



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2019

Mr. Jeffrey S. Long
President/Chief Executive Officer
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 December 11, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 42804 - 12/11/2018 - Graziano, Belinda

PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 9:00 a.m., resident records, including those for residents #1, #2, #3, #4 and #5, were unlocked, unattended, and accessible in the nurses' office on the courtyard 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.

Please see

Exhibit # 1 (Page 2a of 4)

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 Director

Date

2/22/2019

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

The above plan of correction is approved as of 3/18/19
(Date)

Plan of correction implementation status as of 3/18/19
(Date)

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

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

Exhibit # 1

Regulation §2600.17

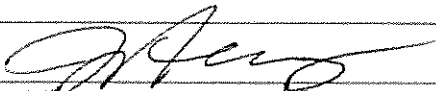
This regulation is in place to protect resident privacy and ensure that our facility complies with other applicable laws.

To immediately remedy the situation, the staff were immediately educated on the importance of having the records closed and put away when not in use.

In order to correct the violation and to prevent any further occurrences, the following interventions have been or are going to be completed:

- The door to the conference room will have a self-locking handle installed. **(to be completed by 3-29-2019)**
- Staff will be educated regarding confidentiality practices and policies. **(to be completed by 3-29-2019)**
- Staff will review and sign confidentiality agreement. **(to be completed by 3-29-2019)**

JL 3/18/19

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 February 22, 2019

Violation Report: 42804 - 12/11/2018 - Graziano, Belinda
 PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for the following residents were not signed by the residents:

- Resident #1, contract dated 10/01/13
- Resident #2, contract dated 08/23/18
- Resident #3, contract dated 07/17/17
- Resident #4, contract dated 01/15/18
- Resident #5, contract dated 08/25/12

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 (page 3a of 4)

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) <i>Jennier Long, Director</i>	Date <i>2/22/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

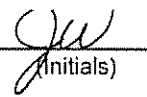
The above plan of correction is approved as of <u>3/18/19</u> (Date)	Plan of correction implementation status as of <u>3/18/19</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Exhibit # 2

Regulation §2600.25 (b)

This regulation is in place to ensure that the resident has the knowledge of the contract. The resident signing the contract constitutes a pledge by both parties to abide by the specified terms.

- In order to correct the violation and to prevent any further occurrences, the following interventions have been or are going to be completed:
- Residents # 1, 2, 3, 4, 5 will have the resident agreement reviewed with them. They will be offered the opportunity to sign the agreement. Notations will be made when this is completed with each of them. **(to be completed by 3-1-2019)**
- Audit the current residents' contracts in the facility for signatures. **(2-21-19)**
- Any additional residents that do not have their signatures on their contracts will have the resident agreement reviewed with them. The resident will be offered the opportunity to sign the agreement. Notations will be made when this is completed each resident. **(to be completed by 3-29-2019)**
- Education provided to the administrative assistant that reviews the admission agreements with incoming residents and family members regarding Regulation §2600.25 (b) to prevent any future occurrences of this violation. **(to be completed by 3-1-2019)**

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		February 22, 2019	

Violation Report: 42804 - 12/11/2018 - Graziano, Belinda

PCH Name: VILLA ANGELA AT ST ANNE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency service telephone numbers posted on or near the two telephones on the bedside table and one telephone in the living room area of resident #4 in room 206.

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

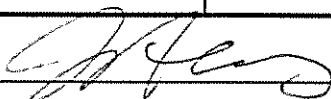
Exhibit # 3

Attachment 3-A (page 4a of 4)

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)

Annie R. Long Director

Date

2/22/2019

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(Date)

Plan of correction implementation status as of 3/18/19
(Date)

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- Not Implemented

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

Exhibit # 3

Regulation §2600.91

This regulation to post these specific numbers facilitates a quick response from the appropriate agency in the event of an emergency, and allows residents and staff to contact the DPW to report complaints in privacy.

In order to correct the violation and to prevent any further occurrences, the following interventions have been or are going to be completed:

- Resident # 4 had the phone numbers posted immediately as the Licensing Representative pointed out that they were missing.
- All residents Rooms were inspected to ensure that each resident had the required phone numbers posted. **(12-17-18)**
- The residents will be re-educated on the purpose of the cards and the importance of them being located by their phones. **(to be completed by 3-29-2019)**
- All levels of staff will be educated on the importance of having these Emergency Numbers posted by all outgoing phone lines. They will also be educated where "spares" are kept so that if one is missing, it can be easily replaced. **(to be completed by 3-29-2019)**
- While all staff will be educated to be looking for the cards in the residents' rooms, the Activities and Housekeeping staff will be responsible for auditing each resident's room and the facility's outside lines to ensure that these numbers are in place while working through their weekly housekeeping schedule and completing resident visits. **(Please see Attachment 3A) (On going)**
- We are also exploring new options having the numbers posted (laminated cards, 3M products to adhere cards to phone.) **(On going)**

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		February 22, 2019	

3/18/19