



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 25 2015

Ms. Sue Boone, Administrator
Dallastown operating, Inc.
621 East Main Street
Dallastown, Pennsylvania 17313

RE: Victorian Villa
License #: 320000

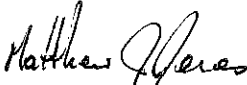
Dear Ms. Boone:

As a result of the Department of Human Services' licensing inspection on July 20, 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.

Your regular license for the period September 18, 2015 to September 18, 2016 was issued on June 10, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 32000 - 07/20/2015 - Hoover, Douglas
 PCH Name: VICTORIAN VILLA

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION

Resident #1, who received hospice services, did not evacuate during the fire drills on 2/27/15 and 3/30/15. The written certification from the physician, dated 2/26/15, did not specifically state that the resident was actively dying.

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 was discharged on 4/7/15.

When a resident is on hospice services and does not choose to participate in facility fire drills, a written certification from the physician will be obtained and shall include the fact that the resident is actively dying.

A fire drill participation form has been created. This form will include the required documentation from the physician. This form will be utilized for hospice residents who are unable to evacuate during a fire drill.

The personal care administrator will be responsible for obtaining the physician signature and order.

All hospice residents will be reviewed at the quarterly QA meeting to ensure that the appropriate documentation has been completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sue Boone NHA

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

Sue Boone RN Administrator

Date *8/5/15*

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

The above plan of correction is approved as of *8-20-15*
 (Date)

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

Plan of correction implementation status as of *8-20-15*
 (Date)

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

Violation Report: 32000 - 07/20/2015 - Hoover, Douglas
 PCH Name: VICTORIAN VILLA

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There was no statement of informed consent for Resident #1 who was receiving hospice services and did not evacuate during the fire drills on 2/27/15 and 3/30/15.

There was no statement of informed consent for Resident #2 who was receiving hospice services and did not evacuate during the 2/27/15 fire drill.

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 was discharged on 4/7/15. Resident #2 expired on 3/23/15.

When a resident is on hospice services and does not choose to participate in facility fire drills, a written informed consent will be obtained from the resident, POA or the residents' health care representative permitting the resident to not evacuate during a fire drill.

A fire drill participation form has been created. This form will include the needed signatures from the resident, POA and /or family representative opting to not participate in the required fire drills.

The personal care administrator will be responsible for obtaining the needed signatures on the fire drill participation form.

All hospice residents will be reviewed at the quarterly QA meeting to ensure that the appropriate documentation has been completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sue Boone NHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SUE BOONE RN Administrator* Date *8/5/15*

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

The above plan of correction is approved as of 8-20-15
 (Date)

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

Plan of correction implementation status as of 8-20-15
 (Date)

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