are started in a timely manner. If it is found that the RASP has not been initiated, the licensed staff must notify the RCC responsible for completing the RASP and the Director that it is not completed. **(ongoing)**
- A monthly audit will be completed by the licensed staff within 10 days of the new month for the prior month to ensure that the diagnoses on each document match new residents and annual assessments for current residents. **(ongoing)**
- **Educational Opportunity**
 - The Resident Care Coordinators will be re-educated on §2600.225(a) at the next Resident Care Coordinator meeting to be scheduled on or before **January 15, 2019**. This will include review of Regulation Pa §2600.225a, the assessment forms, the Regulatory Compliance Guide pg. 218-222 (referencing Best Practices).

(Signature sheets will be forwarded once the meeting is completed)

 12/12/18

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 November 21, 2018