



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Ms. Susan Jones, Owner/Administrator  
Susan's Victorian Cottage  
111 Hydrangea Lane  
Mt. Pleasant, Pennsylvania 15666

Dear Ms. Jones:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2013, March 26, 2013 and June 3, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of June 9, 2013 to June 9, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUSAN S VICTORIAN COTTAGE		<b>RECEIVED</b>	License Number: 42890
Address: 111 HYDRANGEA LANE, MT PLEASANT, PA 15666			County: Westmoreland
Administrator: Susan Murphy		MAY 1 2013	Region: WEST
Legal Entity Name: SUSAN Jones		<b>WEST REGION FIELD OFFICE</b>	
Legal Entity Address: 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666		Human Services Licensing	
<b>Certificate(s) of Occupancy</b>			
C-2 LP 02/20/1991 Dept L&I			
<b>Staffing Hours</b>			
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11	
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced	
<b>Reason(s) for Inspection(s)</b>			
Renewal, Indicator			
<b>On-Site Inspections Dates and Department Representatives On-Site</b>			
03/13/2013: Pfaff, Vicki 03/19/2013: Pfaff, Vicki 03/26/2013: Pfaff, Vicki			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
03/13/2013: Pfaff, Vicki 03/26/2013: Pfaff, Vicki			
<b>Other Details</b>			
Partial or Full Triggers: 144c1,225c		Random Indicators: 25c7,44f,101m,202,227j	
<b>Resident Demographic Data as of Inspection Dates</b>			
<b>Licensed Capacity: 16</b> <b>Number of Residents Served: 15</b> <b>Secured Dementia Care Unit in Home: No</b> <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents: 0</b> <b>Number of Hospice Residents in past year: 0</b>		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income: 6</b> <b>Are 60 Years of Age or Older: 9</b> <b>Have Mental Illness: 9</b> <b>Have an Intellectual Disability: 2</b> <b>Have a Mobility Need: 0</b> <b>Have a Physical Disability: 2</b>	

MAY 1 2013

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for resident #7. The homes financial documentation for resident #7 is inaccurate as follows:  
On 11/5/12 resident #7 had a balance of \$122.56. On 11/12/12 the resident was given \$80.00 cash. The home indicates a balance of \$42.00.  
On 12/5/12 resident #7 had a balance of \$110.42. On 12/5/12 the resident had a deposit of \$42.50. The home indicates a balance of \$67.82.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

7-1-13 - The Administrator or designated state person will reconcile all resident accounts for 2012 and 2013 including accountability of resident funds and proper documentation. The home will immediately refund any funds found to be owed to residents. 5-22-13

I checked the resident's Financial Record with a calculator and found the above .56 and .10 cent math errors. The above \$42.50 was a withdrawal for cigarettes (with a receipt) but was written in the deposit column by mistake. It's balance was off by 10 cents. I found an additional math error of 1 cent on a 03-20-13 entry. The resident's account was credited with .65 cents to correct the math errors. Staff was instructed to always be careful when making Financial Record entries. I will check the balances by calculator with the resident's quarterly financial reports.

7-1-13 - The home will update the financial management policy and procedures system, such that cash deposits and cash withdrawals of any amount and any purchases of any amount made by the provider on behalf of the resident are clearly and accurately recorded, such that an accurate current daily balance is maintained. 5-22-13

7-1-13 - The updated financial management system will include retaining receipts for at least one year to verify that funds distributed accurately reflect the amount withdrawn from the resident's account. 5-22-13

7-1-13 - All state persons managing or handling resident funds will be educated on the home's financial management policy and procedures. Documentation of education will be kept. 5-22-13

7-1-13 - The Administrator or designated state person will conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management, to ensure the requirements of regulation 5 2600.201 through 2600.305 to be met. 5-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6-8-13  
(Date)

Plan of correction implementation status as of

6-8-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Initials]*  
(Initials)

**RECEIVED**

Violation Report:  
PCH Name: SUSAN S VICTORIAN COTTAGE

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

MAY 1 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

The home manages finances for resident #1. Resident #1 made payments for cable television on 12/3/12, 1/3/13, 2/1/13, and 3/1/13. Resident #1 ~~did~~ not provide a receipt for these payments.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 7-1-13 - The administrator or designated staff person will obtain a written receipt from the resident for cash disbursements at the time of disbursement, for all disbursements 5-22-13
- 7-1-13 - The home will update the financial management policy and procedures system, such that cash deposits and cash withdrawals of any amount and any purchases made by the provider on behalf of the resident are clearly and accurately recorded and receipts for each disbursement are maintained. 5-22-13

I wasn't aware that receipts were required. Last month I began documenting the total of both of the resident's checks as her receipts as well as all of her withdrawals on the resident's Financial Record thus documenting/receipting all transactions with the resident's signature.

- 7-1-13 - The updated financial management system will include retaining receipts for at least one year to verify that funds distributed accurately reflect the amount withdrawn from the resident's account. 5-22-13
- 7-1-13 - The Administrator will review the documentation of cash disbursements monthly to ensure the home has obtained a written receipt from the resident for cash disbursements at the time of disbursement, for all disbursements. 5-22-13
- 7-1-13 - The Administrator or designated staff person will reconcile all resident accounts for 2012 and 2013 including accountability of all resident funds and proper documentation. The home will immediately refund any funds found to be owed to residents. 5-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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- Not Implemented

**Violation Report:**

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

**1. REGULATION 55 Pa.Code §2600**

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

WEST REGION FIELD OFFICE  
Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

Residents of the home preform labor on behalf of the home. The residents are not compensated in accordance with State and Federal Labor Laws as follows:

Resident #1 regularly sets the dining table for all of the residents prior to meals.

On 3/26/13 resident #3 was shoveling snow from the home's walkway. On 3/18/13 the resident took the trash out. The resident is compensated with cigarettes

On 3/19/13 administrator handed a plastic garbage bag to resident #3 and told the resident to pick up the leaves that had accumulated on the deck outside of the dining room.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

To prohibit specific volunteering is a violation of the resident's right to self-determination and freedom. It is a form of abuse! Regulation 2600.42 (q) states, ".....Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home." The dining room is a common area of the home and setting the dining room tables is done in this common area. Trash cans are located in common areas of the home and the patio, deck and walkways are also common areas of the home. These residents always look for and request to volunteer to do anything possible at their home to feel appreciated, competent, productive, and to have a sense of accomplishment. These residents are never coerced, intimidated or made to do anything. They do things in their home because they want to. Also, the regulatory "minimum wage for services" income requirement might cause some residents to lose their SSI, Medicaid or Rent Rebate eligibility! Residents may volunteer at a school or pet shelter, etc., so should be allowed to volunteer as they desire at their own home. This is deplorable but residents must now refrain from volunteering to do anything that might be considered "work in place of staff."

*500 Page 9A*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*SUSAN JONES*

Date *05-01-13*

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*6-8-13*  
(Date)

Plan of correction implementation status as of

*6-8-13*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *6-8-13*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

RECEIVED

MAY 21 2013

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(a) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Residents of the home perform labor on behalf of the home. The residents are not compensated in accordance with State and Federal Labor Laws as follows:

Resident #1 regularly sets the dining table for all of the residents prior to meals.

On 3/26/13 resident #3 was shovelling snow from the home's walkway. On 3/19/13 the resident took the trash out. The resident is compensated with cigarettes

On 3/19/13 administrator handed a plastic garbage bag to resident #3 and ~~Resident #3~~ pick up the leaves that had accumulated on the deck outside of the dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately - Residents #1 and #3 will no longer perform labor on behalf of the home without compensation in accordance with State and Federal labor laws. If any resident performs labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws. Resident #3 was paid more than minimum wage for his hours worked. Documentation enclosed.  
8/15/13 - All staff persons will be educated that any resident performing labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, must be compensated in accordance with State and Federal labor laws. Documentation of education will be kept. Documented education 5-21-13

6/15/13 - The administrator will interview at least two different residents on a weekly basis for three months to ensure no residents are performing labor on behalf of the home or if residents are performing labor on behalf of the home the residents are compensated in accordance with State and Federal labor laws. Documentation will be kept.

Resident #3 worked 30 hrs in 2013. \$7.50 min. wage x 30 hrs = \$217.50 earned. I paid him \$237.47 in 2013 = \$19.97 too much. Documentation is enclosed.

Resident #1 will no longer set dining tables and will no longer receive free cable TV for her help.

