



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

Ms. Leah C. Ilgenfritz, Owner
521 Park Avenue
Scottsdale, Pennsylvania 15683

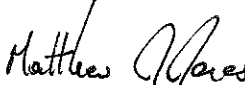
RE: Leah's Victorian Cottage I
511 Park Avenue
Scottsdale, Pennsylvania 15683
License #: 429350

Dear Ms. Ilgenfritz:

As a result of the Department of Human Services' annual licensing inspection on February 10, 2015 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.

Sincerely,


Matthew J. Jones
Director_{15H}

Enclosure
License Inspection Summary

AUG 28 2015

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy

PCH Name: LEAH'S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management review, dated 11/18/2014, did not address the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (4) Licensing violations and plans of correction for the home's violation report from the licensing inspection conducted on 12/10/13.

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.

MADE A meeting out Line to make SURE the quality management plan shall Address all procedures of correction.

Administrator will attach Licensing violation to management plan if applicable at time of meeting.

Quality management out Line will be followed and Address all procedures and improvements at meeting

A quality management meeting was held on 8/15/15 and all required topics under regulation 2600.26(b) were reviewed. *SW 10/28/15*

Immediately - The administrator will be responsible for conducting a quality management plan review at least annually, this review will include all the required topics under 2600.26(b) to include, the reportable incident and condition reporting procedures, complaint procedures and licensing violations and plan of correction, dated 2/10/15. Documentation of this review shall be kept. *SW 10/28/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah C Ilgenritz

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

LEAH C Ilgenritz Administrator

(owner)

Date 8-28-15

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

The above plan of correction is approved as of 10-28-15
(Date)

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

Plan of correction implementation status as of 10-28-15
(Date)

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

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy

AUG 29 2015

PCH Name: LEAH'S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2015 staff training plan does not include:

- (1) The name, position, and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times, and locations of the scheduled training for each staff person for the coming 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.

To ENSURE REQUIRED TRAINING OF EACH STAFF PERSON,
A STAFF TRAINING PLAN WAS GIVEN TO ALL STAFF
A QUALITY MANAGEMENT MEETING HELD AND TOPIC
WAS ADDRESSED (8-25-15)

ADMINISTRATOR WILL REVIEW ALL STAFF PERSON'S TRAINING
RECORDS TO ENSURE ALL STAFF PERSONS HAVE
COMPLETED THE REQUIRED TRAINING AND ALL
REQUIREMENTS & DOCUMENTATION ON PLAN

By 12/31/2015 -The administrator or designated staff person will develop and implement a 2016 staff training plan and annually thereafter that includes the name, position, and duties of each direct care staff person. The required training courses for each staff person in accordance with regulation 2600.65(f) and 2600.65(g) to include dates, times, and locations of the scheduled training for each staff person for the upcoming year. Documentation of the staff training plan shall be kept. *SM 10/28/15*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Ilgenfritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEAH C ILGENFRITZ Administrator</i>	Date <i>8-28-15</i>
--	---------------------

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy

AUG 29 2015

PCH Name: LEAH'S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/10/15, at approximately 9:45 a.m., there was an extremely strong odor of urine inside resident # 1's bedroom, and also in the hallway outside of resident # 1's bedroom.

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 plan for resident #1 is to empty bladder in daytime every 2 hrs and at night every 4 hrs. [redacted] and [redacted] mental health nurse are working with [redacted] to train [redacted] bladder to help eliminate accidents. We have also eliminated carpeting in [redacted] floor so we can scrub [redacted] floor if [redacted] has an accident. [redacted] is on electronic LA 4mg 1 time a day

Immediately - The administrator will ensure there is adequate qualified direct care staff to assist all residents timely with incontinence needs. *10-28-15*

Immediately - The administrator will check the home at least daily to ensure sanitary conditions are maintained and offensive odors are addressed immediately. *10-28-15*

Within 15 days of receipt of the plan of correction, all staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions discovered throughout the home with emphasis on bedroom sanitation to include the elimination of offensive odors. *10-28-15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leah C. Ilgenfritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH C. ILGENFRITZ Administrator Date *8-28-15*

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

The above plan of correction is approved as of 10-28-15 (Date)

Plan of correction implementation status as of 10-28-15 (Date)

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

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

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy

AUG 29 2015

PCH Name: LEAH'S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a 5" -8" in height drop-off along the entire length of the sidewalk, located outside of the office fire exit door #3, which poses a trip/fall risk to the residents.

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 added a truck load of dirt between the yard and sidewalk. There is no space now between walk and yard for person's to step down.

