



Pennsylvania Department of Human Services

Emailing Date: July 1, 2025

[REDACTED]
Rochester Villa OPCO LLC
174 Virginia Avenue
Rochester, Pennsylvania 15074

RE: The Villas at Rochester
License #: 452790

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on February 11, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *THE VILLAS AT ROCHESTER* License #: *45279* License Expiration: *04/04/2025*
 Address: *174 VIRGINIA AVENUE, ROCHESTER, PA 15074*
 County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *ROCHESTER VILLA OPCO LLC*
 Address: *174 VIRGINIA AVENUE, ROCHESTER, PA, 15074*
 Phone: [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: *46* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *02/11/2025*

Inspection Dates and Department Representative

02/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *105* 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: *39* Are 60 Years of Age or Older: *41*
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

02/07/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2025*

04/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/10/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2025*

Inspections / Reviews *(continued)*

04/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/10/2025

06/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/11/25 at 11:10 AM a regulation book was not posted in a conspicuous and public place in the home.

Repeat Violation - 1/30/24 et al

Plan of Correction

Accept [redacted] - 04/21/2025)

- 2600 Regulation book was placed on the the reception desk on 2/12/2025 by PCHA
- Two 2600 regulation books were posted in both wings of personal care floor next to the telephones on 3/18/2025 by PCHA.
- A daily audit will be completed by DCS, Receptionist and/or PCHA for 30 days to ensure the regulation book is in a conspicuous place and available in each designated area. Audit will be completed for each book.
- First audit was completed 3/12/2025 by PCHA and Receptionist.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented [redacted] - 06/30/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/11/25, at 2:00PM, the Narcotics log and communication log were unlocked, unattended, and accessible in the nursing station. Names, prescription information, notes about behavior, personal care needs, and appointments were noted.

Plan of Correction

Accept [redacted] - 04/22/2025)

- Narcotics log and communication log were put in the locked nurses station on date on 2/11/2025 by PCHA.
- Staff will be reeducated on policy for HIPPA and PHI by PCHA and were directed to make sure all logs are in a secured private area on 3/27/2025.
- A daily audit will be completed by PCHA or designated person and/or DCS 2-3x day for 60 days to ensure that all logs are not unattended and accessible.
- First walk through completed 3/12/2025.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented [redacted] - 06/30/2025)

41e - Signed Statement

3. Requirements

41e - Signed Statement (continued)

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Repeat Violation - 1/30/24 et al

Plan of Correction

Accept (█ - 04/22/2025)

- A separate document will be created acknowledging resident rights and complaint procedures.
- Residents were notified of grievance procedure, read the PA 2600 Residents rights and give a copy of the residents rights. Signed statements were obtained from all residents acknowledging resident rights and complaint procedures on 3/17/2025 and 3/18/2025. This task was completed by PCHA.
- This form and process will be added in addition to the resident contract for all new admission starting 3/17/2025
- Audit will be completed monthly for 60 days to ensure all residents have signed statements acknowledging residents rights and grievance procedure along with copy of the residents rights.
- First audit completed 3/18/2025.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented (█ - 06/30/2025)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in the Older Adult Protective Services Act or falls and accident prevention during training year 2024.

Staff person B did not receive training in The Older Adult Protective Services Act or Falls and accident prevention during training year 2024.

Repeat Violation - 1/30/24 et al

Plan of Correction

Accept (█ - 04/02/2025)

- All staff persons will be trained on OAPS Act and fall prevention on 3/27/2025
- PCHA will attach a recent and dated employee list reflecting the same date training was conducted. PCHA will sign-off on the employee list confirming that all staff names are corresponding, present, and signed-off on the education/training record.

65g - Annual Training Content (continued)

- Staff training will be audited by PCHA or designated person every three months to ensure all staff have been receiving state require trainings for 90 days.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 06/30/2025)

86b - Bathroom**5. 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

At 10:58AM the bathroom fan in bathroom 206A was inoperable. There was no window in the bathroom.