I disagree with your interpretation of "or common areas of the home" meaning she can set the table only for her own place setting. The regulation does not say or mean that. See 2600.42(a) regarding volunteering in common areas of the home under resident's specific rights. A volunteer anywhere is not compensated. This violates a resident's right to volunteer.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones RN,*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES      Date 5-21-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-8-13 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Violation Report:**

**PCH Name:** SUSAN S VICTORIAN COTTAGE

MAY 1 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A started working in the home on 3/1/97. Direct Care staff person A did not receive training on residents with mental illness or intellectual disabilities during the 2012 training year.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*withdrawn*

That staff person had her MH and intellectual disabilities training on 01-03-13, 3 days late for the 2012 training year. She had 21 (9 more than the 12 required) for 2012. I developed and implemented a new training program and I will provide my staff with all their required yearly training that I am qualified to provide. We had previously depended on the monthly Bulletin Board Training CEUs to provide this training but sometimes some requirements weren't offered within the required time frame. All my staff has already had their required yearly training for 2013 and will continue to have it yearly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
**(Required on EVERY Page)**

*Susan Jones*

Printed Name and Title of Legal Entity Representative  
**(Required on EVERY Page)**

SUSAN JONES

Date 05-01-13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

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.

WEST PENN. REGIONAL FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home maintains three plastic bins with first aid supplies. The home does not have a single first aid kit containing all of the required items.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I bought 2 new 9" x 6" plastic "First Aid Kits." Each kit contains nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers per the requirement. One is located in the home and the other is located in the car that is used to transport residents. Needed daily supplies will continue to be taken from our present bins and these required First Aid Kits will be unused and unopened except when requested to show that the minimum regulatory requirement is contained in them.

7-1-13. All STAFF persons will be educated on the required contents of the first aid kit. Documentation of training will be kept. 5-22-13y

7-1-13. A designated STAFF person will check the contents of the first aid kit at least weekly and after each use to ensure all required items in accordance with regulation 2600.96a. are present. 5-22-13y

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Susan Jones

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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6-8-13  
(Date)

Plan of correction implementation status as of

6-8-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13y
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J  
(Initials)

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/26/13 the bed in bedroom #5 did not have a bedside lamp or source of lighting that can be turned on/off at bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This resident moved her own night stand and lamp from between her bed and chair to the other side of her chair because she wants it there. I bought her a clip-on lamp that is now on her bed's headboard to meet this regulatory requirement. An operable lamp or other source of lighting that can be turned on at bedside will be maintained in all bedrooms.

7-1-13 - All staff persons will be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Documentation of education will be kept. 5-22-13

7-1-13 - A designated staff person will check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. 5-22-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES Date 05-01-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-8-13 (Date)

Plan of correction implementation status as of 6-8-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report:  
PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/26/13 there was a three inch by two inch section of wall that was indented on the left hand side of bedroom #5.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The wall has been spackled and repaired. Walls will be kept in good repair.

7-1-13 - All staff persons will be educated on reporting and/or correcting any bedrooms with walls, floors and ceilings, which are not clean or are in poor repair. Documentation of education shall be kept. 5-22-13

7-1-13 - A designated staff person will check the home on a daily basis to ensure all bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. 5-22-13

7-1-13 - The Administrator will check the home at least weekly to ensure all bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. 5-22-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) SUSAN JONES      Date 05-01-13

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(Date)

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- Not Implemented

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(Initials)

Violation Report:  
 PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION  
 The curtains for the window in bedroom #5 are sheer and do not provide privacy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The lace curtains were removed and opaque curtains are now being used. The resident is unhappy with this because she enjoyed the daylight through the lace curtains. The bottom of this window is over 6 1/2 ft. above the ground so no one is able to look in the window and a high privacy fence prevents anyone outside our yard from seeing this window. Staff was instructed to never use lace curtains in a bedroom.

7-1-13- All staff persons will be educated on the residents' right to privacy.  
 Documentation of education will be kept: 5-22-13

7-1-13- The Administrator or designated staff person will check all resident rooms on at least a monthly basis to ensure window coverings provide privacy.  
 5-22-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) SUSAN JONES      Date 05-01-13

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Plan of correction implementation status as of 6-8-13  
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 Partially Implemented - Adequate Progress 6-8-13  
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 Not Implemented

RECEIVED

Violation Report:  
PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

MAY 1 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
On 3/13/13 there was an uncovered 8" X 13" plastic container of orange Jello in the kitchen refrigerator.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff was been instructed to always date and cover everything in the refrigerator. This was a rare find and will hopefully never happen again.

7-1-13 - A designated staff person will check all food storage areas daily to ensure all food items are stored in closed or sealed containers. 5-22-13

7-1-13 - The administrator will check all food storage areas weekly to ensure all food items are stored in closed or sealed containers. 5-22-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SUSAN JONES*      Date *05-01-13*

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *SJ*  
(Initials)

Violation Report: PCH Name: SUSAN S VICTORIAN COTTAGE		MAY 1 2013
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (required for fire preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. <b>WEST REGION FIELD OFFICE Human Services Licensing</b></p>		
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  The home's emergency procedures were located in the locked kitchen of the home.</p>		
<p><b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.)                  Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</p> <p style="text-align: center;">I was not aware that this binder needed to be located where visitors could read or remove it.                  I will copy the binder's contents and place a second binder in the lobby in case one disappears.</p> <p><i>7-1-13. The administrator or designated staff person will conduct a weekly check to ensure the home's emergency procedures are posted in a conspicuous and public place. 5-22-13/</i></p>		
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Susan Jones</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUSAN JONES</i>		Date <i>05-01-13</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>6-8-13</u> (Date)		Plan of correction implementation status as of <u>6-8-13</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>6-8-13/</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:**

**PCH Name:** SUSAN S VICTORIAN COTTAGE

MAY 1 2013

**1. REGULATION 55 Pa.Code §2600**

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

**WEST REGION FIELD OFFICE**  
Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

The home conducted a sleeping hour fire drill on 2/22/12; however the next sleeping hour fire drill was not conducted until 9/8/12.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

We have always done night time drills twice a year, not necessarily every 6 months. Night time drills will now be done every 6 months so residents know exactly when to expect them.

7-1-13. All STAFF persons will be educated on the requirements of sleeping hour fire drills. Documentation of education will be kept. 5-22-13,

7-1-13. The administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted every six months. 5-22-13,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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The above plan of correction is approved as of

6-8-13  
(Date)

Plan of correction implementation status as of

6-8-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-8-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

WEST REGION FIELD OFFICE

Primary Service Location

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 7/28/12. Resident #2 did not have an initial medical evaluation completed until 9/12/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This resident, admitted on 07-28-12 had a current medical evaluation from her previous Care Home which would expire on 03-14-13. The evaluation by our house doctor was scheduled before it was due but the doctor's staff canceled the visit and rescheduled for 09-12-12, 17 days too late. It is often difficult to maintain these deadlines with doctor's schedules. I always try to meet these required deadlines and will continue to try.

7-1-13 - All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141A. Documentation of education will be kept. 5-22-13

7-1-13 - The administrator or designated staff person will review all current resident records to ensure each resident has had an in-person medical evaluation within 60 days prior to admission or within 30 days after admission. 5-22-13

7-1-13 - The administrator will review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission. 5-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Susan Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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6-8-13 (Date)

Plan of correction implementation status as of

6-8-13 (Date)

- Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

The above plan of correction was approved by

(Initials)

Violation Report:  
PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 2/13/12.

Resident #4's most recent medical evaluation was completed on 2/13/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I learned that these evaluation forms must be done within 1 year from the date the doctor actually saw the resident, not a year from the date he last completed the Medical Evaluation form. Our house doctor sees our residents every 3 months. Compliance with this deadline will require intensive scheduling to always get the doctor to visit before his regular 3 month visit so these required forms aren't done a week too late. I always try to meet required deadlines and will continue to try.

7-1-13 - Resident #1 and resident #4 will have an in-person medical evaluation completed by a physician, physician's assistant or certified nurse practitioner 5-22-13

7-1-13 - All staff persons involved with the medical evaluation process will be educated that an in-person medical evaluation shall be completed at least annually. Documentation of education will be kept. 5-22-13

7-1-13 - The administrator or designated staff person will review all current resident records to ensure each resident has had an in-person medical evaluation completed within the past year - 5-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Susan Jones

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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(Date)

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Violation Report:  
 PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.144(b) - The home rules shall specify whether the home is designated as smoking or non-smoking.  
 WEST REGIONAL FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's smoking policy prohibits smoking inside the home. On 3/13/13, 3/19/13 and 3/26/13 staff person C was smoking in the administrative office of the home which is not a designated smoking area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This is a non-smoking home but I didn't consider my private wing to be in the Personal Care Home part of the building. I can't smoke in my own apartment so I quit smoking.

