

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

May 1, 2023

[REDACTED]
ROCHESTER VILLA OPCO LLC
174 VIRGINIA AVENUE
ROCHESTER, PA, 15074

RE: THE VILLAS AT ROCHESTER
174 VIRGINIA AVENUE
ROCHESTER, PA, 15074
LICENSE/COC#: 45279

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2023, 01/05/2023, 01/06/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE VILLAS AT ROCHESTER License #: 45279 License Expiration: 04/25/2023
 Address: 174 VIRGINIA AVENUE, ROCHESTER, PA 15074
 County: BEAVER Region: WESTERN

Administrator

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

Legal Entity

Name: ROCHESTER VILLA OPCO LLC
 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: 36 Waking Staff: 27

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 01/06/2023

Inspection Dates and Department Representative

01/04/2023 On Site [REDACTED]
 01/05/2023 On Site [REDACTED]
 01/06/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 105 Residents Served: 28
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 8 Have Physical Disability: 0

Inspections / Reviews

01/04/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/10/2023

Inspections / Reviews *(continued)*

02/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/24/2023

03/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/14/2023

04/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/25/2023

05/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 1/5/23, at 9:15 a.m., and 11:00 a.m., an agent of the Department requested medical evaluation forms for resident #s 1, 2, 3, 4, However, the medical evaluation forms were not received until 1/5/23, at 1:40 p.m.

Plan of Correction

Accept [redacted] - 03/31/2023)

- 1. Audit will be completed by PCHA or designee for DME's on all charts to ensure availability - completed 2/24/23
- 2. PCHA will educate Resident Care Coordinator on record availability prior to completion 4/10/23
- 2. PCHA or designee will audit 15% of charts weekly x3 weeks then monthly x2 months for DME records on charts - Audits started 2/6 proposed completion 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] - 04/18/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or about 12/12/22, Resident #5 reported to the home that [redacted] wallet, \$ [redacted], driver license, and fire-arm permit were taken from his room without his permission. However, the home failed to report the incident to the Department.

Plan of Correction

Accept [redacted] - 03/31/2023)

- 1. Incident will be submitted to DHS by PCHA by 3/25/23
- 2. Audits will completed by PCHA or designee of any concerns to ensure required reporting has been completed weekly x3 weeks and monthly x2 months. PCHA will review concern log for auditing. Weekly/monthly audits beginning 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] 04/18/2023)

25a - Written Contract and Review

3. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Multiple residents to include Resident #2, admitted [redacted] 22, Resident #3, admitted [redacted] 19, Resident #4, admitted [redacted] /22, and Resident #5, admitted [redacted] /22, did not have a resident-home contract completed.

25a - Written Contract and Review (continued)

Plan of Correction

Accept (JW 03/31/2023)

1. Whole house audit was completed with any missing contracts completed
2. R1- ; R2 had contract already signed [REDACTED]/2019; R3 signed [REDACTED] 23 by resident with Resident care coordinator; R4 - contract signed [REDACTED]/23 by resident with Resident care coordinator; R5- contract signed [REDACTED]/23 by resident with Resident care coordinator
2. PCHA or designee will complete audit of 15% of charts weekly x3 weeks and monthly x2 months to ensure signed contract is in chart. Weekly audits beginning 2/6/23 with completion 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [REDACTED] - 05/01/2023)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

On 1/5/23, direct care Staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

On 1/5/23, direct care Staff person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 03/31/2023)

1. Staff care person A- Diploma not available. PCHA spoke with [REDACTED] High School staff stating Diplomas were not on file, but records indicated staff person had graduated high school. New letter to be sent. Conversation took place 1/9/2023.
2. Staff care person B- transcript was sent from high school with graduation date included. Transcript sent [REDACTED]/23
3. PCHA or designee will complete whole house audit for employees and GED/Diplomas with any missing either obtained or staff removed from floor until obtaining - completed
4. PCHA or designee will complete audits of 15% of staff weekly x3 weeks and monthly x2 months to ensure diploma/GED is on file Audits beginning 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [REDACTED] - 05/01/2023)

65a FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED]/23, did not receive orientation on the following topics: evacuation procedures; staff duties and responsibilities during fire drills; emergency evacuation; the location and use of fire

65a - FS Orientation 1st Day (continued)

extinguishers smoke detectors and fire alarms and telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED]/22, did not receive orientation on the following topics: evacuation procedures; staff duties and responsibilities during fire drills; emergency evacuation; the location and use of fire extinguishers smoke detectors and fire alarms and telephone use and notification of emergency services.

