

Department of Human Services  
Bureau of Human Service Licensing

December 15, 2021

[REDACTED], PRESIDENT/CEO  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/18/2021, 10/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

November 23, 2021

[REDACTED], PRESIDENT/CEO  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/18/2021, 10/19/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

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* License #: *42804* License Expiration Date: *02/05/2022*  
Address: *685 ANGELA DRIVE, GREENSBURG, PA 15601*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *12/01/2010* Issued By: *City of Greensburg*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *10/19/2021*

**Inspection Dates and Department Representative**

10/18/2021 - On-Site: [REDACTED]  
10/19/2021 - 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: *12* Have Physical Disability: *0*

Inspections / Reviews

10/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/27/2021*

11/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/30/2021*

**85d - Trash Receptacles****1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 10/18/2021, at approximately 10:30 am, there were 3 uncovered trash cans in the main kitchen. Each can was at least 1/2 full and one was overflowing with trash.*

**Plan of Correction****Accept**

*Action Owner Completion Date*

*The cans in the kitchen were covered with the lids that they had. Dining Services Manager 10/18/2021*

*4 New 32 gallon cans were purchased with lids physically attached.*

*1 new 23 gallon hands free, Step pedal garbage can was purchased with lid attached*

*The receipts are attached*

*Director of Plant Operations 11-10-2021*

**Completion Date: 11/11/2021**

**103i - Outdated Food****1. Requirements**

2600.

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

**Description of Violation**

*On 10/18/2021, at approximately 10:30 am, there was an open and unsealed bag of meat patties in a box in the main kitchen commercial freezer.*

**103i - Outdated Food (continued)****Plan of Correction****Accept****Action:**

*The opened box was dated 10/18/2021. The cook had opened that box that day to make hamburgers for lunch. The meat patties were placed in a sealable bag and dated.*

**Owner:**

*Cook*

**Completion Date:**

*10/18/2021*

**Action:**

*Cooks will be educated on proper food handling regarding storage.*

**Owner:**

*Dining Services Manager*

**Completion Date:**

*On or before 12/15/2021*

*\*\*Within 15 days of receipt of plan of correction - A designated staff person will monitor all food storage areas, including freezers, to ensure food is stored safely. -- [REDACTED] 11/23/21*

**Completion Date:** *12/15/2021*

**123b - Emergency Procedures Posted****1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The emergency procedures for the municipality in which the home is located was not posted in a conspicuous and public place in the home.*

123b - Emergency Procedures Posted (*continued*)**Plan of Correction****Accept***Action:*

*Licensing Representative Educated the Director of the need for the Municipality's public portion of the emergency procedures are to be posted in a conspicuous and public space in the home.*

*Owner:*

*Bureau of Human Services Licensing Representative*

*Completion Date:*

*10-18-2021*

*Action:*

*The director immediately placed the municipality's public portion of the emergency procedures in the Facility's Disaster manuals.*

*Owner:*

*VA Director*

*Completion Date:*

*10-18-2021*

*Action:*

*All of the Disaster Manuals were pulled to the front of each staff desk at the center of each floor.*

*Owner:*

*VA Director*

*Completion Date:*

*10-18-2021*

*Action:*

*The Director moved the Disaster Manual, the municipality's public portion of the emergency procedures, the Pink Regulation book, previous violation reports and the facility's code of corporate compliance to a binder. Binder is adhered to the desk on the courtyard level with Velcro tabs in a conspicuous and public space in the home. (picture attached)*

*Owner:*

*VA Director*

*Completion Date:*

*10-18-2021*

**Completion Date:** 10/18/2021

## 141b2 - Medical Evaluation Changes

**1. Requirements**

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

**Description of Violation**

The medical evaluation for resident #1, dated [REDACTED] does not include the type of medical evaluation or a mobility assessment. These areas of the form were blank.

**Plan of Correction****Accept**

Action:

Resident #1's DME was corrected by the Director to indicate type of medical evaluation and level of mobility. The Director dated and initialed said corrections. (Corrected DME Attached)

Owner:

VA Director

Completion Date:

10/18/2021

Action:

Resident Care Coordinators (RCCs) will be educated to review each incoming DME for blank spaces. This is very important to make sure that we are able to meet the incoming resident's needs.

Owner:

VA Director

Completion Date:

On or before 12/15/2021

Completion Date: 12/15/2021

## 225a - Assessment 15 Days

**1. Requirements**

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**

An assessment has not been completed for resident #2, who was admitted to the home on [REDACTED]

**225a - Assessment 15 Days (continued)****Plan of Correction****Accept***Action:*

*The RCC completed the Assessment for the resident. The RCC reviewed the RASP with resident #2 and had the resident sign the completed RASP. (Attached)*

*Owner:*

*RCC*

*Completion Date:*

*10/22/2021*

*Action:*

*RCCs will be educated on the time lines for the Resident Assessment and Support plans to be completed. (Pending)*

*Owner:*

*VA Director*

*Completion Date:*

*on or before 12/15/2021*

*Action:*

*QAPI audit will be completed monthly to ensure that Assessment is completed within 15 days of admission. Ongoing*

*Owner:*

*RCC*

*Completion Date:*

*Ongoing Monthly starting in November*

*Completion Date: 12/15/2021*

**227a - Support Plan 30 Days****1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*A support plan has not been completed for resident #2, who was admitted to the home on* [REDACTED]

227a - Support Plan 30 Days (*continued*)**Plan of Correction****Accept***Action:*

*The RCC completed the written support plan for the resident. The RCC reviewed the RASP with resident #2 and had the resident sign the completed RASP. (Attached)*

*Owner:*

*RCC*

*Completion Date:*

*10/22/2021*

*Action:*

*RCCs will be educated on the time lines for the Resident Assessment and Support plans to be completed. (Pending)*

*Owner:*

*VA Director*

*Completion Date:*

*on or before 12/15/2021*

*Action:*

*QAPI audit will be completed monthly to ensure that the Support Plan is completed within 30 days of admission. Ongoing*

*Owner:*

*RCC*

*Completion Date:*

*Ongoing monthly*

**Completion Date:** *12/15/2021*

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident #3 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.*

## 227g -Support Plan Signatures (continued)

**Plan of Correction****Accept***Action:*

*On 5/17/2021 Resident #3's Power of Attorney signed off on the Resident's assessment and Support plan. The resident is unable to participate due to severe dementia. The staff member did not mark the box indicating such. The RASP was corrected 10/18/2021. The initials and date was provided at the time of the correction.*

*Owner:*

*Director of Villa Angela*

*Completion Date:*

*10/18/2021*

*Action:*

*The RCCs that complete the RASPs will be educated of the importance for the resident to participate in the creation and review of the RASP. If for whatever reason that is not possible, the RCC must indicate why it didn't happen. The RCCs will be educated on support plan signature completion.*

*Owner:*

*Director of Villa Angela*

*Completion Date:*

*On or before 12/15/2021*

*Action:*

*QAPI audit will be completed monthly to ensure that the RASP is signed by the resident or indication of why it cannot be signed. Ongoing*

*Owner:*

*RCC*

*Completion Date:*

*Ongoing Monthly starting with RASPs Completed in November*

*Completion Date: 12/15/2021*