7-1-13- All residents and staff persons will be educated on the home's policy and procedures regarding smoking, smoking safety, and designated smoking areas. Documentation of education will be kept. 5-22-13

7-1-13- A designated staff person will monitor the home daily on each shift to ensure the home's smoking policy and procedures are followed, including smoking only in designated smoking areas. 5-22-13

7-1-13- The Administrator will monitor the home on a weekly basis to ensure the smoking policies and procedures are being followed. 5-22-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **SUSAN JONES**      Date **05-01-13**

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The above plan of correction is approved as of 6-9-13  
 (Date)

Plan of correction implementation status as of 6-9-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-8-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]  
 (Initials)

Violation Report:  
 PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600  
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 On 3/13/13 residents were smoking at the front exit/walkway of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Our smoking area is on the patio. There is a smoking receptacle located at our front door to be used to dispose of cigarettes by visitors before entering the home. I have told the residents who smoke that they must never stand by the front door receptacle to smoke. This will be enforced.

- 7-1-13 - All residents and staff persons will be educated on the homes policy and procedures for smoking including only smoking in designated smoking areas. Documentation of education will be kept. 5-22-13
- 7-1-13 - A designated staff person will monitor the home daily on each shift to ensure the home's smoking policy and procedures are followed. 5-22-13
- 7-1-13 - The administrator will monitor the home at least weekly to ensure the home's smoking policy and procedures are followed. 5-22-13

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
SUSAN JONES		05-01-13

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		<input type="checkbox"/> Fully Implemented	
		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	<u>6-8-13</u>
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>[Signature]</u> (Initials)		

MAY 1 2013

Violation Report:  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home uses staff person C's vehicle to transport residents. On 3/13/13, the administrator's vehicle did not have a first aid kit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A First Aid Kit containing nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers per the requirement is now located in the car that is used to transport residents. I will remember not to trade it in with the next car I buy like I did with the last one.

7-1-13 - All staff persons transporting residents will be educated on the requirement of a First Aid Kit in the vehicle that includes all of the required contents in accordance with regulation 2600.96. Documentation of education will be kept. 5-22-13

7-1-13 - A designated staff person will check my vehicle prior to transporting residents to ensure a first aid kit is present and the contents of the first aid kit are in accordance with regulation 2600.96A.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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(Date)

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Violation Report:  
 PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, distribution and use of medications and medical equipment by trained staff persons.

WEST PENNSYLVANIA OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed acetaminophen 325mg tablet - take two tablets every four to six hours as needed for pain/fever. The medication was not available in the home for administration on 3/19/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home will maintain a supply of each drug ordered for each resident at all times.

7-1-13- The Administrator will review and update the home's policy and procedures for the safe storage, access, security, distribution and use of medications. to include, all medications prescribed for residents will be available in the home including PRN medications 5-22-13p

7-1-13- All staff persons qualified to administer medications will be educated on the updated policy and procedures. Documentation of education will be kept. 5-22-13p

7-1-13- The Administrator or designated state person qualified to administer medications will conduct an initial and monthly audit of the medication cart and prescription orders to ensure all prescribed medications are available in the home for administration. 5-22-13p

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) SUSAN JONES      Date 05-01-13

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 (Date)

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 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
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- Not Implemented

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 (Initials)

MAY 1 2013

Violation Report:  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 3/19/13 at 4:00 p.m. resident #4's March 2013 medication administration record did not indicate the 2:00 p.m. administration of amantadine 100mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This employee has been instructed to always pay better attention to details on med administration and to always look over her documentation before her shift ends.

7-1-13 - All staff persons qualified to administer medications will be educated on the proper procedures for medication administration including documentation of medication administration at the time of administration. Documentation of education will be kept. 5-22-13

7-1-13 - The administrator will check all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. 5-22-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)      Susan Jones

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      SUSAN JONES      Date 05-01-13

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(Date)

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5's preadmission screening, dated 7/25/12, did not indicate that the home can meet the needs of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident would not have been admitted if the home could not meet his needs. I will pay better attention to filling out every area of these forms. I will be sure to place an X in the "yes" box that follows the sentence "The needs of this individual can be met by the services provided by this personal care home" on the Pre-admission Screening form.

