

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

March 12, 2024

[REDACTED], ADMINISTRATOR
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 01/17/2024 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: *11/18/2024*
 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: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/17/2024*

Inspection Dates and Department Representative

01/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *46*
 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: *3*
 Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

01/17/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/17/2024*

03/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/08/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/08/2024*

Inspections / Reviews *(continued)*

03/12/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

During the initial walkthrough two garbage cans were observed in the home's kitchen with no lids on the cans. Both garbage cans had food garbage in them and no staff were present in the kitchen at the time.

Plan of Correction

Accept (█ - 03/05/2024)

PLEASE NOTE CONCURRENT DIETARY STAFF WORKING DILIGENTLY IN PROXIMITY DURING MEAL SERVICE HOURS IMMEDIATELY REPLACED LIDS WHICH WERE ADJACENT TO THE TRASH RECEPTACLES.

Plan of Correction:

1. Regulation 2600.85.d. is very important as covered trash receptacles prevent the spread of disease through exposure to body fluids. The risk of insect and rodent infestation due to open food containers is also minimized.
2. A violation may occur when a trash receptacle is left uncovered and unattended.
3. The cause of the violation against this regulation was a trash receptacle with lid left adjacent at time of inspector walkthrough.
4. To fix the violation right away, the Dietary staff immediately covered the receptacle with the adjacent lid.
5. To ensure on-going compliance to 2600.85.d., the Administrator and Dietary Manager updated their kitchen compliance instructions for all dietary staff to require lid placement regardless of active use during meal services.
6. The Administrator, Dietary Manager and all direct care staff members will be responsible for the on-going compliance to this regulation.
7. NOTE: The adjacent lid was placed on the receptacle immediately while the inspector was in the facility.

Completion Date: The adjacent lid was placed immediately on 1-17-2024 while inspector was still on the premise.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented (█ - 03/12/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The stairwell exit to the right of the Ballroom, there was a towel across the threshold of the exit door on the inside the door, and a towel perpendicular to the doorway outside the door. This obstruction poses a tripping hazard and limits safe immediate egress.

Plan of Correction

Accept (█ - 03/05/2024)

Plan of Correction:

1. Regulation 2600.88.a. is very important as safe surfaces help to maintain sanitary conditions in the home, minimize the risk that residents will suffer an injury while ambulating, and provide dignified living conditions.
2. A violation may occur when a surface is inhibited by an unsafe maintenance conditions or hazardous obstacles.
3. The cause of the violation against this regulation were towels left in the door swing path of egress from a water

88a - Surfaces (continued)

clean-up which were removed immediately at time of inspector walkthrough.

4. To fix the violation right away, the Property Manager immediately removed the towels.

5. To ensure on-going compliance to 2600.88.a., the Administrator and Property Manager updated their property walk-through compliance inspection sheets to require unobstructed egress to all doors and exits as well as signage for active clean-ups.

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 towels were removed immediately while the inspector was in the facility.

Completion Date: The towels were removed immediately on 1-17-2024 while inspector was still on the premise.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented () - 03/12/2024)

96a - First Aid Kit

3. 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 located in the cottages living area was missing tape, scissors, eye coverings, gauze, tweezers, and a thermometer. The first aid kit located in the back room behind the 1st floor reception area was missing a thermometer and eye coverings.

Plan of Correction

Accept () - 03/05/2024)

Plan of Correction:

1. Regulation 2600.96.a. is very important as it ensures that homes have the equipment needed to provide first aid in the event of an injury.

2. A violation may occur when a kit is not available or required pieces of the kit are not properly stocked.

3. The cause of the violation against this regulation were required items missing from two adjunct first aid kits mounted in different zones of the community and not immediately available in case of emergency.

4. To fix the violation right away, the Wellness director immediately stocked the missing required items.

5. To ensure on-going compliance to 2600.96.a., the Administrator and Wellness Director updated their online re-order portal for expedient re-stocking and uniform supply of all posted community first aid kits.

6. The Administrator, Wellness Director, and all direct care staff members will be responsible for the on-going compliance to this regulation.

7. NOTE: The required items were immediately stocked while the inspector was in the facility.

Completion Date: The required items were immediately stocked on 1-17-2024 while inspector was still on the premise.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented () - 03/12/2024)

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

The emergency exit that leads towards the smoking area opens to a patio. The patio has stairs down to the smoking area. The steps were not cleared of snow.

