



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 28 2014

Ms. Susan Jones, Owner/Administrator  
Susan Murphy  
111 Hydrangea Lane  
Mount Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage  
License #: 428900

Dear Ms. Jones:

As a result of the Department of Public Welfare's licensing inspection on March 7, 2014 and March 17, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period June 9, 2014 to June 9, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

*MJ*

Enclosure  
License Inspection Summary



Violation Report: 42890 - 03/07/2014 - McConnell, Deb  
 PCH Name: SUSAN S VICTORIAN COTTAGE

**WEST REGION Field Office  
 Human Services Licensing**

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.

2a. DESCRIPTION OF VIOLATION  
 The home manages finances for resident #1. Resident #1 made a payment of \$14.00 for cable on 1/3/14. The home did not obtain the resident signature for the receipt of the disbursement.  
 Resident #1 made a payment of \$77.00 to the home for rent on 1/3/14. The home did not obtain the resident signature for the receipt of the disbursement.

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 - the Administrator will ask resident #1 to sign for the cash disbursement on 1-3-14. 6-20-14*

*7-8-14 - Resident #1 is no longer in the home. 7-8-14*

The resident signed on one line for two record entries at the same time on 01-03-14. The 1<sup>st</sup> entry was for receipt of her \$262 check of which \$191 was withdrawn. \$177 paid the balance of her rent and \$14 paid her monthly cable TV = \$191.00. This left a balance of \$81.00 as indicated on the log. The 2<sup>nd</sup> entry, which was done at the same time as the 1<sup>st</sup> entry that day, withdrew \$25.00 to open her new checking account. The resident knew she was signing for her \$177 rent balance, \$14.00 TV and \$25 for her checking account but she signed only on the lower line next to the \$25.00 W/D, which indicated that she agreed with the new final balance of \$56.00 as indicated on the line that she signed.

In the future we will always make residents sign on every line no matter how much pain or difficulty they might have with their signature. We will use no brackets to indicate signing for multiple lines. We will always use a new line for every deposit, we will indicate the intended use of every withdrawal and will identify the home's charge for all amounts paid to the home.

*7-30-14 - The Administrator or designated staff person will review the documentation of cash disbursements monthly to ensure the home has obtained a written receipt from the resident in accordance with regulation 2600.2060. 6-20-14*

*7-30-14 - The Administrator or designated staff person will reconcile all resident accounts for 2014 including accountability of all resident funds and proper documentation. The home will immediately refund any funds found to be owed to residents. 6-20-14*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/13/2013

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 RD, OWNER ADMIN*      Date *6-19-14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u><i>S</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42890 - 03/07/2014 - McConnell, Deb  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 3/2/14, from 7:00 a.m. to 9:00 p.m., 14 residents were present in the home. During this time no staff persons were in the home who were certified in first aid.

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.

Administrator, [redacted] lives in the home and was present all day on 03-02-14 per her vehicle's mileage log. An RN is qualified to perform 1<sup>st</sup> Aid. This is not a violation because a certified person was present in the home all day. In the future I will be sure to specify to the instructor the need for CPR and 1<sup>st</sup> Aid documentation and I will check all CPR cards to be sure they say CPR and 1<sup>st</sup> Aid. The questioned staff person's card reads CPR/BLS (Basic Life Support) for Healthcare Providers and it did not say 1<sup>st</sup> Aid. All staff persons now have current cards that read "CPR and 1<sup>st</sup> Aid".

*Withdrawn*

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 RN Manager Home*      Date *4-2-14*

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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: 42890 - 03/07/2014 - McConnell, Deb  
PCH Name: SUSAN S VICTORIAN COTTAGE

JUN 2014

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

WEST REGIONAL OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home did not developed a staff training plan for the 2014 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.

7-7-14 - The home submitted a staff training plan in accordance with regulations 2600.66(a) and 2600.66(b) 7-9-14

12-31-14 - The administrator or designated state person will develop a staff training plan annually in accordance with regulation 2600.66(a) & 2600.66(b) 7-9-14

To my knowledge, the inspector did not ask to see my Staff Training Plans (which are kept on my computer). I have (and had at the time of the inspection) Staff Training Plans for each of our staff. These Plans include the dates last taken and the required renewal dates of all the required training items and topics of planned monthly training education for the year. Copies are enclosed. I did not enclose the pages that follow the "Staff Training Plan" portion of these documents. Each employee's Staff Training Plan file includes the date and topic of each training that the employee has taken to date since their hire, separated by year taken and their total CEUs for each year. I also track the renewal dates of all their required items on my Quality Mgt. document which is reviewed at least monthly. It is still VERY hard to keep track of and schedule so many requirements for staff and all residents without a full time secretary.

I would greatly appreciate any suggestions you might have on how to help track of all these requirements.

P.S. Copies of my staff training plans were included with my 4-23-14 POC of Correction. So are not enclosed here.

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 RN Owner Admin* Date *6-19-14*

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The above plan of correction is approved as of 7-9-14 (Date)

Plan of correction implementation status as of 7-9-14 (Date)

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

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

Violation Report: 42890 - 03/07/2014 - McConnell, Deb  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST VIRGINIA HEALTH CARE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was admitted on 2/8/14; however, no medical evaluation was completed.

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 #1, admitted here on 02-08-14, had a DME from her previous PCH dated 05-24-13 (expires 05-24-14). The resident had no change in treatments, meds or level of care. Per DPW regulations, she was required to have a new DME signed by her doctor within 30 days of her voluntarily transfer from one PCH to another PCH. I tried unsuccessfully to obtain a newly dated DME by phone calls and by fax to her previous doctor who serves her previous PCH. I obtained a newly dated DME on 03-26-14, 18 days late, when her new doctor, who serves this PCH, made his quarterly home visit. The required DME renewal dates for all residents are on the Quality Management Plan which is reviewed at least monthly to prevent this violation from happening again.

7-8-14 - Resident #1 is no longer in the home. 7-8-14

7-30-14. The Administrator or designated staff person will review all resident records to ensure all residents have a current medical evaluation completed. 7-8-14

7-30-14 - The Administrator will review all newly admitted resident records to ensure a medical evaluation is completed in accordance with regulation 2600.141(a)(1). 7-8-14

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Suzanne Jones RN, Director Admin*      Date *7-23-14*

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The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42890 - 03/07/2014 - McConnell, Deb  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST VIRGINIA DEPARTMENT OF  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
On 3/17/14, the home's menus posted on the bulletin board in the front hallway were dated 2013.

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.

All our rotating menu schedules have been updated to include dates for all meals through 11-08-15. An entry of, "Update expiration dates of menus" was added to the Quality Management Plan under "Things to do yearly" and dated to be done in October of 2015 to keep this violation from happening again.

*7-30-14 - The Administrator or designated STAFF person will check weekly to ensure menus are posted in accordance with regulation 2600.162(c). 6-20-14*

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, Administrator*      Date *4-23-14*

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

The above plan of correction is approved as of 7-8-14  
(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

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

Violation Report: 42890 - 03/07/2014 - McConnell, Deb  
 PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The record for resident #1, admitted 2/8/14, does not include a photograph 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.

Resident #1's photos were taken, printed and placed in the MAR binder the day of the inspection. Dates for all required photo updates are on the Quality Management Plan which is reviewed at least monthly to prevent this violation from happening again.

*7-30-14 - The Administrator or designated STAFF person will review all resident records to ensure each resident record includes all items in accordance with regulation 2600.252. 6-20-14*

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, Administrator		7-23-14

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The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented