



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **LAFFEY HEALTH CARE SERVICES LLC**  
LEGAL ENTITY

To operate **VICTORIA MANOR PERSONAL CARE HOME**  
NAME OF FACILITY OR AGENCY

Located at **100 ROSE COURT, OAKDALE, PA 15071**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **36**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 3, 2015** until **October 3, 2015**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446421**

*Robert E. Robinson*  
ISSUING OFFICER

*Theresa J.*  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 07 2015

Ms. Leah Laffey, Owner  
Laffey Healthcare Services, LLC  
801 Elm Spring Road  
Pittsburgh, Pennsylvania 15243

RE: Victoria Manor Personal Care Home  
100 Rose Court  
Oakdale, Pennsylvania 15071  
License #: 446421

Dear Ms. Laffey:

As a result of the Department of Human Services' licensing inspection on February 23, 2015 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: VICTORIA MANOR PERSONAL CARE HOME		License Number: 44642
Address: 100 Rose Court, Oakdale, PA 15071		County: Allegheny
Administrator: Kathleen Krise		Region: WEST
Legal Entity Name: LAFFEY HEALTHCARE SERVICES LLC		
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 09/17/1997 L&I		MAR 30 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 36	Working Staff: 27
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Change Legal Entity		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2015: Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 36	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 32	Are 60 Years of Age or Older: 32	Have Mental Illness: 1
Secured Dementia Care Unit In Home: No	Have an Intellectual Disability: 0	Have a Mobility Need: 4
Area:	Have a Physical Disability: 0	
Secured Dementia Unit Capacity, if Applicable:		
Number of Residents Served in Secured Dementia Care Unit, if applicable:		
Number of Current Hospice Residents: 15		
Number of Hospice Residents In past year: 18		

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Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

MAR 30 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Bathroom vents have a thick layer of dust of approximately 1/2 inch, including the women's bathroom across from the nurses' station, the men's bathroom near the dining room, and the bathrooms inside bedrooms 1 and 8.

There are crumbs and food debris on the shelves and the bottom of the freezer section of the refrigerator/freezer in the storage room.

There is black mildew and dirt covering the refrigerator door seals of the white refrigerator/freezer in the food storage room at the end of the right side hallway.

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.

Vents have been inspected and are scheduled to be changed in May, do not have exact day. Crumbs and food debris were cleared that day as well as the mildew on the refrigerator. The administrator will do monthly inspections of the pests. The administrator and cook shall do weekly inspections of the freezers and refrigerators. By 4/30/15 all staff persons will be reeducated on monitoring sanitary conditions and instructed to monitor daily.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Krise 3/26/15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Krise Date 3/26/15

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

The above plan of correction is approved as of 3/31/15 (Date) Plan of correction implementation status as of 3/31/15 (Date)
Fully Implemented
Partially Implemented - Adequate Progress 2
Partially Implemented - Inadequate Progress
Not Implemented

RECEIVED

MAR 30 2015

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The exhaust fan in the bathroom of bedroom 1 is inoperable. There is no window in this bathroom.

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 exhaust fans and vents are to be repaired in May, do not have exact date. Administrator will check monthly for any problems, cleaning person will check weekly.

Immediately - All staff persons will be reeducated on monitoring the physical site of the home, including bathroom ventilation fans, to ensure all items are in working order, and to report needed repairs.

Immediately - The administrator will ensure that all needed repairs are made promptly.

D 3/26/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathleen Krize*

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

Kathleen Krize

Date 3/27/15

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

The above plan of correction is approved as of 3/31/15  
(Date)

Plan of correction implementation status as of 3/31/15  
(Date)

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

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

RECEIVED

MAR 30 2015

Violation Report: 44842 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

That telephone in the kitchen does not have the personal care home complaint hotline telephone number posted nearby.

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.