On 8/24/15 top soil was delivered and the 5" - 8" drop off was filled in flush with the sidewalk. ⁹⁰ ₁₀₋₂₈₋₁₅

Immediately - The administrator will conduct a weekly assessment of the exterior of the building, building grounds and sidewalks to ensure all areas are in good repair and free of hazards. Documentation of assessments shall be kept. ^{SNP} ₁₀₋₂₈₋₁₅

Within 15 days of receipt of the plan of correction, all staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of training shall be kept. ^{SNP} ₁₀₋₂₈₋₁₅

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/18/2013		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Leah C. Ilgenfritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leah C. Ilgenfritz Administrator Date 8-28-15

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

The above plan of correction is approved as of 10-28-15 (Date)

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

Plan of correction implementation status as of 10-28-15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ^{SNP}
- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 29 2015

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy

PCH Name: LEAH'S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 2/10/15, there were 27 residents residing in the home, requiring a minimum of 81 gallons of emergency drinking water. However, the home has only 30 gallons of emergency drinking water on-site and the contractual agreement, dated 12/15/13, with J&K Inc. does not include the following:

- The amount of water to be delivered to Leah's Victorian Cottage I Personal Care Home.
- A guarantee that water will be delivered immediately upon request, 24 hours-per-day.
- A guarantee that water will be delivered as a priority even in the event of a regional general emergency.

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 Letter was obtained from local water supply company and placed in EMERGENCY Plan.
 Letter ensures water will be delivered in case of emergency.
 Administrator will contact water on wheels on A Annual basis to ensure delivery in case of emergency.

Immediately - The administrator will ensure there is at least 30 gallons of water on-hand in the home for residents at all times. *sm 10-28-15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lenic C Ilgenfritz

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

Lenic C Ilgenfritz Administrator

Date 8-28-15

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy
PCH Name: LEAH'S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home's 2014 fire drill record indicates two staff persons participated in the drills conducted on 8/10/14 at 5:45 a.m. and 10/10/14 at 2:00 a.m.; however, the home routinely schedules only one staff person on the overnight shift.

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 will not have the persons who live next door and are on call for the night shift participate in over night drills any more.

Immediately - The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and routinely held at times when resident attendance is low. Documentation shall be kept for each fire drill on a record which includes all information required under regulation 2600.132c. ^{9/10/2015}

By 4/30/2016 - An unannounced fire drill will be conducted during sleeping hours utilizing one staff person during the months of November 2015, January 2016 and April 2016. Documentation of these fire drills shall be sent to the Department. ¹⁰⁻²⁸⁻¹⁵

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

Signature of Legal Entity Representative
(Required on EVERY Page) Leah C. Algenfritz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Leah C. Algenfritz Administrator Date 8-28-15

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

The above plan of correction is approved as of 10-28-15
(Date)

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

Plan of correction implementation status as of 10-28-15
(Date)

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

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy
PCH Name: LEAH'S VICTORIAN COTTAGE I

AUG 29 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home has not developed written fire safety policy and procedures to ensure safe smoking practices; however, the home permits smoking in a designated area outside the rear 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.

Smoking fire policy and procedures was placed in emergency operation plan
Administrator will update any policy changes if needed.

The home has been developed and implemented written fire safety policy and procedures for the designated smoking area in the home's backyard. *SNP 10-28-15*

Within 15 days of receipt of the plan of correction, all staff will be educated on the fire safety policy and procedure for the designated smoking area of the home. *SNP 10-28-15*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Ilgenfritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Leah C. Ilgenfritz Administrator Date 8-28-15

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

AUG 29 2015

Violation Report: 42935 - 02/10/2015 - Mandock, Nancy

PCH Name: LEAH'S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 5/10/14, does not include the resident's diagnoses of CVA, Migraines, Muscular Dystrophy and Left Ductal Carcinoma, as indicated on the resident's medical evaluation, dated 5/23/14.

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 #2 Assessment dated 5/10/14 was completed to include diagnoses and on going treatment

Administrator & designated staff person will review resident's assessment every 3 months and as needed to ensure ALL required information is completed on ALL Assessments.

Within 15 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure all residents have an accurate assessment completed in its entirety to include all diagnoses. Any resident identified through this review as not having had an annual assessment, one will be completed immediately. Documentation of this review shall be kept. *5/10/15*

Within 15 days of receipt of the plan of correction, the administrator or designated staff person shall develop and implement a system to ensure each resident has an accurate assessment completed, in its entirety at least annually. Documentation of this system shall be kept. *5/10/15*

Within 15 days of receipt of the plan of correction, all staff persons involved with the assessment process will be educated on the requirement that each resident shall have an assessment completed, to include all diagnosis at least annually. *5/11/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/18/2013		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Ilgenfritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leah C. Ilgenfritz Administrator* Date *8-28-15*

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

The above plan of correction is approved as of <u>10-28-15</u> (Date)	Plan of correction implementation status as of <u>10-28-15</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented