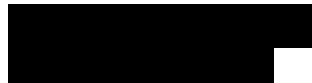




Emailing date: April 27, 2022



Rochester Villa Opco LLC
174 Virginia Avenue
Rochester, Pennsylvania 15074

RE: The Villas at Rochester
Certificate #: 45279

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 15, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *ROCHESTER VILLA* License #: *46618* License Expiration: *03/22/2022*
Address: *174 VIRGINIA AVENUE, ROCHESTER, PA 15074*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7247756400* Email: [REDACTED]

Legal Entity

Name: *ROCHESTER VILLA INC*
Address: *174 VIRGINIA AVENUE, ROCHESTER, PA, 15074*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/05/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *02/15/2022*

Inspection Dates and Department Representative

02/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Residents Served: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

02/15/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2022*

03/02/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/09/2022*

04/15/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: Follow-Up Date:

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation*There following were on the counter in the kitchenette:**A clear spray bottled, marked "70% Alcohol," approximately 1/2 full of clear liquid that was unlabeled.**A clear spray bottled, approximately 2/3 full of clear liquid, that was unlabeled.**Staff indicated both bottles contained isopropyl alcohol for cleaning.***Plan of Correction****Accept***1. Audit of all materials completed. Any liquids without labels were discarded of. Alcohol bottles refilled with labels.**2. Audits will be completed by the administrator or designee to monitor for any unlabeled containers**3. Audits will completed with the following schedule (audit completion July 2022)**a. Weekly x4 weeks**b. Monthly x3 months***Completion Date:** 07/31/2022**Document Submission****Implemented***Audit and Education Attached**Will continue audits through July 2022*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation*At 10:45 a.m., the hot water temperature at the bathroom sink in resident room 230 measured 122.1 degrees Fahrenheit.**At 11:06 a.m., the hot water temperature at the bathroom sink in resident room 240 measured 124.5 degrees Fahrenheit.***Plan of Correction****Accept***1. Water controls were adjusted 2/15/22 to decrease temperatures of water to within acceptable range.**2. Audits will be completed by the maintenance director or designee to monitor for temperatures remaining under 120 degrees**3. Audits will completed with the following schedule (audit completion July 2022)**a. Weekly x4 weeks**b. Monthly x3 months***Completion Date:** 07/31/2022**Document Submission****Implemented***Hot Water Temperature Audits Attached**Will Continue Audits Through July 2022*

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the nurses station in the hallway does not include gloves, thermometer, breathing shield, and eye coverings.

In addition, two first aid kits produced by the home's administrator did not include thermometer, breathing shield, and eye coverings.

Plan of Correction

Accept

1. Both First Aid Kits updated with required items.
2. First aid kit originally in nurses station remains for extra supplies only.
3. List of required supplies added to front of first aid kits.
4. Audits will be completed by administrator or designee for regulation compliance according to the following schedule (audit completion July 2022)
 - a. Weekly x4 weeks
 - b. Monthly x3 months

Completion Date: 07/31/2022

Document Submission

Implemented

Audit and Education attached

Will continue audits through July 2022

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:29 a.m., the temperature in the stainless steel refrigerator in the kitchenette was 45 degrees Fahrenheit.

At 10:31 a.m. the white refrigerator in the kitchenette was 52 degrees Fahrenheit, and at 1:10 p.m. it was 46 degrees Fahrenheit.

At approximately 10:32 a.m. the thermometer in the the white freezer in the kitchenette was filled with frost and could not be read. However, at 1:09 p.m., a new thermometer was place in the freezer and was 20 degrees Fahrenheit.

At 10:03 a.m., the walk-in freezer was 3 degrees Fahrenheit, and at 1:13 p.m. is was 8 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept

1. On date of survey, both refrigerators in kitchenette had temperature adjusted to remain within regulation.
2. On date of survey, maintenance began work on walk in freezer in kitchen to fix temperatures.
3. Education provided to PCA's on checking temperatures and reporting any that are not within regulation to Administrator.
4. Daily temperature logs will continue to be maintained by direct care staff.
5. Additional audits will be completed by administrator or food service director for regulation compliance according to the following schedule (audit completion July 2022)
 - a. Weekly x4 weeks
 - b. Monthly x3 months

Completion Date: 07/31/2022

Document Submission

Implemented

Education and Audits Attached

Will continue Audits Through July 2022

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A 25-pound box of white rice in a blue bag, approximately 1/3 full, in the dry food storage was opened and unsealed.

A clear bag of 6 breaded fish patties in the white stand up freezer in the kitchen was opened and unsealed.

Plan of Correction

Accept

1. On date of survey, all food not in a closed/sealed container was disposed of.
2. Kitchen staff educated on proper food storage.
3. Additional audits will be completed by administrator or food service director for regulation compliance according to the following schedule (audit completion July 2022)
 - a. Weekly x4 weeks
 - b. Monthly x3 months

Completion Date: 07/31/2022

Document Submission

Implemented

Audits and Education Attached

Will continue Audits through July 2022

124 - Notice to Fire Department

1. Requirements

124 - Notice to Fire Department (continued)

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction**Accept**

1. Notification made to local fire department with required information.
2. Documentation kept within the home for record.

Completion Date: 03/31/2022

Document Submission**Implemented**

Notification Attached

132a - Monthly Fire Drill**1. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of December 2021.

Plan of Correction**Accept**

1. Fire Drills held in January and February 2021.
2. Maintenance Director and PCHA understand fire drill requirements and proper reporting of any issues to completing fire drills within the time frame.
3. Audits will be completed by administrator or designee for regulation compliance according to the following schedule (audit completion July 2022)
 - a. Monthly x6 months

Completion Date: 07/31/2022

Document Submission**Implemented**

Audits attached will continue through July 2022

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted by a fire safety expert was on 12/10/19.

Plan of Correction**Directed**

1. Fire safety inspection and drill conducted by PA State fire inspector occurred on 2/23/2022.
2. PCHA and Maintenance Director received training and certifications in train the trainer Fire Safety and Emergency Preparedness.

132b - Safety Inspection/Fire Drill (continued)

3. Administrator will ensure fire safety inspection is completed annually.

Directed Plan:

By 3/15/22 - The administrator will develop and implement a system to ensure a fire safety inspection and observed fire drill are conducted annually by a fire safety expert. Documentation of the system shall be kept.

JW 3/2/22

Completion Date: 03/31/2022

Document Submission

Implemented

Fire Inspection attached- added to QAPI agenda to ensure annual completion

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 10:38 a.m., there was an unlabeled syringe in a package that was unlocked, unattended, and accessible in kitchenette on top of the medication cart.

Plan of Correction

Accept

1. On date of survey all items were immediately locked into medication cart

2. Med Techs educated on keeping items in proper storage areas

3. Audits will be completed by administrator or designee for regulation compliance according to the following schedule (audit completion July 2022)

a. Weekly x4 weeks

b. Monthly x3 months

Completion Date: 07/31/2022

Document Submission

Implemented

Audit and education attached

Will continue Audits through July 2022