

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

March 5, 2025

[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 12/18/2024, 12/20/2024, 12/23/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE VILLA ST. ELIZABETH* License #: *20576* License Expiration: *11/18/2025*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *12/23/2024*

Inspection Dates and Department Representative

12/18/2024 - On-Site: [REDACTED]
 12/20/2024 - Off-Site: [REDACTED]
 12/23/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *44*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *44*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

12/18/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/25/2025*

Inspections / Reviews (*continued*)

02/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/17/2025

02/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/03/2025

03/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in room #1 did not have a window covering, shades, drapes, blinds, or shutters on the bedroom window.

Plan of Correction

Accept () - 02/27/2025)

Plan of Correction:

1. Regulation 2600.101.r. is very important as it ensure a resident's privacy from the window viewpoint.
 2. A violation may occur when a window is uncovered entirely or covered utilizing a sheer or light filtering window treatment.
 3. The cause of this violation against the regulation was the apartment window blind was absent from its mount brackets from maintenance which was immediately replaced during time of inspection
 4. To fix this violation right away, the Property Manager immediately replaced the respective blind to its mount in the window.
 5. To ensure on-going compliance to 2600.101.r., the Administrator and Property Manager inspected each room for adequate window coverings on 12/20/2024 and additionally maintenance staff will either replace window treatments or utilize temporary window coverings when not actively working on a window area or when working on ongoing projects to protect resident privacy at all times.
 6. The property Manager and ancillary staff will be responsible for the on-going compliance to this regulation.
 7. NOTE: The window treatment was immediately returned to its mounted brackets during time of inspection.
- Completion Date: 12-18-2024 immediately at time of discovery

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/05/2025)

132b - Safety Inspection/Fire Drill

2. 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 home's annual fire safety inspection and supervised fire drill was held on 9-27-24. The home's previous annual fire safety inspection and supervised fire drill was conducted on 8-29-23 greater than 1 year and 15 days from the most recent fire safety inspection and supervised fire drill.

Plan of Correction

Accept () - 02/21/2025)

Plan of Correction:

1. Regulation 2600.132.b. is very important as it ensures fire safety annually and aids in identifying and correcting unsafe conditions which helps prevent fires from occurring.
2. A violation may occur if the home does not conduct an annual drill supervised by a fire safety expert or fails to document the conducted drill.
3. The cause of the violation against this regulation was the annual drill conducted by a fire safety expert satisfying the department's criteria and timing was held at a date outside of the "annual" term (greater than 1 year and 15

132b - Safety Inspection/Fire Drill (continued)

days from the most recent exercise).

4. To fix this violation right away, RFD was consulted and schedule to complete an additional expert drill and has provided dates for Q12025.

5. To ensure on-going compliance to 2600.132.b., the administrator and Chief Executive Officer have consulted with RFD Fire Chief and appointed lieutenant to ensure available scheduling within the "annual" term definition. Also, the community credentialed fire safety expert may conduct the drill to the fullest extent of the regulation id a date cannot be scheduled through the local fire department.

6. The Administrator and Property Manager will be responsible for the on-going compliance to this regulation.

7. NOTE: An annual fire safety expert conducted drill was supervised and completed.

Completion Date: On 12-20-2024 an updated drill has been scheduled with RFD for 1-28-2025

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented (█) - 03/05/2025

183b - Meds and Syringes Locked**3. 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

The medication cart located closest to the windows in the dining room of the home was found to be unlocked at 10:25am. No staff were present in the vicinity of the medication cart.

Plan of Correction

Accept (█) - 02/27/2025

Plan of Correction:

1. Regulation 2600.183.b. is very important as medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications.

2. A violation may occur when medications, prescribed or OTC, syringes or other medical supplies are left in an area or container unlocked.

3. The cause of the violation against this regulation was the identified med cart's secondary lock was left unlocked and unattended resulting in unlocked access to ancillary drawers of the identified cart.

4. To fix the violation right away, the caregiver depressed the secondary lock securing the remaining drawers of the cart while the inspector was present.

5. To ensure on-going compliance to 2600.183.b., the Administrator has recruited its software developer on 12/19/2024 to create prompts for locked computers/carts as well as conducted a "refresher" training meeting for all Villa certified medication technicians on 12/20/2024. This

6. The Administrator, Wellness Director, and med techs will be responsible for on-going compliance to this regulation.

7. NOTE: The identified cart was immediately locked by the technician from the adjacent lobby area at time of inspector discovery

Completion Date The cart was immediately locked on 12-18-2024 while inspector was present.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented (█) - 03/05/2025

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 has a Pro Re Nata (PRN) order for Acetaminophen 325mg Tablets. The medication was not in the cart at the time of inspection.