Plan of Correction

Accept () - 03/05/2024)

Plan of Correction:

1. *Regulation 2600.100.b. is very important as it minimizes the risk of injury to residents when they are using outside areas for evacuation or recreation.*
2. *A violation may occur when an egress or recreation area is obstructed by ice, snow, or other impediments.*
3. *The cause of the violation against this regulation was the outdoor step to the designated smoking area was not cleared of the morning's snowfall/precipitation.*
4. *To fix the violation right away, the Property Manager immediately cleared the step.*
5. *To ensure on-going compliance to 2600.100.b., the Administrator and Property Manager updated their property walk-through compliance inspection sheets to require unobstructed egress to all doors and exits. The scope of work for the outdoor service company was also updated to include smoking section.*
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 step was immediately cleared while the inspector was in the facility.*

Completion Date: The step was immediately cleared on 1-17-2024 while inspector was still on the premise.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented () - 03/12/2024)

102i - Soap Dispenser**5. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

A bar of soap was found in shared bathroom shower stall B3 located on the lower level.

Plan of Correction

Accept () - 03/05/2024)

Plan of Correction:

1. *Regulation 2600.102.i. is very important as it ensures that personal hygiene is maintained.*
2. *A violation may occur when a soap dispenser is unavailable or not refilled. A violation may also occur if a bar of soap is unlabeled or misplaced.*
3. *The cause of the violation against this regulation was a bar of soap left behind by a resident who had just finished showering in the adjacent shared bath.*

102i Soap Dispenser (continued)

- 4. To fix the violation right away, the Wellness director immediately returned the forgotten bar of soap to the respective resident and provided a new shower caddy and soap box so items may not be left behind.
- 5. To ensure on going compliance to 2600.102.i., the Administrator and Wellness Director updated their bathroom checklist instructions sheet for all caregivers and shifts to include spot checks following independent showers in addition to regular walk through and cleaning schedules.
- 6. The Administrator, Wellness Director, and all direct care staff members will be responsible for the on going compliance to this regulation.
- 7. NOTE: Soap dispenser was in place and full. The inordinate bar soap was immediately returned while the inspector was in the facility.

Completion Date: The item was immediately returned on 1 17 2024 while inspector was still on the premise.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented [redacted] - 03/12/2024)

121a - Unobstructed Egress

6. 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 front exit door on 1st floor was obstructed by a velvet rope attached to two metal stands that was placed directly in front of the exit and spanned the entire width of the door.

Repeat Violation 10/12/22, 3/22/22

Plan of Correction

Accept [redacted] - 03/05/2024)

Plan of Correction:

- 1. Regulation 2600.121.a. is very important as it is to keep exits unblocked so people can escape in an emergency situation.
- 2. A violation may occur when a designated emergency egress is locked or obstructed.
- 3. The cause of the violation against this regulation was a roped stanchion improperly placed by new staff in front of the door instead of along the adjacent reception desk to protect IT/Computer/Privacy when receptionist is away from desk.
- 4. To fix the violation right away, the Property Manager immediately moved to the correct location.
- 5. To ensure on going compliance to 2600.121.a., the Administrator and Property Manager updated their property walk through compliance inspection sheets to require unobstructed egress to all doors and exits as well as signage for active clean ups. The new staff member was also re oriented on proper placement.
- 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 stanchion was moved immediately while the inspector was in the facility.

Completion Date: The stanchion was moved immediately on 1 17 2024 while inspector was still on the premise.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented [redacted] - 03/12/2024)

131f - Fire Extinguisher Inspection

7. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher on 2nd floor located in the hallway to the left of the elevator did not have an inspection tag attached to it.

Plan of Correction

Accept ([redacted] - 03/05/2024)

PLEASE NOTE REVIEW OF ALL FIRE PREVENTION SYSTEMS AND APPS WAS COMPLETED AND RECORDED ON 08/29/2024. A REPLACEMENT TAG FOR THE EXTINGUISHER WAS DELIVERED THE NEXT DAY.

Plan of Correction:

1. Regulation 2600.131.f. is very important as inspection of fire extinguishers ensures that they will function in the event of a real fire.
2. A violation may occur when an extinguisher has not been inspected regularly or is missing dated notation of certification.
3. The cause of the violation against this regulation was the 2nd floor hallway fire extinguisher was missing the annual inspection tag provided by the community's trusted fire safety contractor.
4. To fix the violation right away, the Property Manager contacted the fire service contractor for a replacement tag.
5. To ensure on-going compliance to 2600.100.b., the Administrator and Property Manager updated their property walk-through compliance inspection sheets to require inspection of all extinguishers. The scope of work for the fire service company was also updated to include additional tagged notification of current extinguishers in use.
6. The Administrator, Property Manager and all direct care staff members will be responsible for the on-going compliance to this regulation.
7. NOTE: All extinguishers were inspected and reviewed by the lieutenant during annual fire systems inspections completed on August 29th, 2023. The provided tag was replaced by the contracted fire services company.

Completion Date: The extinguisher tagged was immediately replaced on 1-18-2024.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented ([redacted] - 03/12/2024)