



July 1, 2019

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

RE: Olivia Village  
Certificate #: 319170

Ms. Aguillo:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 14, 2019 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](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

## Facility Information

Name: *OLIVIA VILLAGE*

License Number: *319170*

Address: *13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686*

County: *BLAIR*

Region: *CENTRAL*

## Administrator

Name: *Heidi Agullo*

Phone: *8146841005*

Email:

## Legal Entity

Name: *HFA INC*

Address: *13771 SOUTH EAGLE VALLEY ROAD, PA, 16686*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *06/29/2004*

Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *14*

Waking Staff: *11*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*05/14/2019 - On-Site: Israel Springs, Jason McCloskey*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *33*

Residents Served: *13*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *3*

Are 60 Years of Age or Older: *12*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *1*

Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have the influenza poster posted in the facility, as required by the Influenza Awareness Act

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 and Long Term Goals:

The administrator posted the Influenza Poster in the Main Living Room at the entrance of the facility. The poster is visible to all residents, staff, visitors and anyone entering the building all year round. Please see attached picture of influenza poster posted.

Legal Entity Representative

<i>Heidi A. Aguillo RN, BSN</i>	<i>HEIDI A. AGUILLO/administrator</i>	<i>6/6/19</i>
Signature	Printed Name and Title	Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	<b>6/7/19</b> (Date)	Plan of correction implementation status as of	<b>6/7/19</b> (Date)
		<input checked="" type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	<b>BAS</b> (Initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

83a - Indoor Temperature

Regulations

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 5/14/19 at 9:06 am, residents were present in the home and the temperature in the Mountain View hallway measured 65 degrees Fahrenheit.

On 5/14/19 at 9:08 am, residents were present in the home and the temperature in the Dining Area measured 64 degrees Fahrenheit.

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:

Replaced the old (non-functioning) Atomic Clocks in all 4 major areas: Mountain View, Sunset, and Sunrise hallways and Dining Area. These clocks have built-in indoor and outdoor temperature readings (the former being the more important) with the usual time and date readings. These clocks allow both residents and staff to visually check the indoor temperature for each area. When indoor readings get below 70F, this would trigger turning up the thermostat.

The accompanying images are shown for the setup in the Mountain View Hallway.

LONG-TERM GOALS:

The Administrator and Staff will ensure that indoor temperature is closely monitored and must not go below 70F. The installed Atomic Clocks will provide them the temperature readings and make adjustments when needed.

All the manual thermostats will eventually be replaced with Wi-Fi enabled units. This allows the staff to easily monitor indoor temperature using smartphone app.

Legal Entity Representative

*Heidi A. Aguillo RN, BSN*

Signature

HEIDI A. AGUILLO / administrator 6/6/19

Printed Name and Title

Date

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6/7/19  
(Date)

Plan of correction implementation status as of

6/7/19  
(Date)

Fully Implemented

The above plan of correction was approved by

BAS  
(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Outside the bedroom 6, there is a large area at the top of the wall where the plaster is discolored rusty brown as if from water staining.

The corner of the wall in bedroom 11 is in poor repair as evidenced by a strip of the wall that is peeling from the ceiling down toward the floor.

There is an area of the ceiling near the "air handler room" in the Mountain View hallway that has dark brown staining as if from water damage.

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:

All the three violations mentioned above have been fixed. Both the outside of bedroom 6 (Sunrise) and the ceiling in the Mountain View surfaces have been sanded, treated with mold-deterrent solution, spackled again, sanded again, primed with mold-killing primer then repainted. The corner wall of bedroom 11 (Sunset) was spackled, sanded, primed with mold-killing primer then repainted.

Images of all the work done (before, during, and after) are hereby attached.

Date of Completion: May 31, 2019

LONG-TERM GOALS:

Retrain all staffs to report all building surfaces (floors, ceilings, windows, doors, etc) via the facilities Request for Maintenance system. The Administrator makes sure that this reporting is implemented regularly when the needs arise. Also, the owner of the building, Perpetual Care, LLC via one or both of its officers, Frederick Aguillo and Heidi Aguillo, must do regular visual inspection of all surfaces, both inside and outside of the building, to ensure that this violation will not be repeated.

Legal Entity Representative

Handwritten signature: Heidi A. Aguillo RN, BSN. Printed Name and Title: HEIDI A. AGUILLO/administrative. Date: 6/6/19

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The above plan of correction is approved as of 6/7/19 (Date). Plan of correction implementation status as of 6/7/19 (Date). [X] Fully Implemented. [ ] Partially Implemented - Adequate Progress. [ ] Partially Implemented - Inadequate Progress. [ ] Not Implemented.

126a - Furnace Inspection

Regulations

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home has not had its furnaces inspected within the last 365 days.

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:

The facility owners, HFA, Inc. and Perpetual Care, LLC via one of their officers, Frederick Aguillo, made a verbal contract with Mr. Dan Sheedy of Klesius and Sheedy, telephone number (814) 944-6586. Mr. Sheedy will email the contract of annual inspection at a later date for signing.

Date of completion: June 6, 2019

LONG-TERM GOALS

The owners of the facility will make sure that this furnace inspection is done at least once a year. The Administrator of Olivia Village will keep paid invoices for each annual maintenance.

Legal Entity Representative

Heidi A. Aguillo RN, BSN

Signature

HEIDI A. AGUILLO/Administrator

Printed Name and Title

6/6/19

Date

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