Plan of Correction

Accept () - 02/27/2025

Plan of Correction:

- 1. Regulation 2600.185.a. is very important as it reduces the risk that medications and medical equipment will be misplaced, lost, or misused.
- 2. A violation may occur when medications or medical equipment are utilized inappropriately or are not available when needed.
- 3. The cause of the violation against this regulation was a prescription for PRN ACETAMINOPHEN 325MG TAB for a resident receiving medication administration assistance was absent from the cart.
- 4. To fix this violation right away, the wellness director requested a STAT re-fill from pharmacy which arrived in under two hours while inspectors were still on the premises.
- 5. To ensure on-going compliance to 2600.185.a., the Administrator and Wellness Director consulted Pharmacy and MAR Software engineers from TabulaPro on 12/19/2024 for optimized configuration of med count tracking and order fulfillment. The Administrator also included these updated practices in the previously mentioned refresher course conducted on 12-20-2024.
- 6. The Administrator, Wellness Director, and respective medication technicians will be directly responsible for on-going compliance to this regulation.
- 7. NOTE: It is important to note that from the time of last available administration, the resident did not miss an available admin window or opportunity until the med was expeditiously delivered within two hours of discovery. Completion Date: 12-18-2024 Med was refilled within 2 hours while inspector was still on site. No administrations were missed during this effort.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/05/2025

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 has a PRN Order for an Albuterol HFA Inhaler however the resident's Medication Administration Record (MAR) notes an Albuterol Nebulizer .083%, not the inhaler. The MAR is incorrect.

Plan of Correction

Accept () - 02/27/2025

Plan of Correction:

- 1. Regulation 2600.187.a. is very important as it ensures the home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed

187a - Medication Record (continued)

- 2. A violation may occur when any of the aforementioned fourteen requirements are not fulfilled.
 - 3. The cause of this violation against the regulation was a routinely prescribed Rx was misnamed during automatic refill through pharmacy uploading resulting in the correct administration documentation but erroneous drug name/method – ALBUTEROL HFA INHALER – ALBUTEROL NEBULIZER
 - 4. To fix the violation right away, the administrator contact pharmacy to correct the drug name typo immediately.
 - 5. To ensure on-going compliance to 2600.187.a., the Administrator contacted the pharmacy director and tabulaPro software developer on 12/18/2024 to configure triple confirmation on refills in addition to new prescriptions and a master override for the Administrator to allow editing of Rx name if different from label or original prescription.
 - 6. The administrator and Wellness Director will be directly responsible for the on-going compliance to this regulation
- Completion Date: Medication typo was corrected on 12-18-02024 while inspector was still on site

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented (█) - 03/05/2025

228h - Grounds Discharge/Transfer

6. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

Description of Violation

The home has not made reasonable documented efforts to obtain payment after Resident # 3's social security check did not arrive on 11-1-24. A mistake was made by the Social Security Administration unexpectedly discontinuing The Villa as the resident's representative payee on 10-26-24. The resident was unaware of the reason for the change and because of the mistake did not receive a social security check for the month of November 2024. It is unknown what documented steps the home made to resolve the concern from 11-1-24 to the issuance of 30-day notice on 11-20-24 when payment was not received.

Plan of Correction

Accept (█) - 02/21/2025

The management of the facility respectfully submits that absolutely NO VIOLATION occurred relative to this 2600.228h regulation.

- First, please note that this was a complaint from a resident reported to the Berks Area Agency on Aging and the DHS prior to the Annual Inspection date of 12-18-2024. It was not a finding from the Annual Inspection. This complaint should be addressed under a separate complaint entity.

Nonetheless, the following timetable of events and supportive documents will underscore "the home's much more than reasonable efforts enacted personally by the Administrator with the resident to seek a amenable resolution!" The DHS surveyor has erroneously described the violation above as "the home has not made reasonable documented efforts to obtain payment...". █ has cited the violation inordinately even after having been presented with the following information.

The Regulatory Compliance Guide (RCG) 2600.228h.5 clearly states: "Reasonable documented efforts by the home to obtain payment" means no less than two attempts to obtain payment in full. The following documentation illustrates over four documented attempts to work with the resident spanning over six months dating back to before 5-1-2024.