Repeat Violation - 1/30/24 et al

Plan of Correction

Accept [REDACTED] - 04/22/2025)

- 206A fan was repaired by maintenance and now operating on 3/17/2025

- A walkthrough was completed by DCS on 3/17/2025 to test all bathroom fans. Inoperable fans were reported and scheduled for immediately maintenance upon 3/17/2025.

- A monthly walkthrough will be completed and documented by maintenance, PCHA, or designated person to ensure all bathroom fans are operable.

- Inoperable fans will be reported to and scheduled for maintenance upon notification.

- Follow up test will be completed 30 days after fan is repaired by PCHA, maintenance or designated person for 60 days.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [REDACTED] - 06/30/2025)

92 - Windows**6. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 10:58AM there was no screen on the window in bedroom 206A.

Plan of Correction

Accept [REDACTED] - 04/22/2025)

- Maintenance was notified that 206A needs a window screen. Screen repair is scheduled to be completed by maintenance on 4/14/2025.

- All rooms were audited on 4/7/2025 to check for any missing or damaged window screens and will be repaired as needed.

- Maintenance and DCS will be reeducated on 2600.92 regulation on 4/28/2025

- A monthly walk through will be completed and documented to ensure all rooms have a screen that is in good repair for 90 days.

- Maintenance are now required to do yearly room inspections and room inspection 72hrs prior to any new

92 - Windows (continued)

admission to ensure rooms appropriate for residency.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented [REDACTED] - 06/30/2025)

96a - First Aid Kit**7. 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

At 11:19AM the first aid kit was missing tweezers.

Plan of Correction

Accept ([REDACTED] - 04/22/2025)

- Tweezers were added to the first aid kit on 2/13/2025 by PCHA
- An inventory list will be added to the first aid kit on 3/12/2025. Staff will receive education of what is included in a first aid kit on 3/27/2025 by PCHA.
- An additional First aid kit was created on 3/18/2025 and placed in nursing station.
- An audit will be completed weekly by PCHA or designated person for 60 days to ensure that all appropriate items will be accessible in the first aide kits.
- First audit was completed on 3/18 by PCHA.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented [REDACTED] - 06/30/2025)

103e - Left Overs**8. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:48 AM there was a package of cheese that was unlabeled and undated in the cooler.

Plan of Correction

Accept ([REDACTED] - 04/22/2025)

- DCS Staff will be reeducated on the importance of regulation 2600.103E. on 3/27/2025 during mandatory staff meeting by PCHA.
- All newly opened food were dated and labeled. Opened, undated and unlabeled foods were discarded by kitchen staff on 2/13/2025. Kitchen staff will be reeducated on 4/28/2025 by Kitchen director or designated person.
- A weekly walkthrough will be completed and documented by PCHA or Kitchen Director ensuring foods are dated and labeled for 90 days.
- First walkthrough will be completed Friday 3/14.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 06/30/2025)

103f - Refrigerator/Freezer Temps

9. 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 10:45 AM there was no thermometer in the refrigerator in the kitchen.

Repeat Violation - 6/11/24

Plan of Correction

Accept [redacted] - 04/22/2025)

- A thermometer was purchased and was put in the kitchen refrigerator on 3/13/2025
- A weekly audit will be completed by Kitchen director or appointed person for 60 days to ensure all refrigerators and freezers have a working thermometer. First walk through was completed on 3/13/2025.
- DCS education was completed on 3/27/2025 by PCHA pertaining to 2600.103f
- Kitchen Staff education is scheduled for 4/28/2025

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [redacted] - 06/30/2025)

132c - Fire Drill Records

10. Requirements

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 home's fire drill log from September 30, 2024 through January 31, 2025 does not include the amount of time it took for evacuation in minutes and seconds, the exit route used or the number of residents evacuated

Repeat Violation - 6/11/24, 1/30/24 et al

Plan of Correction

Directed [redacted] - 04/22/2025)

- The next fire drill will be schedule for March 20th 2025 during first shift.
- The uploaded sheet attached will be completed in addition to our virtual fire logs via Tels indefinitely.
- Maintenance and were trained on the 2600.132.C regulation on 3/20/2025; DCS will be trained on 4/24/2025.
- PCHA will ensure that that fire log is completed correctly in its entirety for 90 days.

