



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [bparks@psl.org](mailto:bparks@psl.org)  
[NHollenbaugh@psl.org](mailto:NHollenbaugh@psl.org)

MAILING DATE: June 4, 2020

Mr. Brian Parks  
Administrator  
Presbyterian Homes, Inc.  
1155 Indian Springs Road  
Indiana, Pennsylvania 15701

RE: The Village House  
License #: 427290

Dear Mr. Parks:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 20, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey".

Jody Garvey  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

**RECEIVED**  
6/2/20  
Western Region Field Office  
Bureau of Human Services Licensing

## Facility Information

Name: *THE VILLAGE HOUSE* License Number: 42729  
Address: *1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701*  
County: *INDIANA* Region: *WESTERN*

## Administrator

Name: *Brian Parks* Phone: *7244641600* Email: *EROADMAN@PSL.ORG*

## Legal Entity

Name: *PRESBYTERIAN HOMES INC*  
Address: *1155 INDIAN SPRINGS ROAD, INDIANA, PA, 15701*

## Certificate(s) of Occupancy

Type: *C-1* Date: *08/24/1999* Issued By: *DOH*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

## Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
Reason: *Incident*

## Inspection Dates and Department Representative

*04/20/2020 - On-Site: Thomas Smith*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *42* Residents Served: *21*

### Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
<i>No</i>			

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>21</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

15c - Supervision

Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.


Description of Violation

On 4/11/20, an allegation of abuse involving staff person A and resident #1 was reported to the Department. Staff person A was suspended immediately pending an investigation. However, staff person A was allowed to return to work on 4/13/20 and worked directly with resident #1 and unsupervised on 4/13/20 and 4/14/20, which was prior to an investigation being completed by the Department on 4/20/20.

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 REVISED PLAN OF CORRECTION DATED JUNE 1, 2020 ON SEPRATE WORD DOCUMENT

See page 2a of 2  6/2/20

Legal Entity Representative



Signature

BRIAN PARKS, EXECUTIVE DIRECTOR <sup>PC ADMINISTRATOR</sup> 6/2/20


Printed Name and Title

Date

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

The above plan of correction is approved as of 6/2/20  
(Date)

Plan of correction implementation status as of 6/2/20  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

Plan of Correction (June 1, 2020 Revision)


Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

1. Resident #1 has had no ill effects from this incident and has voiced no further concerns about working with this staff member.
2. There have been no additional verbal or physical abuse allegations reported since this incident.
3. The Regional Clinical Support Manager updated and implemented the revised Abuse Neglect Exploitation Policy on May 21, 2020 to include the following language: At the conclusion of the investigation, immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person. The staff member may not return to work until the Department of Human Services regional office accepts the plan of supervision and/or approves the return to work without supervision.
4. The Regional Clinical Support Manager provided education for the Personal Care Home Administrator, the Resident Services Manager, and the Human Resources on May 21, 2020 about the policy revision and ate.

(The revised policy is attached with this email, as well as documentation of the education provided on May 21, 2020)

  
JUNE 1, 2020  
Brian Davis  
ADMINISTRATOR

PRIVACY CODING DOCUMENT

Facility Information

Name: THE VILLAGE HOUSE

License Number: 42729

Address: 1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701

Inspection

Date: 04/20/2020

Type: Partial

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Staff Member A

Heather Bell

PCA

08/26/2013

Resident Privacy Coding

Designation

Resident's Name

Resident 1

Cleva Hartman

Signatures

Brian Pous, Administrator

Printed Name and Title of Legal Entity Representative



Signature of Legal Entity Representative

6/2/20

Date