1-15-2024 -- 4-4-2024 – The Villa is a family owned and operated Personal Care Home for over twenty-four years. The resident's █ had/have been acquaintances with the Villa ownership family for over a decade. At the beginning of 2024, the resident's █ began pleading with

228h - Grounds Discharge/Transfer (continued)

our family to accept [REDACTED] and [REDACTED] to be admitted to the Villa. At that time, the resident was living at [REDACTED], and [REDACTED] was very unhappy with the living conditions there. Additionally, [REDACTED] claimed the resident had [REDACTED] understood they could not afford to live at the Villa, but [REDACTED] hoped there was something that could be done so [REDACTED] could be with [REDACTED]

5-1-2024 – As a professional courtesy and a favor to the resident's [REDACTED] the

Villa family ownership offered the following very charitable conditions for admission to the Villa:

- o The Villa offered a private room for the resident's [REDACTED] at \$2220/month, which was discounted from its regular rent of \$2620/month.

- o The Villa offered a private room for the resident at \$1420/month, which was discounted from its regular rent of \$1920/month.

- o The resident's [REDACTED] agreed to pay the resident's security fee of \$1400.

- o The resident's [REDACTED] agreed to pay any shortfall if the resident failed to pay.

- o The resident executed a contract addendum that detailed that the Villa would accept a reduced monthly rent for six months while [REDACTED] waited for [REDACTED] monthly benefit income to be increased.

7-1-2024 and 9-1-2024 – The senior Villa family member contacted the resident for updates on [REDACTED] increased income benefits and discovered that the resident had done nothing to secure [REDACTED] increase. [REDACTED] reminded the resident that payments were necessary to remain a resident at the Villa.

11-1-2024 – The resident failed to pay [REDACTED] monthly stipend.

- o The [REDACTED] agreed with the senior Villa family member to have the Villa conduct an electronic fund transfer (EFT).

- o A few days later, the [REDACTED] relative complained to the state that the Villa EFT'd from the [REDACTED] bank account without [REDACTED] permission.

- o At a meeting with the state agency, the Villa owner, the resident and [REDACTED], [REDACTED] disclosed that [REDACTED] had given approval for the EFT transaction by the Villa.

- o Due to this controversy, the Villa Accounting Manager conducted audits of both residents and discovered omissions of their financial profiles. It became obvious that their finances were being manipulated by undisclosed parties.

11-16-2024 – The Villa Accounting Manager credited the resident's [REDACTED] bank account.

11-21-2024 - Due to the unscrupulous findings and lack of payment, a 30 day eviction notice was issued to the resident.

11-22-2024 – The Villa Administrator issued a formal request to the resident's [REDACTED] to complete [REDACTED] Resident-Home Contract's Financial Profile page. It was noted that an accurate completion of the Financial Profile is a requirement for continued residency at the Villa.

11-22-2024 – The Villa Administrator forwarded a summary of the situation to a Berk's AAA representative requesting [REDACTED] assistance to help the resident secure [REDACTED] additional monthly income benefits.

12-11-2024 - The Villa Administrator forwarded another update to now two Berk's AAA representatives for assistance.

12-18-2024 – The Villa received a 30 day notice to vacate [REDACTED] Villa residency from the resident's [REDACTED] [REDACTED] later confirmed that the resident would be leaving also.

228h - Grounds Discharge/Transfer (continued)

██████████ The resident and ██████████ mother departed the Villa leaving an unpaid balance of \$1712.00.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition)

Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate.

However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on 2600.228.h by the DHS inspectors. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

Plan of Correction

- 1. Regulation 2600.228.h is very important because it protects the residents from retaliatory discharge as well as their right to remain in the home.*
- 2. A violation to this regulation occurs when the facility does not comply with any of the seven conditions detailed in the regulation.*
- 3. The cause of a violation against this regulation would be the failure of the facility to document reasonable efforts to obtain payment.*
- 4. To fix the violation right away, the Administrator will ensure the proper and reasonable attempts to collect a debt from the resident are clear and concise and request the PA agencies of DHS and Area Agency on Aging; all the while, properly documenting all interactions.*
- 5. To ensure on-going compliance to 2600.228.h, the Administrator and Accounting Manager will continue to maintain a clear line of communications with the residents while documenting every effort to collect a debt to the home.*
- 6. The Administrator and Accounting Manager will be responsible for the on-going compliance to this regulation.*

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented (██████████) - 03/05/2025)