Plan of Correction

Accepted [REDACTED] - 03/31/2023)

1. Staff person A and B educated on missing topics by PCHA on 1 26/23
2. PCHA developed new orientation checklist to ensure all new hires have required trainings within regulated timelines prior to end of survey
3. Whole house audit will be completed for any missing orientation pieces by 4/10/23
3. PCHA or designee will complete audits of 15% of employee files weekly x3 weeks and monthly x2 months to ensure completion of trainings per regulations. Weekly audits began 2/6/23 with completion 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [REDACTED] - 04/18/2023)

65b - Rights/Abuse 40 Hours**6. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED]/22, completed [REDACTED] 40th scheduled work hour on or about [REDACTED]/22. However, this staff person did not complete training in the following topics: resident rights; emergency medical plan; mandatory reporting of abuse and neglect under the Older Adult Protective Services Act; reporting of reportable incidents and conditions.

Staff person B, whose first day of work was [REDACTED]/22, completed [REDACTED] 40th scheduled work hour on or about [REDACTED]/22. However, this staff person did not complete training in the following topics: resident rights; emergency medical plan; mandatory reporting of abuse and neglect under the Older Adult Protective Services Act; reporting of reportable incidents and conditions.

Plan of Correction

Accepted [REDACTED] - 03/31/2023)

1. Staff person A and B educated on missing topics by PCHA on 1 26/23
2. PCHA developed new orientation checklist to ensure all new hires have required trainings within regulated timelines prior to survey end
3. Whole house audit will be completed for any missing orientation pieces by completion of 4/10/23
3. PCHA or designee will complete audits of 15% of employee files weekly x3 weeks and monthly x2 months to ensure completion of trainings per regulations. Weekly audits beginning 2/6/23 with completion 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [REDACTED] - 04/18/2023)

83a - Indoor Temperature**7. Requirements**

83a - Indoor Temperature (continued)

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 12/24/22, at 8:00 a.m., the temperature at The Villas at Rochester Home ranged from 59.8 to 70.2. The home employed the use of portable space heaters in an attempt to heat the home to required temperatures. The temperature in Rochester Pennsylvania, 15074, on 12/24/22, was -1 to 14 degrees Fahrenheit.

Plan of Correction

Accept [redacted] 03/31/2023)

1. All room temperatures are above 70 degrees. Heat was corrected prior to 12/26/22 by HVAC technician and maintenance director along with increased outdoor temperatures. Temperatures have maintained above 70 from 12/26/22 to present.

2. Maintenance Director or designee will complete weekly audits for 15% of rooms x3 and monthly x2 for temperatures to ensure they are above 70 degrees. Audits beginning 2/6/23 with completion 4/10/23.

3. Emergency heating resources will be added to Emergency Preparedness Plan- added 2/6/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] - 04/18/2023)

85d - Trash Receptacles

8. 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 1/4/23 at Approximately 1:45 p.m., there was a half full, uncovered, unattended 40-gallon grey plastic trash can in the home's kitchen, 5 feet from the kitchen's countertop/food preparation area.

Plan of Correction

Accept [redacted] - 03/31/2023)

1. Trash was covered during survey

2. Food Service Director will complete education with all dietary staff regarding covered trash policy - completed 3/10/23

3. FSD will complete audits of all trashcans weekly x3 and monthly x2 to ensure compliance starting 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] 04/18/2023)

86b - Bathroom

9. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 1/4/23, the common bathroom adjacent to resident room [redacted] does not have an operational ventilation fan. There

86b - Bathroom (continued)

is no window in the bathroom.