*New poster has been placed in kitchen. 3/30/15 the administrator will make sure all numbers are in place on a monthly basis. By 4/30/15 - all staff persons will be reeducated on this requirement.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathleen Kruse*

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

*Kathleen Kruse*

Date *3/30/15*

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

The above plan of correction is approved as of

*3/31/15*  
(Date)

Plan of correction implementation status as of

*3/31/15*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

RECEIVED

008

MAR 30 2015

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2800.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

There was approximately 3 1/2 inches of snow covering the exit paths outside of both side hallway doors. It had not snowed since the day before the inspection.

There was a thick layer of ice covering the entire back patio directly outside of the dining room exit door.

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 administrator will make sure steps and walkways are clear of debris, and will call for snow removal when appropriate. by monitoring at least weekly 3/31/15*

*Immediately - All staff persons will be reeducated on the need to remove all obstructions, including ice and snow, from all outside walkways, ramps, steps and recreational areas. Documentation will be kept.*

*Immediately - A designated staff person, daily and on each shift will monitor the outside of the home to ensure there are no obstructions on walkways, ramps and recreational areas.*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*      Date *3/30/15*

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

The above plan of correction is approved as of 3/31/15 (Date)

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

Plan of correction implementation status as of 3/31/15 (Date)

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

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION  
There was no source of lighting that could be turned on/off from bedside for room 11. The bedside lamp in was approximately 5 feet from the bedside and on the other side of the resident's night stand.  
  
There bedside lamp in room 8 was inoperable, as it was unplugged.

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.

Room 8 lamp was plugged in while inspector was here. Room 11 lamp moved closer to bed. All staff will check daily to make sure lamps are plugged in and working.

By 4/30/15 - The administrator will monitor resident bedrooms at least monthly, to ensure each resident has a source of lighting reachable from the bedside.  
3/31/15

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathleen Krise*      Date *3/30/15*

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

The above plan of correction is approved as of 3/21/15  
(Date)

Plan of correction implementation status as of 3/31/15  
(Date)

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

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

RECEIVED

010

MAR 30 2015

Violation Report: 44642 - 02/23/2016 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

There is a 1 inch by 7 inch section of carpeting ripped out at the threshold to the bathroom in bedroom 11, posing a tripping hazard.

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 new threshold has been purchased and will be installed by 4/15/15*

*By 4/30/15 - All staff persons will be educated in identifying items that need repair in resident bedrooms, including floors, carpeting, walls and ceilings, and instructed to report needed repairs. Documentation will be kept*

*By 4/30/15 - The administrator will monitor the resident bedrooms at least monthly, to ensure all floors, including carpeting, walls and ceilings are in good repair, and clean.*

*2/28/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathleen Krisc*

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

*Kathleen Krisc*

Date *3/30/15*

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

The above plan of correction is approved as of

*3/31/15*  
(Date)

Plan of correction implementation status as of

*3/31/15*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

RECEIVED

011

MAR 30 2015

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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 window coverings in bedroom 18 are blinds cover only half of the window. There are brackets for a second set of blinds but none are present.

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 staff member put up blinds on the day of this inspection. The cleaning person will check weekly on the condition of the rooms.*

*By 4/30/15 - The administrator will monitor resident bedrooms at least monthly, to ensure window coverings are clean, in good repair, provide privacy and cover the entire window.*

*J  
3/31/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathleen Krise*

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

*Kathleen Krise*

Date

*3/30/15*

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

The above plan of correction is approved as of

*3/31/15*  
(Date)

Plan of correction implementation status as of

*3/31/15*  
(Date)

The above plan of correction was approved by

*J*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *2*

Partially Implemented - Inadequate Progress

Not Implemented

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MAR 30 2015

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa. Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There is no thermometer in the freezer of the refrigerator/freezer in the storage 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.

*New thermometers are being brought and placed in freezers and refrigeration equipment.*

*By 4/30/15 - All staff persons who are involved in food preparation will be reeducated on safe food storage temperatures, and directed to monitor refrigerator and freezer temperatures daily, and ensure a thermometer is present.*

*By 4/30/15 - The administrator or designee will monitor food storage temperatures at least weekly, to ensure refrigerated and frozen food is stored at safe temperatures and that a thermometer is present in each refrigerator and freezer.*

*Dr 3/31/15*

Repeat Violation: No      Date(s) of Previous Violation(s): 04/17/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*      Date *3/30/15*

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

The above plan of correction is approved as of 3/31/15 (Date)

Plan of correction implementation status as of 3/31/15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAR 30 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

There was a bag of multigrain rolls in the freezer section of the white refrigerator/freezer in the food storage room at the end of the right hallway which was opened and unsealed.

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.

*Rolls were destroyed that day, Cook will check daily to make sure every thing is closed, sealed and marked.*

*By 4/30/15 - all staff persons involved in food preparation will be educated on keeping all food items sealed.*

*By 4/30/15 - The administration will monitor food storage areas at least monthly, to ensure all food is stored safely and in sealed containers.*

*DJ 3/22/15*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*      Date *3/30/15*

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

The above plan of correction is approved as of 3/31/15 (Date)

Plan of correction implementation status as of 3/31/15 (Date)

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

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

Violation Report: 44842 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

There was a bag full of lint, approximatey one foot in length attached to the left dryer exhaust pipe on the back patio.

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.

*Lint bags will be checked and emptied weekly by all staff. Lint bag was emptied that day while inspector was here.*

*Immediately - all staff persons will be educated on the need to keep all dryers and exterior ductwork clear of lint. Documentation will be kept.*

*Immediately - a designated staff person daily and on each shift, will monitor the exterior and interior lint vents to ensure they are free of lint.*

*Immediately - The administrator will monitor the exterior and interior lint vents to ensure they are free of lint. m 3/31/15*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Katherine Krisc*      Date *3/30/15*

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

The above plan of correction is approved as of 3/31/15  
(Date)

Plan of correction implementation status as of 3/31/15  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

RECEIVED

015

MAR 30 2015

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa. Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

There was a mop touching the hot water tank in the storage room at the end of the left hallway.

There was a mop approximately 3 inches away from the hot water tank in the food storage room at the end of the right hallway.

A wooden table was stored approximately 3 inches away from the hot water tank in the laundry 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.

*All items were moved from hot water tanks. Both rooms are being cleared of debris. This will be checked daily by all staff.*

*By 4/30/15 - The administrator will monitor all areas where hot water tanks and other heat sources are located, at least weekly, to ensure no flammable or combustible items are nearby.*

*P 3/30/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathleen Kruse*

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

*Kathleen Kruse*

Date *3/30/15*

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

The above plan of correction is approved as of

*3/31/15*  
(Date)

Plan of correction implementation status as of

*3/31/15*  
(Date)

The above plan of correction was approved by

*a*  
(Initials)

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

Violation Report: 44642 - 02/23/2015 - Williams, Jason  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
According to resident and staff interviews, the residents were evacuated to the front lobby of the home during the fire drill conducted on 2/17/15 at 8:30 AM. This area is not designated as a fire safe area by a fire safety expert.

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 will be corrected and all staff and residents will be taken outside for all fire drills.*  
*March fire drill completed on 3/18/15 at 5p.m., residents evacuated.*  
*Immediately - All staff and residents will be educated on the need to evacuate to the designated meeting place outside the home for each fire drill.*  
*By 4/15/15 - The administrator will observe a fire drill to ensure that all residents are evacuated to the designated meeting place outside the building.*  
*The administrator will monitor fire drills in May, June and July 2015, to ensure all residents evacuate to the designated meeting place outside the building.*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathleen Kise*      Date *3/30/15*

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

The above plan of correction is approved as of 3/31/15  
(Date)

Plan of correction implementation status as of 3/31/15  
(Date)

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

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