

Department of Human Services
Bureau of Human Service Licensing

April 7, 2021

██████████ PRESIDENT/CEO
ST ANNE HOME INC
685 ANGELA DRIVE
GREENSBURG, PA 15601

RE: VILLA ANGELA AT ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG, PA, 15601
LICENSE/COC#: 42804

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: VILLA ANGELA AT ST ANNE HOME **Licen e #:** 42804 **Licen e Expiration Date:** 02/05/2022
Addr e : 685 ANGELA DRIVE, GREENSBURG, PA 15601
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7248376070 **Email:** [REDACTED]

Legal Entity

Name: ST ANNE HOME INC
Address: 685 ANGELA DRIVE, GREENSBURG, PA, 15601
Phone: 7248376070 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/01/2010 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/27/2021

Inspection Dates and Department Representative

01/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54 **Residents Served:** 37

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 37
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 11 **Have Physical Disability:** 0

Inspections / Reviews

01/27/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/15/2021

Inspections / Reviews *(continued)*

3/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *03/22/2021*

4/7/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 05/16/2020, for resident #1 indicates the resident requires assistance with toileting and judgement. The support plan states, "Staff will assist resident will toilet related hygiene tasks as needed," and "Staff will conduct rounds every 2 hours." On 1/22/2021, the resident did not receive this assistance as required. The resident was assisted to the toilet by direct care staff at approximately 7:30 a.m. and was not checked on, nor assisted off the toilet, until approximately 11:55 a.m.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept

*Action**Owner**Completion Date*

Resident was assisted off the toilet by RA's at the time of the incident. The RCC was notified of incident and came to the resident's room to assess the resident's skin condition. Resident's skin was assessed by the same RCC 1/23/2021 at 0800 and the reddened area was resolved.

*7-3 RCC (D)**1/22/2021***Action**

Repositioning sheet was generated and placed on the resident's MAR for RA staff to document that resident was checked on q 2hours. New sheet, importance of team work and communication was verbally reviewed with staff members working on all the floors (0630 – 1500, 1430-2300, on 1/27, 28/2021, 2230-0700 on 1/28/2021) (See

Attachment 1)**Owner:** 7-3 RCC (D) educated*RA's to complete q shift.***Completion Date:** 1/27-28/2021**Action**

A QAPI Audit was completed on the current 37 resident RASPs for residents that are total physical assistance with incontinence related problems. The identified residents had repositioning /toileting sheets added to the MARs and each of their RASPs were updated. This was communicated directly to the RA's working with the specific residents in writing on the staff white board where report is giving every shift. (See Attachment 2)

Owner: 7-3 RCC (D)**Completion Date:** 3/8/2021**Action**

A monthly QAPI audit was added to assess the repositioning /toileting sheets for residents are being completed by each care giver on each shift. The results will be reviewed at the quarterly QAPI meeting. Any deficits noted will be addressed to the individual staff member. (See Attachment 3)

Owner: RCC or Director**Completion Date:** To be completed monthly beginning April 1 and ongoing**Action**

Education of ADL Requirements (Reg. §2600.23.a), New documents and documentation, the importance of staff to staff communication and policy review (VA.EXC.MSC.001 Bathroom assistance) will take place with staff. (Attachments 1,3,4) (See Attachment 4)

Owner: RCC or Director**Completion Date:** On or before March 31, 2021*Completion Date 03/31/2021*

Document Submission

Implemented

Signature sheets Attached.

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The assessment and support plan, dated 05/16/2020, for resident #1 indicates the resident requires assistance with toileting and judgement. The support plan states, "Staff will assist resident will toilet related hygiene tasks as needed," and "Staff will conduct rounds every 2 hours." Also, resident #1's annual medical evaluation, dated 04/18/2020, includes a diagnosis of frequent falls.

On 1/22/2021, the resident was assisted to the toilet by direct care staff A at approximately 7:30 a.m. At approximately 11:30 a.m., staff person B was in the hallway near resident #1 bedroom and heard a kick on the wall. Staff person B went into resident's bedroom and saw resident positioned sideways on the toilet and clenching onto the grab bars on the wall next to the toilet. Staff person B told direct care staff person C, who was working on the floor, that resident #1 was on the toilet. Staff person C then called staff person A to assist with getting resident #1 off the toileting, stating that ■ had forgotten to do it earlier. At approximately 11:55 a.m., resident #1 was assisted off the toilet and assessed by staff person D to have a 3 1/2 inch by 4 inch red area on her left buttocks that was warm to the touch. Resident #1 appeared upset and stated, " I am never coming back here again."

42b - Abuse (continued)

Plan of Correction

Accept

Action:

Staff members A & C were suspended pending investigation.

Owner: Director

Completion Date: 1/22/2021

Action:

Investigation completed and Staff members A & C were terminated upon completion of investigation

Owner: Director

Completion Date: 1/25/2021

Action:

Annual Education – Self paced learning Packet was posted Feb 1, 2021 for all levels of staff to complete by Feb 28, 2021. **(See Attachment 1)**

Owner: RCC

Completion Date: 2/28/2021

Action:

Coordinating with Westmoreland Co. Ombudsman program (██████████, Ombudsman) to provide staff education specific to resident rights via a Zoom Meeting

Owner: Director

Completion Date: at 1330, April 9, 2021 (First date available)

Action:

Education of Resident Abuse: the RCC or Director Will review the St. Anne Home Policy # CC.0008 Protection against Resident Abuse, Neglect, and Misappropriation of Resident Property and §2600.42b will take place with staff. **(See Attachments 2 & 3)**

Owner: RCC or Director

Completion Date: On or before March 31, 2021

Completion Date: 04/09/2021

Document Submission

Implemented

Signature sheets Attached for policy review. Education with ombudsman scheduled this week

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 began receiving hospice services in the home on ██████████. However, the resident's support plan, dated 5/16/2020, does not include the services provided or frequency of these hospice services.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept

Action:

Resident 1 RASP was immediately updated to reflect what services are being received and who is providing them
(See Attachment 1 - Residents updated RASP enclosed)

Owner: RCC

Completion Date: 1/27/2021

Action:

Audit was completed on 4 current hospice residents to ensure that those residents are receiving outside services have specific services listed and who is providing those services. (See Attachment 2)

Owner: RCC

Completion Date: 1/28/2021

Action:

Education: The RCC's responsible for completing the RASPs on a regular basis were educated on the importance of documentation of the services provided or frequency of these hospice services on the residents' current RASPs. The RCCs read and reviewed "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" section of the Regulatory Compliance Guide (RCG Pg. 214-222). The RCCs then reviewed a sample RASP explaining how to document the additional support services. (See Attachment 3)

Owner: Director

Completion Date: 2-3-2021

Action:

Added Regulation §2600.227d to the monthly QAPI RASP audit to ensure check that any resident receiving new services is being addressed in the resident's RASP. (See Attachment 4)

Owner: Director

Completion Date: 2-3-2021 and will be completed monthly beginning March 1 and ongoing

Completion Date: 02/03/2021

Document Submission

Implemented

Feb 2021 audit completed. March audit is due to be completed on or before 4/15/2021