

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

December 6, 2022

[REDACTED]
EVERGREEN ELDER CARE INC
1201 MUSEUM ROAD
READING,, PA, 19611

RE: THE VILLA ST. ELIZABETH
1201 MUSEUM ROAD
READING, PA, 19611
LICENSE/COC#: 20576

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022, 10/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE VILLA ST. ELIZABETH* License #: *20576* License Expiration: *11/18/2023*
 Address: *1201 MUSEUM ROAD, READING, PA 19611*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EVERGREEN ELDER CARE INC*
 Address: *1201 MUSEUM ROAD, READING,, PA, 19611*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/20/1992* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/13/2022*

Inspection Dates and Department Representative

10/12/2022 - On-Site: [REDACTED]
 10/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *47*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *45*
 Diagnosed with Mental Illness: *29* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

10/12/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2022*

Inspections / Reviews (*continued*)

11/22/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/29/2022

12/06/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The emergency exit located at the rear of the cottage section of the facility did not have a functional exterior lighting source. The light fixture was missing a light bulb.

POC Submission

Accept (MM - 11/22/2022)

PLEASE NOTE THAT THE FACILITY MAINTENANCE MANAGER PLACED A LIGHT BULB IMMEDIATELY WHILE THE INSPECTOR WAS STILL ON THE PREMISE.

Plan of Correction:

1. Regulation 2600.87 is very important as it ensures a safe, rapid evacuation in the event of an emergency, and minimizes the risk of falls or other injuries due to inadequate illumination.
2. A violation occurred when an exit light bulb is missing.
3. The cause of the violation against this regulation was the failure to replace a broken light bulb.
4. To fix the violation right away, the Property Manager placed a new light bulb.
5. To ensure on-going compliance to 2600.87, the Administrator and Property Manager updated their property and building compliance inspections sheets to require positive reporting of all exits lighting devices.
6. The Administrator, Property Manager and all direct care staff members will be responsible for the on-going compliance to this regulation.
7. NOTE: The new light bulb was placed in the device immediately while the inspector was in the facility.

Completion Date: The new light bulb was installed immediately on 10-12-22 while inspector was still on the premise.

Licensee's Plan Completion Date: 11/21/2022

Implemented (MM - 12/06/2022)

121a - Unobstructed Egress

2. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The home's emergency exit located in the rear of the cottage section of the facility, was blocked by a walker that was placed directly in front of the exit preventing an immediate egress from the facility.

Repeat Violation 3-22-22

POC Submission

Accept (MM - 11/22/2022)

PLEASE NOTE THAT THE VILLA'S NEW RESIDENT LEFT [REDACTED] WALKER OUTSIDE THE REST ROOM WHILE [REDACTED] USED THE BATHROOM. THE RESIDENT CARE MANAGER MOVED [REDACTED] WALKER TO THE OTHER SIDE OF THE BATHROOM DOOR AWAY FROM THE EXIT DOOR WHILE THE INSPECTOR WAS STANDING RIGHT THERE.

121a - Unobstructed Egress (continued)

Plan of Correction:

1. Regulation 2600.121.a is very important because if an egress-route door is blocked with a device that prevents immediate egress, people will be unable to escape in the event of a fire or other emergency.
2. A violation occurred when a resident's walker was inadvertently left in front of the exit door.
3. The cause of the violation against this regulation was the failure of the staff to prevent any obstacle being placed in front of the exit.
4. To fix the violation right away, the Resident Care Manager relocated the resident's walker.
5. To ensure on-going compliance to 2600.121.a, the Administrator and Universal Care Givers updated their 24/7 fire-safety egress clearance compliance. Additionally, all residents were re-covered on keeping all exits clear of walkers, etc.
6. The Administrator, Resident Care Manager and all direct care staff members will be responsible for the on-going compliance to this regulation.
7. NOTE: The offending walker was relocated immediately while the inspector was still standing there.

Completion Date: The walker was relocated to clear the access to the exit door immediately on 10-12-22 while inspector was still standing right at the exit door. Furthermore, on 10-14-22, all staff and residents were re-covered on the importance of keeping all egress and exit doors clear for safe evacuations during an emergency.

Licensee's Plan Completion Date: 11/21/2022

Implemented (MM - 12/06/2022)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's 100 unit Lantus Insulin pen, to be administered 14 units IM at bedtime, was not dated when opened.

POC Submission

Accept (MM - 11/22/2022)

PLEASE NOTE THE PRESCRIPTION WAS INITIALLY MARKED CORRECTLY UPON OPENING BUT THE INK WAS SMUDGED AND NOT RE-ADDRESSED CAUSING THE REGULATORY VIOLATION

Plan of Correction:

1. Regulation 2600.183.e is very important because it ensures that medications will be stored in a manner that prevents damage or loss.
2. A violation occurred when the insulin pen was not dated when opened.
3. The cause of the violation against this regulation was after the pen was initially dated properly when opened, the failure of the staff to re-mark it after the date was smudged and illegible.
4. To fix the violation right away, the Administrator checked the medical records and re-marked the pen with the proper open date.
5. To ensure on-going compliance to 2600.183.e, the Administrator and Med Techs have been issued fine-point permanent markers to prevent open dates being smeared. Additionally, the Universal Care Givers/Med Techs have

183e - Storing Medications (continued)

updated their daily med cart audit checklists to confirm legible open dates.

6. The Administrator, Resident Care Manager and all Universal Caregivers/Med Techs will be directly responsible for the on-going compliance to the proper posting of open dates.

7. NOTE: The pen was properly marked with its open date immediately while the inspector was still standing there.

Completion Date: The pen was marked with a legible open date on 10-13-22 while the inspector was present. Additionally, on 10-14-22, all staff was re-covered on proper procedures of regulation 183.e and all carts were equipped with non-smudging, permanent markers.

Licensee's Plan Completion Date: 11/21/2022

Implemented (MM - 12/06/2022)