Proposed Overall Completion Date: 04/24/2025

DIRECTED PLAN:

By 5/10/25 - The administrator or designee shall develop and implement a fire drill log that includes all of the required content of 2600.132c, including the amount of time it took to evacuate in minutes and seconds, the exit route used and the number of residents evacuated. Documentation shall be kept.

Directed Completion Date: 04/24/2025

132c - Fire Drill Records (continued)

Implemented [REDACTED] 06/30/2025)

141a - Medical Evaluation

11. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation dated 10/28/24 for resident #3, admitted [REDACTED]/25, was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept [REDACTED] - 04/02/2025)

- DME was completed on 2/20/2025 for resident #3
- New DME's were completed by facility's Nurse Practitioner for all residents admitted after the date 1/16/2025.
- An audit was completed on 3/12/2025 to ensure all residents have an updated DME
- PCHA or designated person will audit all future admission 3 months after initial DME is completed for 90 days.

Licensee's Proposed Overall Completion Date: 03/12/2025

Implemented [REDACTED] - 06/30/2025)

187d - Follow Prescriber's Orders

12. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Lorazepam Oral Tablet 0.5m mg. Give 1 tablet by mouth at bedtime for anxiety. Ordered 2/4/25. The medication was not administered because the medication was not available in the home.

Repeat Violation - 6/11/24

Plan of Correction

Accept [REDACTED] - 04/22/2025)

- Medication Techs received reeducation of 2600.187.D and procedure of how to reorder narcotic medications when Prescriber is not available for Narc Rx Signature along with standard medications by PCHA on 3/27/2025
- Medication was received on 2/14 from pharmacy.
- Medication Audit will be conducted by PCHA, Lead MT, or Designated person once a month for 90 days.
- New policy will be implemented that MTs must keep a written log for all mediations that need to be reordered before medication cycle dates.
- Med techs were reeducated on 3/27/2025 by PCHA on 2600.187d

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented [REDACTED] - 06/30/2025)

191 - Resident Right to Refuse

13. Requirements

191 - Resident Right to Refuse (continued)

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [redacted]/25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 2, admitted [redacted]/25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 3, admitted [redacted]/25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat Violation - 1/30/24 et al

Plan of Correction

Accept [redacted] - 04/22/2025)

- A separate document was created by PCHA acknowledging resident right to refuse on 3/14/2025
- All residents were educated by PCHA on regulation 2600.191 on 3/17 and 3/18
- Signed statements were obtained from all residents acknowledging resident rights and complaint procedures on 3/17/2025 and 3/18/2025. This task was completed by PCHA.
- DCS educated by PCHA on the 2600.191 regulation on 3/18, 3/19, and 3/27.
- This form and process will be added in addition to the resident contract for all new admission starting 3/17/2025. PCHA will read regulation 2600.191 during all contract signings and obtain a signature from potential residents.
- Audit will be completed monthly for 60 days by PCHA or designated person to ensure all residents have signed statements acknowledging residents rights and grievance procedure along with copy of the residents rights.
- First audit completed 3/18/2025 by PCHA

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented [redacted] - 06/30/2025)

225a - Assessment 15 Days

14. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted on [redacted]/25; however, the resident's assessment was not completed until 2/11/25.

Plan of Correction

Accept [redacted] - 04/22/2025)

- RASP was completed on [redacted]/2025 for resident #3 by PCHA
- An audit was completed on 3/13/2025 by PCHA to ensure all residents have a recent RASP.
- PCHA or designated person will audit all future admission 3 months after initial RASP is completed for 90 days ensuring that the both parts of the RASP are completed in the appropriate time frames.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented [redacted]/30/2025)