



November 26, 2019

Mr. H. Ryan Tufts  
Chief Executive Officer - Administrator  
Evergreen Eldercare, Inc.  
1201 Museum Road  
Reading, Pennsylvania 19611

RE: The Villa St. Elizabeth  
License #: 205760

Dear Mr. Tufts:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 30, 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, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: THE VILLA ST. ELIZABETH

License Number: 20576

Address: 1201 MUSEUM ROAD,, READING, PA 19611

County: BERKS

Region: NORTHEAST

## Administrator

Name: Ryan Tufts

Phone: 6104781201

Email: ADMINISTRATOR@VILLAPA.COM

## Legal Entity

Name: EVERGREEN ELDER CARE INC

Address: 1201 MUSEUM ROAD, READING,, PA, 19611

## Certificate(s) of Occupancy

Type: C-1

Date: 04/20/1992

Issued By: Labor & Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 60

Waking Staff: 45

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

## Inspection Dates and Department Representative

07/30/2019 - On-Site: Gerald Dumas, Amy Deluca

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 92

Residents Served: 60

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 9

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 39

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 0

Have Physical Disability: 7

HCT

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - 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.

Description of Violation

The telephone in the home's kitchen did not have a list of the required emergency phone numbers posted near it.

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.)

SEE NEXT PAGE →

Legal Entity Representative


Signature 

H. RYAN TUFTS ADM. 10-25-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of 10-28-19  
(Date)

Plan of correction implementation status as of 10-28-19  
(Date)

The above plan of correction was approved by   
(Initials)

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

07-30-2019 Inspection  
1. 2600.91  
page 2 of 5 continued

1. Regulation 2600.91 is important because it facilitates a quick response from the appropriate agency in the event of an emergency, and allows the staff and residents to Contact the Department to report complaints in privacy.
2. This regulation is violated when a list of emergency telephone numbers is not posted by a telephone with an outside line.
3. The violation occurred when it was discovered that the kitchen telephone did not have a list of emergency telephone number posted next to it.
4. To fix the violation right away, the facility management posted an emergency telephone numbers list next to the kitchen telephone while the inspectors were still on site of the day of inspection.
5. To ensure compliance in the future, the facility's current daily room compliance inspection reports that are completed and submitted to the General Manager by the Universal care Givers have been revised. The compliance form had already included resident rooms, hallways, common areas and the business offices. The new revision now includes all of the aforementioned locations plus the kitchen and maintenance garage; thus, including all telephones. The Universal Care Givers, dietary, maintenance, and management were all re-covered on this important regulation.
6. The Administrators and General Manager are directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative:



Print Name and Title of Legal Entity Representative :

H. RYAN TUFTS - ADMINISTRATOR

Date: 10-25-19

10-28-19

ag

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A large dented can of beef stew and a large dented can of tuna were found in the home's pantry where canned goods are stored.

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.)

SEE NEXT PAGE →

Legal Entity Representative

Signature

H. RYAN TUFTS - ADMINISTRATOR 10-25-19

Printed Name and Title

Date

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

The above plan of correction is approved as of 10-28-19  
(Date)

Plan of correction implementation status as of 10-28-19  
(Date)

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

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

07-30-2019 Inspection

1. 2600.103.i

Page 3 of 5 continued

IT IS IMPORTANT TO NOTE THAT TWO SLIGHTLY DENTED CANS CAUSED THIS VIOLATION. ALL REFRIGERATED, FROZEN AND DRIED GOODS, CASES AND PACKAGES WERE FOUND TO BE WELL WITHIN THEIR "BEST BY" DATES. NO OUTDATED OR SPOILED FOOD WAS FOUND AT ALL.

1. Regulation 2600.103.i is important because it ensures that food is safe for use.
2. In this case, a violation of this regulation occurs when dented cans due to handling and transporting are found.
3. The cause of this violation was the discovery of two cans (108 oz. and 44 oz.) in the dry goods pantry. Both of these cans were delivered by SYSCO food distributor on 7-29-2019, the day before the inspection on 7-30-2019. The facility started using SYSCO in the beginning of July 2019, because of their sterling reputation in the food provider industry. These two cans were slightly dented and not discovered by the Dietary Manager when unpacking her order from the day before.
4. The violation was corrected at the time of the inspection by removing the two dented cans from the pantry stock of dry goods and staging them in the maintenance garage to be returned to SYSCO for credit.
5. To prevent future violations, the dietary staff was retrained on their ServSafe responsibilities, including the removal of any dented cans from the pantry stock immediately. The dietary manager will personally supervise the deliveries and distribution of all dietary stock.
6. The Administrators and General Manager are directly responsible for the future compliance of this important regulation. They will audit each delivery with the dietary manager to ensure proper compliance.

Signature of Legal Entity Representative:



Print Name and Title of Legal Entity Representative :

H RYAN TUFTS ADMINISTRATOR

Date: 10-25-2019

10-28-19

ag

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit stored in the home's van used to transport residents did not contain eye coverings or a thermometer.

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.)

SEE NEXT PAGE →

Legal Entity Representative

Signature

H. RYAN TUFTS ADMINISTRATOR 10-25-19

Printed Name and Title

Date

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

The above plan of correction is approved as of 10-28-19  
(Date)

Plan of correction implementation status as of 10-28-19  
(Date)

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

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

07-30-2019 Inspection

1. 2600.171.b5

Page 4 of 5 continued

1. Regulation 2600.171.b is important because it ensures that essential items for basic emergency medical care are present in case of an emergency.
2. A violation occurs when a first aid kit is missing any of the required contents as per regulation 2600.96.
3. The cause of this violation was the first aid kit in the facility's brand-new shuttle was missing a thermometer and eye protection. Upon receipt of the new 14 passenger shuttle on 7-15-2019, the Wellness Director placed a newly-ordered first aid kit from the Uline Company. Unfortunately, eye protection and a thermometer were not included in that model first aid kit.
4. To fix the violation right away, the Administrator placed eye protection and a thermometer in the shuttle's first aid kit while the inspectors were still on the facility site.
5. To ensure on-going compliance to 2600.171.b5, the audit forms of all the first aid kits were re-covered with the staff. Additionally, the facility changed its provider to ensure the new kits come to the facility with eye protection and thermometers included and packaged already.
6. The Administrators and Wellness Director are directly responsible to ensure compliance to this important regulation on an on-going basis.

Signature of Legal Entity Representative:



Print Name and Title of Legal Entity Representative :

H RYAN TUFTS ADMINISTRATOR

Date: 10-25-2019

10-28-19

ag

225a - Assessment 15 Days

Regulations

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.

Description of Violation

Resident # 1 was admitted to the home on 6/4/2019. The initial assessment was not completed until 6/21/2019, more than 15 days after the resident's admission.

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.)

SEE NEXT PAGE →

Legal Entity Representative

Signature

RYAN TUFTS ADMINISTRATOR 10-25-19

Printed Name and Title

Date

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

The above plan of correction is approved as of 10-28-19  
(Date)

Plan of correction implementation status as of 10-28-19  
(Date)

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

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

07-30-2019 Inspection

1. 2600.225.a

Page 5 of 5 continued

1. Regulation 2600.225.a is very important as it allows the facility to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.
2. A violation occurs when a written initial assessment is not documented on the Department's assessment form within 15 days of the resident's admission.
3. The root cause of this violation was the 2-day delay in completing the resident's written initial assessment. The written assessment was dated 6-21-19 instead of being completed and dated no later than 6-19-19.
4. To fix the violation right away was not applicable in this instance.
5. To ensure on-going compliance to 2600.225.a, the Administrators participated in a two-hour seminar and training session with the instructors of TabulaPro electronic medical records software company. Using this 2-day delay violation as a case study, the software designers at TabulaPro corrected and streamlined the automatic follow-up calendar indices. The dated deadlines of electronic record-keeping were synced to the facility's Google calendar windows to provide the necessary computerized administrative tool to avoid missed deadlines in the future. The end result is a third back-up system to the Administrators' personal resident records update system.
6. The Administrators will be responsible for the on-going compliance to this regulation.

Signature of Legal Entity Representative:



Print Name and Title of Legal Entity Representative :

H. RYAN TUFTS ADMINISTRATOR

Date: 10-25-2019

10-28-19

ag