On 1/4/23, the common "SPA" bathroom does not have an operational ventilation fan. There is no window in the bathroom.

Plan of Correction

Accept [REDACTED] - 03/31/2023)

1. Maintenance Director will assess bathroom ventilation to ensure compliance or submit a waiver request based on possibility of ventilation - completed 1/25/23
2. Motor ordered to complete work -3/9/23
3. Once motor is received, maintenance director or designee will complete work in order to have exhaust fans functional
3. Maintenance Director or designee will complete audits on 15% of rooms weekly x3 weeks and monthly x2 months to ensure compliance starting 2/6/23 and completed 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [REDACTED] - 04/18/2023)

101j2 - Bedroom Chairs**10. Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom # [REDACTED], occupied by residents #7 and #8 had no chairs in the room.

Plan of Correction

Accept [REDACTED] - 03/31/2023)

1. Room [REDACTED] had chair placed prior to exit survey
2. Whole house audit will be completed by PCHA or designee for chairs for each resident in the room
3. Audits will be completed for 15% of rooms weekly x3 weeks and monthly x2 months for chairs in the room beginning 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [REDACTED] - 04/18/2023)

101j6 - Mirror**11. Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

Bedroom [REDACTED] is occupied by resident #7 and #8, however, there is no mirror in this room.

Plan of Correction

Accept [REDACTED] - 03/31/2023)

1. [REDACTED] had mirror placed by maintenance staff prior to exit
2. Whole house audit will be completed to ensure all rooms have a mirror by PCHA or designee
3. Audits will be completed on 15% of rooms weekly x3 weeks and monthly x2 months to ensure mirror is in room beginning 2/6/23 ending 4/10/23

101j6 - Mirror (continued)

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] - 04/18/2023)

101j7 - Lighting/Operable Lamp

12. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #9 does not have access to a source of light that can be turned on/off at bedside.

Resident #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 03/31/2023)

1. Resident #9 and #4 now have access to a source of light that can be turned on/off at bedside. Maintenance director placed lighting sources in rooms prior to end of survey

2. Whole house audit will be completed by PCHA or designee for sources of light that can be turned on and off at bedside

3. PCHA or designee will complete audits on 15% of rooms weekly x3 and monthly x2 to ensure compliance with light regulation beginning 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] 04/18/2023)

127a - Portable Space Heaters

13. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 12/24/22, and 12/25/22, approximately 10 Utilitec ceramic space heaters were used in multiple resident rooms and common areas of the home.

Plan of Correction

Accept [redacted] 03/31/2023)

1. No space heaters were in PC area at time of survey; no space heaters in PC continues at this time

2. PCHA or designee will complete audits on 15% of rooms weekly x3 weeks and monthly x2 months to ensure absence of space heaters starting 2/6/23 ending 4/10/23

3. Emergency Preparedness plan education will be added to annual education checklist and orientation topics by PCHA prior to 4/20/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] - 04/18/2023)

132c - Fire Drill Records

14. Requirements

132c - Fire Drill Records (*continued*)

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill logs for the fire drills conducted on 1/31/22, 2/24/22, and 7/21/22, did not indicate the emergency exit routes used.

Plan of Correction

Accept [REDACTED] 03/31/2023)

1. PCHA will educate maintenance director on required documentation of fire drills including emergency exit routes used- completed 1/26/23
2. PCHA or designee will audit fire drills monthly x3 months to ensure all required elements are in place starting 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented ([REDACTED] 04/18/2023)

183e - Storing Medications

15. 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 #10 is prescribed [REDACTED] at bedtime [REDACTED]. On 1/6/23, at 11:56 am the medication had an opened date of 11/29/22. However, the manufacturer's instructions state "Do not use [REDACTED] after the expiration date stamped on the label or 28 days after you first use it".

Plan of Correction

Accept [REDACTED] - 03/31/2023)

1. Resident #10 had new [REDACTED] ordered through the pharmacy by PCHA prior to end of survey
2. PCHA will educate all Med Techs on medication expiration of [REDACTED] and use of date opened stickers - completed 1/26/23
3. PCHA or designee will audit [REDACTED] medications weekly x3 weeks and monthly x2 months to ensure stickers are properly dated and medications are not expired starting 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented ([REDACTED] 04/18/2023)

187b - Date/Time of Medication Admin.

16. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed [REDACTED] [REDACTED]. The resident received the medication as ordered, however, there is no record of the medication's administration on [REDACTED]/22, at 9:00 p.m.

187b - Date/Time of Medication Admin. (continued)

Resident #3 is prescribed [REDACTED] at bedtime [REDACTED]. The resident received the medication as ordered, however, there is no record of this medication's administration for [REDACTED]/22 and [REDACTED]/22.

Resident #3 is prescribed [REDACTED] one tablet a day by mouth [REDACTED]. The resident received the medication as ordered, however, there is no record of this medication's administration for [REDACTED]/22 and [REDACTED]/22.

Resident #3 is prescribed [REDACTED] one tablet by mouth at bedtime [REDACTED]. The resident received the medication as ordered, however, there is no record of this medication's administration for [REDACTED]/22 and [REDACTED]/22.

Resident #4 is prescribed [REDACTED] by mouth two times a day for 30 days with a start date/time of [REDACTED] 22, at 6:00 p.m. The resident received the medication as ordered, however, there is no documentation of the medications administration from [REDACTED]/22, 6:00 p.m., through [REDACTED] 22, 6:00 p.m.

Resident #4 is prescribed [REDACTED] 1 tablet by mouth at bedtime. The resident received the medication as ordered, however, there is no documentation of this medication's administration on [REDACTED] 22 at 9:00 p.m.

Resident #4 is prescribed [REDACTED] at bedtime. The resident received the medication as ordered, however, there is no documentation of this medication's administration on [REDACTED]/22 at 9:00 p.m.

Resident #10 is prescribed [REDACTED] Give one tablet by mouth at bedtime. The resident received the medication as ordered, however, there is no record of this medication's administration on [REDACTED]/22, at 9:00 p.m.

Resident #10 is prescribed [REDACTED] 2 tablets at bedtime [REDACTED]. The resident received the medication as ordered, however, there is no record of this medication's administration on [REDACTED]/22, at 9:00 p.m.

Resident #3 is prescribed [REDACTED] 5 mg Give 2 tablets a day by mouth twice a day. However, the medication label indicated [REDACTED] 10 mg Give 1 tablet twice a day.

Plan of Correction

Accept [REDACTED] 03/31/2023)

1. PCHA or designee will complete education with all Med Techs on medication administration and documentation policy on 1/26/23
2. PCHA or designee will complete audits on 15% of residents MAR's for documentation weekly x3 weeks and

187b - Date/Time of Medication Admin. (continued)

monthly x2 months starting 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] - 05/01/2023)

227g -Support Plan Signatures

17. 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 #1 participated in the development of his/her support plan on [redacted] 22. However, the resident did not sign the support plan.

Resident #2 participated in the development of his/her support plan on [redacted] 21. However, the resident did not sign the support plan.

Resident #3 participated in the development of his/her support plan on [redacted] /22. However, the resident did not sign the support plan.

Resident #4 participated in the development of his/her support plan on [redacted] /22. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 03/31/2023)

1. Whole house audit will be completed by PCHA or designee on RASP signatures. Any RASP lacking a signature will be presented to resident to sign or include documentation of refusal to sign - will be completed prior to 4/1/23

2. PCHA or designee will complete audits on 15% of residents weekly x3 weeks and monthly x2 months to ensure signature of RASP or documented refusal is in place starting 2/6/23 ending 4/10/23

Licensee's Proposed Overall Completion Date: 04/10/2023

Implemented [redacted] 04/18/2023)