7-1-13 - The Administrator or designated staff person will review all new resident pre admission screening forms for accuracy and completion including documentation that the home can meet the needs of the resident. 5-22-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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6-8-13  
(Date)

Plan of correction implementation status as of

6-8-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

U  
(Initials)

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1, admitted on 4/16/99, was completed on 2/16/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

7-1-13 - The administrator or designated staff person will complete an assessment for resident #1. 5-22-13/

This was an oversight and omission error that was corrected when discovered. I will check the dates for these on my Quality Management plan and make sure these dates are correct to be sure to complete these forms by their deadlines.

7-1-13 - All staff persons involved with the assessment process will be educated on the requirement that each resident shall have an assessment completed at least annually. Documentation of education will be kept. 5-22-13/

7-1-13 - The administrator or designated staff person will review all resident records to ensure each resident has a current assessment within the past year. 5-22-13/

7-1-13 - The administrator or designated staff person will complete an assessment for resident #1. 5-22-13/

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Susan Jones

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

SUSAN JONES

Date 05-01-13

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(Date)

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-8-13/
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Violation Report:

PCH Name: SUSAN S VICTORIAN COTTAGE

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of ~~Home Service Assessment~~ or upon changes in the resident's needs as indicated on the current assessment.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

Resident #5's support plan, dated 8/24/12, does not indicate how the home will meet the supervision needs of the resident. Resident #6's support plan, dated 7/29/12, does not indicate how the home will meet the supervision needs of the resident and does not indicate any social/recreational services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #5's support plan indicated, "Minimal - Requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places." I corrected this violation by adding, "He needs supervision in unfamiliar places. He never goes out unsupervised" to the "Description of supervision needs" column and I added, "Supervision is provided by his friend, family, staff or person who takes him to an unfamiliar place." to the "Plan to meet supervision needs" column. It seemed to be self explanatory and I did have Xs in the "Responsible Party" column, checking the "staff, family and other" boxes.

Resident #6's support plan indicated, "Minimal - Requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places." I corrected this violation by adding, "Legally blind and requires supervision in unfamiliar surroundings. He never leaves the home unsupervised" to the "Description of supervision needs" column and I added, "Person who takes resident to an unfamiliar place will supervise him." to the "Plan to meet supervision needs" column. I did have Xs in the "Responsible Party" column, checking the "staff, family and other" boxes. For his "social and recreational services needs I did have, "Invite to all group activities and Pastor services twice monthly." For his interests of music, and sports on TV, I added "Make sure he is able to turn his TV off and on and find his desired channel" (which he always does independently). More time and double checking that all relevant areas are completed on these RASPS will improve their clarity and completeness.

See PCH 224

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Susan Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES Date 6-5-13

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The above plan of correction is approved as of 6-8-13 (Date)

Plan of correction implementation status as of 6-8-13 (Date)

- Fully Implemented
Partially Implemented - Adequate Progress 6-8-13
Partially Implemented - Inadequate Progress
Not Implemented

The above plan of correction was approved by (Initials)

MAY 21 2013

Page 22 of 22

Violation Report: **WEST REGION FIELD OFFICE**  
PCH Name: SUSAN S VICTORIAN COTTAGE **Human Services Licensing**

**1. REGULATION 55 Pa. Code §2500**  
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**  
Resident #5's support plan, dated 8/24/12, does not indicate how the home will meet the supervision needs of the resident.  
Resident #6's support plan, dated 7/29/12, does not indicate how the home will meet the supervision needs of the resident and does not indicate any social/recreational services.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
6/15/13 - All staff persons involved with the completion or review of support plans will be educated regarding accurately completing support plans including the care and services the home will provide to the resident. Documentation of education will be kept. *Staff educated on 5-21-13.*  
6/15/13 - The administrator or designated staff person will review all current and newly completed support plans to ensure all support plans are complete, accurate and indicate the care and services the home will provide to the resident. *Review completed 5-21-13*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones RW,*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SUSAN JONES*      Date *5-21-13*

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The above plan of correction is approved as of 6-8-13  
(Date)

The above plan of correction was approved by J  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented