



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 29, 2016**

Ms. Kathleen Krise, Administrator  
Laffey Healthcare Services, LLC  
801 Elm Spring Road  
Pittsburgh, Pennsylvania 15243

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

Dear Ms. Krise:

As a result of the Department of Human Services' licensing inspection on August 28, 2015; September 2, 2015 and September 3, 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,

A handwritten signature in black ink that reads "Susie Pollock".

Susie Pollock  
Human Services Licensing Supervisor

Enclosure  
Licensing 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 HEALTH CARE SERVICES LLC		
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 09/17/1997 COPA Dept of L and I		MAY 04 2016  <b>WEST REGION FIELD OFFICE Human Services Licensing</b>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Provisional		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/28/2015: Cutter, Jan; Georgoulis, Karen 09/02/2015: Cutter, Jan; Georgoulis, Karen 09/03/2015: Cutter, Jan; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 36 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0	

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, the home's current licensing inspection summary, dated 2/23/2015 was not posted in a conspicuous and public place in 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.

The administrator immediately removed current license from the office and put in the entry way of facility.

The administrator will do weekly checks to ensure license is visible in public access area.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kathy Knise - ADM

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

Kathy Knise

Date

5/12/2016

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

The above plan of correction is approved as of

7/22/16  
(Date)

Plan of correction implementation status as of

7/22/16  
(Date)

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

The above plan of correction was approved by

*SNP*  
(Initials)

Violation Report: 44842 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, at 10:27 a.m., the following confidential material was accessible to residents in the unlocked and unattended storage room at the end of the hall across from the pantry:

- A box labeled "charts from 2012" which was full of closed charts from former residents including medication administration records (MAR) and physician orders.
- A large blue plastic tote labeled "Pre admissions" with medical information from former residents including hospital documents, physician orders, progress notes, assessments, support plans, medical evaluations and resident-home contracts.
- A large purple tote with former resident materials including clinical medical records, assessments, support plans, pre-screens, medical evaluations and resident-home contracts.

On 8/28/2015, at approximately 1:10 p.m., there were three large canisters of Thick It food additive each labeled with resident #1, #2 and #3's names sitting on top of the counter in the dining room which was unattended and accessible to 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.

Upon discovery of the lock on the door not working properly a new lock was put on the door. 8-29-15

Staff will check the door each shift to ensure door remains locked and Confidential Records remain secured.

Inservice on HIPAA will be provided to all staff so as to educate all on Confidentiality.

The administrator will follow up with staff weekly to ensure Confidentiality is followed and records remain secure.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Krise - Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Krise* Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 Resident #4 did not sign his/her resident- home contract, dated 4/22/2015.

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 was unable to sign contract.  
 The administrator had resident make [redacted] mark on the contract on 8-28-15.  
 The administrator will ensure contracts are signed and dated upon Admission.  
 Resident checklist will be followed upon admission to ensure all documentation needed is supplied.  
 The administrator will check all charts to ensure dates are on documents.

Within 15 days of receipt of the plan of correction: The administrator will review all resident records to ensure there is a resident-home contract completed in its entirety, to include all required signatures for all residents. Any resident identified through this review process as not having had a resident-home contract completed, reviewed, explained and signed, shall have a resident-home contract completed and reviewed immediately upon discovery. 5/22/16

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

Nancy Krise - ADM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nancy Krise	5/2/2016

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SKP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress SKP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2016 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

1. REGULATION 55 Pa.Code §2600  
2600.42(p) - A resident shall be free from restraints.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, at various times during the day, agents of the Department observed resident #4 in bed with 26" bed rails positioned at the center of each side of the bed in the upright position. Resident #4 was not capable of raising and lowering the rails independently. The resident's support plan, dated 5/6/15, did not address the use of these rails and there is not a plan in place to do 15 minute safety checks on the resident when rails are up.

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 4 uses the rails to get in and out of bed. Covers will be placed around the rails to ensure resident can not intrap [redacted].

Staff will do checks daily to ensure cover remains intact on rails. 8-29-15

Staff will do daily checks for any potential risk of intrapment and report immediately.

Educate all staff on safety needs for rails. Staff will report if cover needs fixed or replaced immediately to administrator.

Immediately: The administrator or designated staff person will contact resident #4's physician and verify that the physician recommends bedrail use. The home will obtain a physician's prescription or updated medical evaluation which includes the specific need for and the recommendation to use bedrails. 5/12/16

Immediately: Resident #4's assessment and support plan will be updated to include the residents need for the use of bedrails and the plan to protect the resident from the potential dangers of using bedrails. 5/12/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Kathy Knise - ADM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KATHY KNISE Date 5/2/2016

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
[Redacted]

On 8/28/2015 at 9:00 a.m. agents of the Department observed a Podiatrist cutting the toenails of a resident in the common sitting room by the front door. The resident shouted out "you're hurting me" multiple times. There were 3 other residents lined up and sitting across from the Podiatrist waiting to have their toenails cut. In addition, the 8 residents in the dining room could also view this personal care service being provided.

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.

[Redacted]

② The podiatrist, medical staff and Direct care staff will take Residents out of common area to provide care in privacy.  
HIPPA will be reviewed with staff to ensure Residents privacy is maintained

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Knise - ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Knise*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)  
The above plan of correction was approved by SK (Initials)  
Plan of correction implementation status as of 7/22/16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *SK*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, completed only 13 hours of annual training in training year 2014.

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.

Due to change in legal entity on March 6, 2015  
Records were not retained by previous owner.

The administrator has been completing in services  
to be in compliance with Regulations.

An additional 8 hours of administrator training for training year 2014 has been completed.

Immediately: The home will develop and implement a 2016 schedule of training for administrator B, which includes a total of 27 hours (3 hours for 2014) of training to be completed by 12/31/16. The training schedule will include: course title, date, time, location, number of approved hours.

580  
7/22/16

30 days prior to the start of the 2017 training year, the home will develop a 2017 training schedule for administrator B, to ensure 24 hours of Department-approved administrator training courses are completed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kathy Krise - ADM*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Krise* Date *5/2/2016*

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

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

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

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, whose first day of work was [redacted] 2015, did not receive orientation in:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and the location of the smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency 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.

Due to change in legal entity on March 6, 2015 NO Records Retained by previous owner.

The Administrator shall ensure all employees and volunteers shall be oriented on emergency preparedness

All current staff persons, to include direct care staff person C, have been trained on all the required topics in accordance with regulation 2600.65(a). 4/12/16

Within 15 days of receipt of the plan of correction: The administrator will review all staff records to ensure a record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received are present in each record. Documentation of training shall be maintained in the staff person's record and made available to the Department upon request. 9/12/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Krise Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Krise* Date *5/12/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person C, whose first day of work was [redacted] 2015, did not receive orientation in:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- 4. Reporting of reportable incidents and conditions.

**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.

Due to change in legal entity on March 6, 2015 NO Records Retained by previous owner.

The Administrator will ensure All staff that works 40 hr. scheduled work week will have orientation in Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Reportable incidents and conditions.

All current staff persons, to include direct care staff person C, have been trained on all the required topics in accordance with regulation 2600.65(b). *see 4/14/14*

Within 15 days of receipt of the plan of correction: The administrator will review all staff records to ensure a record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received are present in each record. Documentation of training shall be maintained in the staff person's record and made available to the Department upon request. *see 4/22/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathy Krise Adm*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KATHY KRISE* Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16  
 (Date)

Plan of correction implementation status as of 7/22/16  
 (Date)

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

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

Violation Report: 44642 - 08/28/2016 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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 D did not receive training in any of the following required topics during the 2014 training year:

- 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 principals 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 homes. The home currently serves residents with a diagnosis of mental illness.

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.

Due to change in Legal entity on March 6, 2015 NO Records Retained by previous owner.

The Administrator will ensure annual training for direct care staff.

Direct care staff person D no longer works for the home. All current staff persons have been trained on all the required topics in accordance with regulation 2600.65(f). 4/22/14

As part of the 2016 quality management review process, the administrator will review the 2016 annual staff training plan to ensure all staff persons receive at least 12 hours of annual training which includes training in the required topics specified under 2600.65(f) and 2600.65(g) to successfully provide essential resident care services. Documentation of the review shall be kept. 4/22/14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Krise - ADM*

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

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

The above plan of correction is approved as of 4/22/14 (Date)

Plan of correction implementation status as of 4/22/14 (Date)

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D did not receive training in any of the following required topics during training year 2014:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act.
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

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.

Change of legal entity on March 6, 2015. Records were not retained by previous owner.

Administrator to ensure all required training to be completed annually.

Fire safety, First Aid, Resident Rights, the Older Adult Protective Services Act & Falls and Accident prevention were completed by 11/15. Administrator scheduling year

Please see page 11A of 48 for Plan of Correction see 7/22/14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Nancy Krise - ADM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Krise Date 5/2/2016

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

The above plan of correction is approved as of 7/22/14 (Date)

Plan of correction implementation status as of 7/22/14 (Date)

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

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

JUL 22 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D did not receive training in any of the following required topics during training year 2014:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act.
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

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.*

Direct care staff person D no longer works for the home. All current staff persons have been trained on all the required topics in accordance with regulation 2600.65(g).

As part of the 2016 quality management review process, the administrator will review the 2016 annual staff training plan to ensure all staff persons receive at least 12 hours of annual training which includes training in the required topics specified under 2600.65(f) and 2600.65(g) to successfully provide essential resident care services. Documentation of the review shall be kept.

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 Admin*

Date *7/22/16*

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: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
The home has not prepared a staff training plan for 2015.

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 training has been scheduled and doubled up to ensure all training is completed for 2015.

The administrator will schedule training to be completed annually.

Copy of sign in sheets for all training enclosed.

An annual 2016 staff training plan has been developed and implemented. *sm 1/22/14*

As part of the 2016 quality management review process, the administrator will review the 2016 annual staff training plan to ensure all staff persons receive at least 12 hours of annual training which includes training in the required topics specified under 2600.65(f) and 2600.65(g) to successfully provide essential resident care services. Documentation of the review shall be kept. *sm 7/22/16*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Krise ADM*      Date *5/2/2014*

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

The above plan of correction is approved as of *7/22/16*  
(Date)

Plan of correction implementation status as of *7/22/16*  
(Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015 at 10:20 a.m., there was an unlabeled spray bottle containing an unidentified liquid under the sink in the bathroom of bedroom #20. Staff, including the Administrator, could not identify the liquid in the container.

On 9/2/2015, at 9:20 a.m., there was a 16 ounce unlabeled spray bottle containing an unidentified liquid. Direct care staff and kitchen staff could not identify the liquid in the container.

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.

Upon discovery all unlabeled bottles removed and disposed of properly.

The administrator will ensure all poisonous materials will be stored in original, labeled containers.

Staff will be educated to keep all poisonous materials in their original, labeled containers and locked up for the safety of the residents.

Continuous monitoring by the Administrator

Staff education has been completed. 5/2/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

KATHY KRUSE

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

KATHY KRUSE

Date

5/2/2016

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

The above plan of correction is approved as of

7/22/16  
(Date)

Plan of correction implementation status as of

7/22/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress SWP

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SWP  
(Initials)

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

On 9/2/2015 at 10:30 a.m., there was 2 bottles of glass and multi surface cleaner and 1 bottle of all-purpose cleaner stored under the sink in the back section of the kitchen next to 3 gallons of drinking water. These poisonous materials had manufacturer's labels indicating "if ingested contact physician or poison control".

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.

Upon discovery all poisonous materials removed from Food Service and dining areas.

The administrator to ensure all poisonous materials remain in storage area away from Food and dining areas.

Staff will be educated on safe handling and use of poisonous materials and to put away after use in an approved storage area.

Staff education has been completed. 5/12/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KATHY KRIZE ADM* Date *5/2/2014*

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

The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/22/14</u> (Date)
The above plan of correction was approved by <u>SKD</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SKD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015 at approximately 10:30 a.m., there were 2, 11.2 ounce containers of Dap caulk; 1 gallon of Sherwin Williams paint; and 2 gallons of Vaspar paint in the unlocked, unattended and accessible storage room at the end of the hallway across from the pantry.

On 8/28/2015 at approximately 11:00 a.m., there were multiple poisonous materials in the unlocked, unattended and accessible shed located at the rear of the building to include:

- 7 gallons of Valspar paint
- 7 cans of assorted spray paint
- 14 ounce can of Flex Seal liquid rubber sealant
- 1 pound container of boric acid roach killer
- 16 ounce can of Great Stuff gap and crack filler
- 13 ounce can of refrigerant
- 5 - 32 ounce cans of paint and stain

On 8/28/2015, at 2:00 p.m., there were 13 gallons of bleach and a spray can of Great stuff gap and crack filler on the shelves in the unlocked, unattended and accessible storage room next to bedroom #10.

On 9/2/2015, at 10:20 a.m., there was a 32 ounce bottle of Mister Plumber and a 17.5 ounce spray can of "Hot Shot" ant and roach killer under the handwashing sink in the kitchen.

All of the items listed above had manufactures' labels indicating "if ingested contact poison control or physician immediately". Residents of the home, including residents #1, #2 and #3 have not been assessed capable of recognizing and using poisons safely.

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 upon discovery all materials secured and OR removed and placed in a secured storage area. New locks put on doors to storage area to ensure proper safe storage. All staff will be educated in safe and proper storage of all poisonous materials.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>NATHY KRIZE</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>NATHY KRIZE</i>	Date	<i>5/2/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SKO</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SKO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, at 1:55 p.m., there were flecks of debris over the surface and spots of dirt in there were specks of feces splattered on the seat of the over the toilet riser as well as inside of the toilet bowl. There was a small amount of blood on the front bar next to the seat of the over the toilet riser.

On 8/28/2015, at 2:15 p.m., there two unlabeled toothbrushes in a toothbrush holder on the sink in the bathroom in bedroom #10. Both toothbrushes were soiled with what appeared to be gray hair. Another toothbrush was lying on the sink also soiled with gray hair and two ants were crawling on the brush.

- On 9/2/2015, between 9:20 a.m. and 10:50 a.m., the following unsanitary conditions were observed in the dining room and kitchen:
- The serving counter in the dining room was sticky and covered with a granulated substance.
  - The warming shelf on top of the stove and metal serving table next to the stove were greasy.
  - Three large plastic serving containers of cereal, in the cupboard, were greasy, sticky and covered with a coating of food residue over the entire surface and lid.
  - A reused Ziploc storage bag containing powdered sugar was covered with sticky grimy food smudges both inside and out.
  - A 4 lb. 1/2 full jar of grape jelly, on the counter, had jelly spilled down the outside of the entire surface jar and had crumbs stuck to the lower half and bottom of the jar.
  - There were two cloth drying towels on the kitchen counter next to the sink and no paper towels mechanical air blower or other means of drying hands available.
  - There were two glass coffee pots 1/2 full of hot coffee which were stained with coffee residue over the entire surface of the pots. Neither pot had a lid.
  - The right side of the bottom shelf of the commercial refrigerator was speckled with food particles and a red sticky substance.
  - There was a red sticky liquid all over the outside of an unsealed bag of sausage patties on the shelf of the commercial 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.

The administrator upon discovery of the unsanitary issues addressed immediately.  
 Staff did clean the bathrooms and check all bathrooms to ensure sanitary conditions are maintained.  
 Staff removed all toothbrushes and new ones place in bathroom with Residents name on the handle  
 Pest control in and area sanitized to ensure rooms remain pest free.  
 Kitchen staff along with DCs were educated on sanitation and frequent check to be done daily.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KATHY KRISE* Date *5/2/2016*

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SKW</u> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SKW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 8/25/15, there were uncovered trash receptacles in the shared bathrooms in resident bedrooms #4, #5 and #20. The uncovered trash receptacle in the shared bathroom in resident bedroom #4 was 1/2 full with used gloves and paper towels.

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.

Upon discovery the Administrator obtained new trash receptacles with lids.

Staff to do daily checks to ensure trash receptacles are all intact, lids on and trash emptied.

ERlich Pesto Control comes monthly to inspect and manage pest control.

Staff will be educated on sanitary need to monitor and keep trash receptacles covered.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Krise*

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

*NANCY KRIS*

Date

*5/2/2016*

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

The above plan of correction is approved as of

7/22/16  
 (Date)

Plan of correction implementation status as of

7/22/16  
 (Date)

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

The above plan of correction was approved by

Sup  
 (Initials)

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 8/25/15, there was a metal trash receptacle with a 10" round opening on the lid sitting to the right of the front door. The trash receptacle was 1/2 full of discarded food items and wrappers.

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.

Upon discovery the administrator obtain a cover for the trash receptacle.  
Staff to do daily checks to ensure trash is removed and receptacle remains covered.  
Erllich Pest Control in monthly to inspect and maintain pest control.  
Staff educated in sanitary need to remove trash and keep lid on receptacle.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Kathy Krise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathy Krise Date 5/2/2016

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SK</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 8/28/15, there was a 2" in diameter round hole in each of the bathroom doors of bedrooms #2 and #3.

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.

Upon discovery the administrator spoke with maintenance and hole repaired in bedroom #2 and #3.

Cleaning staff to ensure Facility and Rooms are Clean and Free of hazards.

All staff educated and referred to the policy book to ensure Rooms remain Free of hazards and they clean areas they see need attention.

Immediately: A designated staff person will check the home initially, and at least two times a month thereafter, to ensure floors, walls, ceilings, windows, and doors are in good repair, clean and free of hazards. *8/22/14*

Within 15 days of receipt of the plan of correction: All staff persons will be educated on reporting and or repairing any floors, walls, ceilings, windows, and doors that are not in good repair, not clean or are hazardous. *8/22/14*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KATHY KRISE ADM*      Date *8/22/2016*

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

The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/22/14</u> (Date)
The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SIP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
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

On 8/28/15, the personal care home complaint hotline number was not posted on or near the telephones belonging to residents #5 and #8. The complaint hotline number that was posted was for the Department of Health.

On 9/3/15, there were no emergency service numbers posted on or near the cordless phone at the front desk.

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.

Upon discovery the administrator immediately went to rooms and posted telephone numbers mentioned above in Rooms #5, 8 and at the Frontdesk.

All staff will look in rooms daily while doing care to ensure telephone numbers remain posted and are visible to Residents.

All staff educated of the importance of having the above mentioned telephone numbers available to Residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/23/2015	
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Krise* Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/14 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 8/28/15, resident #4 had 26" bedrails positioned at the center of each side of the bed in the upright position. The rail on the left side of the bed was not secure against the bed and was pushed out 4" from the bed posing an entrapment hazard. In addition, the rails have two horizontal bars running parallel along the length of the rail creating three open sections measuring 3 1/2' wide. According to the Food and Drug Administration's (FDA) guidelines for bedrail use, these openings create a potential entrapment hazard for residents. The openings exceed the FDA's dimensional limit recommendations of 2 3/8" for the neck to become trapped under the bar.

On 9/3/15, resident #7 had 32" bedrails on both sides of the bed which were observed to be in the upright position. There are four perpendicular bars which separate the bedrail into three open sections measuring 4 5/8" each. According to the Food and Drug Administration's (FDA) guidelines for bedrail use, these openings create a potential entrapment hazard for residents. The openings exceed the FDA's dimensional limit recommendations of 4 3/4" for the head to become trapped within the opening and 2 3/8" for the neck to become trapped within the opening.

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.

Upon discovery the Administrator placed covers over the bed rail in Room #4 to ensure no risk of entrapment.

Staff will check bedrails daily during care to ensure covers remain intact. Staff will report if cover needs repaired to administrator to be repaired.

All staff to be educated in proper use of bedrails, the risks of entrapment with bed rails and the importance of the covers being intact.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathy Krise*

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

*Kathy Krise - Adm*

Date *5/2/2016*

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

The above plan of correction is approved as of

7/22/16  
(Date)

Plan of correction implementation status as of

7/22/16  
(Date)

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

The above plan of correction was approved by

SW  
(Initials)

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

On 8/28/15, there were multiple cracks across the 4' wide sidewalk which surrounds the building as follows:

- Sidewalk to the right of the front door, the first crack has small indentations 1/2" deep and 1" wide. The second crack offsets the sidewalk 1/2" at the right edge of the sidewalk. The third crack is 1" wide at the right edge and then narrows to 3/4" and then 1/2" in the middle of the sidewalk.
- Sidewalk in the back of the building adjacent to the storage shed offsets the sidewalk by 2" at the outer edge by the brick wall.

These cracks pose a trip/fall hazard.

There was a large 50' long by 35' wide empty overflow pond in the front of the building. The empty pond was lined with and surrounded by river rocks and had a sloping 8' drop into the center. This is the backup overflow pond for a nearby creek that used to flood the home. The pond sometimes fills with water when water levels in the creek are high. There was no water present in the pond on 8/28/2015. The loose river rocks and the 8' slope are of concern because someone could trip and fall down the slope onto the rocks. In addition, the pond is a drowning hazard when it fills with water from the creek.

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.

Upon discovery the administrator had cracks filled and leveled. The overflow pond was marked off and contractor's called to come up with the solution to keep area safe and Hazard Free.

A fence has been installed around the overflow pond. 5/22/14

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

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

The above plan of correction is approved as of 7/22/14  
(Date)

Plan of correction implementation status as of 7/22/14  
(Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
On 8/28/15, there were no bedside tables or shelves beside resident's #9' and #11 beds.

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.

Upon discovery the administrator the addition of a bedside table was put in Rooms # 9 and #11. immediately.  
  
The staff will check rooms daily while doing care to ensure bedside table is in place and in working order.

Immediately - A designated staff person will check the home at least weekly to ensure each resident has a bedside table or shelf. *so 7/22/16*

Within 15 days of receipt of the plan of correction: All staff persons will be educated that each resident shall have a bedside table or shelf. *so 7/22/16*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Krise*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16  
(Date)

Plan of correction implementation status as of 7/22/16  
(Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
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

Residents #4 and #8's lamps were inoperable.

Residents #9, #10 and #11 do not have a lamp or other source of lighting that can be turned on/off at bedside.

Resident #12's lamp did not have a light bulb.

There was not an available outlet to plug in the lamp or other source of lighting at resident #13's bedside.

Observed 8/28/15

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.

Upon discovery the administrator immediately placed lamps in the above mentioned rooms, ensured they were plugged in and light bulbs were working.

Staff will check lamps daily to ensure they are in proper working condition.

There is a lamp & out in #13's room.

Immediately - A designated staff person will check the home at least weekly to ensure each resident has an operable source of lighting that can be turned on/off at bedside and there is a lampshade on each lamp. SW 7/22/16

Within 15 days of receipt of the plan of correction: 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. SW 7/22/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/23/2015		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Noise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KATHY NOISE* Date *5/21/2016*

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
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

On 8/28/15, the carpet in bedroom #2 was frayed and pulled away from the floor approximately 22" long at the threshold of the door to the bathroom posing a trip and fall 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.

Upon discovery the administrator had the threshold repaired by maintenance immediately in room #2.

All staff will check Rooms daily during care to ensure Carpets are not Frayed presenting a trip and Fall hazard.

Staff will be educated on trip and Fall hazards and need to Report them for repairs.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/23/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NATHY KRISE*      Date *5/21/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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

On 9/2/2015, at 9:50 a.m., there was no thermometer in the small refrigerator under the counter in 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.

Upon discovery the administrator immediately placed a thermometer in the small refrigerator in the dining room

Kitchen staff to check and document the temperature daily to ensure temperature is as required.

Kitchen staff educated on the importance of maintaining proper temperature in the freezers and refrigerators.

continued daily monitoring by the Administrator

Immediately: A designated staff person will check thermometers at least 2 times a day in each refrigerator and freezer to ensure thermometers are present and food items are stored at proper temperatures. A temperature log will be devised and implemented to record these checks. If refrigerator temperatures measure above 40° and freezers above 0°, temperatures will be checked again in two hours and documented. If the temperature remains high, food items will be moved to a refrigerator/freezer that maintains a safe storage temperature until repairs can be made.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/23/2015	
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KATHY KRISE* <sup>ADM</sup> Date *5/2/2016*

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

The above plan of correction is approved as of 5/22/14 (Date)

Plan of correction implementation status as of 5/22/14 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, there was an open and unsealed bag of frozen stuffed peppers and stuffed cabbage rolls in the chest freezer in the pantry. Also, there was an opened and unsealed brown bag of tater tots in upright freezer #2 in the pantry.

On 9/2/2015, at 10:00 a.m., the following food items were open and unsealed on the shelves in the kitchen:

- A large bag of raisin bran cereal and a large bag of rice crispies cereal, each 1/2 full.
- A large bag of frosted corn flakes less than 1/4 full.
- A 2 ounce bag of nut topping.
- A 5 pound bag of flour.
- A 5 pound canister of mashed potatoes with no lid.
- A bag of powdered sugar in an unsealed zip lock bag.
- A 2 pound bag of brown sugar.
- A large bag of LaBella pasta.
- 2 sleeves of Savorite saltine crackers.
- A 25 pound bag of salt.

On 9/2/2015 at 10:25 a.m., the following food items were open and unsealed in the commercial refrigerator in the back section of the kitchen:

- A bag with 2 pancakes.
- A bag of sausage patties.
- 2, 5 pound canisters of ham salad, 3/4 full.
- A gallon of Reliance mayonnaise, 1/4 full.

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.

Upon discovery by the administrator immediately had the kitchen staff remove & discard all found items.  
 Kitchen staff received training in all aspects of food storage and sealing items.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/23/2015	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nathaly Krise - ADM*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nathaly Krise* Date *5/21/2016*

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

The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/22/14</u> (Date)
The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, at 10:47 a.m., there was a large undated and unsealed bag of frozen stuffed cabbage rolls and a large undated and unsealed bag of frozen stuffed peppers in the large chest freezer in the pantry. Also, there was an undated and unsealed brown bag of tater tots on the bottom shelf of upright freezer #2.

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.

Upon discovery the administrator immediately took the kitchen staff to the pantry and instructed them on labeling food items and dating them.  
Administrator will monitor on a daily basis.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *NATHY KRISE Adm* Date *5/2/2016*

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

The above plan of correction is approved as of <u>7/23/14</u> (Date)	Plan of correction implementation status as of <u>7/23/14</u> (Date)
The above plan of correction was approved by <u>SNO</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

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.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 9/3/15, the home served 30 residents, requiring a minimum of 90 gallons of emergency drinking water. However, there was no emergency drinking water on-site and no contractual agreement with a vendor to provide drinking water in an 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.

Upon discovery the Administrator placed a call to Crystal Springs waters to review the contractual agreement. To ensure we would have water in the facility within 24 hrs.

The home purchased 80 gallons of emergency drinking water that will be kept onsite. *SP 4/22/14*

As part of the 2016 quality management review process, the administrator will review the home's written emergency procedures to ensure at least a 3-day supply of emergency drinking water is available for residents. Documentation of the review shall be kept. *SP 4/22/14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/23/14</u> (Date)
The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

On 8/28/15, the home served 30 residents, however, the emergency evacuation diagram, posted by the front door, does not show the line of travel to exit doors and location of the fire extinguishers and pull signals.

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.*

Upon discovery the administrator posted evacuation diagram at each exit with the location of fire extinguishers and pull signals included.

Staff and visitors can visibly see the diagram posted for evacuation in case of emergency.

All staff educated in need for and to follow the emergency evacuation plan for the safety of the residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SVP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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.

Upon discovery the administrator notified Oakdale Fire Department in writing of the address of the home, the location of resident bedrooms and the number of residents who need assistance to evacuated in an emergency.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/22/14</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented SW <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, at approximately 11:00 a.m. there were cans of Flex Seal rubber sealant and Great Stuff gap and crack filler in the unlocked, unattended and accessible shed in the rear of the home. The manufacturers' labels on these items indicated "Danger extremely flammable -- vapor may cause flash fire".

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.

Upon discovery the administrator properly discarded and removed all combustible material from facility. New lockes on the doors to prevent anyone from going in. The Administrator and Med Tech have a key to the Rooms.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

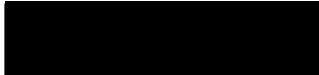
The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>S10</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>S10</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Culter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
There is no current documentation to verify that the furnace has been cleaned and inspected this 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.

 Plumbing & Heating  
Completed Furnace in Sept  
2015. Maintenance man  
hired and is inspecting  
Furnaces quarterly.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Krise - Adm*      Date *5/2/2016*

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
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 #11's initial medical evaluation, dated 6/19/2015, was incomplete. There were no diagnoses listed and no indication of the resident's health status or cognitive functioning.

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.

[Redacted] & his assistant began to come to Victoria Manor 9/1/2015. All residents are up to date. Software was purchased with reminders, monthly monitoring will occur by the administrator.

Resident #11 no longer resides in the home.

Within 15 days of receipt of the plan of correction: The administrator will review all resident records to ensure an in-person medical evaluation has been conducted by a physician, physician's assistant, or certified registered nurse practitioner within 60 days prior to admission or within 30 days after admission. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form. Any resident identified through this review as not having had an in-person medical evaluation completed within the required timeframe will immediately have an in-person medical evaluation scheduled. *5/1/2016*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a written policy and procedures to ensure all residents receive an in-person medical evaluation within 60 days prior to admission or within 30 days after admission with the results of the evaluation documented on the Department-approved DME. *5/1/2016*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *K Krise - ADM*      Date *5/2/2016*

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
Resident #3's most recent medical evaluation was completed on 4/23/2014.

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.

[Redacted] & his assistant began to come to Victoria manor 9/1/2015. This resident had a medical evaluation completed in September 2015

Within 15 days of receipt of the plan of correction: The administrator will review all resident records to ensure an in-person medical evaluation has been conducted by a physician, physician's assistant, or certified registered nurse practitioner within the last 12 months. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form. Any resident identified through this review as not having had an in-person medical evaluation completed within the past 12 months, will immediately have an in-person medical evaluation scheduled. *SP 7/22/16*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a written policy and procedures to ensure all residents receive an in-person medical evaluation at least every 12 months and the results of the evaluation are documented on the Department-approved DME. *SP 7/22/16*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Krise ADM*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
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

The menu posted on the bulletin board in the dining room included dates of 8/18/2015 to 8/29/2015. The menu for the following week was not posted.

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.

Weekly menus have posted since 8/28/2015 as well as a menu for the following week.

[Redacted] - administrator will continue weekly monitoring of this.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Kathy Noise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathy Noise - Adm Date 5/2/2016

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

The above plan of correction is approved as of 7/22/16 (Date)

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

Plan of correction implementation status as of 7/22/16 (Date)

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 8/28/2015, at 2:45 p.m., agents of the Department observed a two compartment plastic medication container on resident #6's bedside table with three white oblong pills and one small brown round pill inside. Resident #6 identified the white oblong pills as "Tylenol" and the brown round pill as "Zantac". These medications were in an unlocked and unattended bedroom which was accessible to residents. Resident #6 indicated that he/she kept the pills instead of taking them in the dining room at regular scheduled administration times. Resident #6 says that he/she keeps the Tylenol "to take in the middle of the night in case I need them".

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.

Upon discovery the administrator immediately removed the medication container from Residents Room.

Administration Reducated med tech to watch Resident #6 take all of her medications as ordered by the M.D.

An order obtained by the M.D. for resident to keep Tylenol and Zantac in room to self administer. All medication kept in a locked box in room.

Immediately: The administrator or designated staff person will check all areas of the home, to include resident bedrooms, during the course of daily duties on each shift to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. 5/27/16

Within 15 days of receipt of the plan of correction: All staff will be educated on medication safe storage by an outside source approved by the Department, to include keeping all prescription medications, OTC medications, CAM and syringes in an area or container that is locked, to ensure residents who are unable to self-administer medications will be safe from accidental ingestion. 5/27/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Kruse Adm* Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

MAY 04 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Levalbuterol 1.25mg inhalation solution-use one vial in nebulizer every six hours; however, the pharmacy label for this medication indicates Levalbuterol 1.25mg inhalation solution-use one vial in nebulizer every six hours as needed.

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.

Upon discovery the Administrator contacted the M.D. for clarification of order for Resident #4.

Staff Reeducated to compare label on medication to MAR. If a discrepancy is found to call the pharmacy and verify the medication to be given.

Immediately: The administrator or designated staff person qualified to administer medications will conduct an initial and monthly review thereafter of all prescription medication orders to ensure all prescription medications are labeled accurately with a pharmacy label which includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber. A inaccurate pharmacy label or one that is missing the required content in accordance with regulation 2600.184(a) for any identified through this review, the original prescription will be confirmed for accuracy and a new pharmacy label will be obtained within 24 hours of discovery. *5/22/16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Kruse/Adm.* Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 9/22/16 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

Resident #14's August 2015 Medication Administration Record (MAR) does not include initials of staff persons who administered Levalbuterol 1.25 mg, as follows:

Date	Time
8/4/15	12:00 a.m. and 6:00 a.m.; and August 12, 2015 at 12:00 a.m., 6:00 a.m., 12:00 p.m. and 6:00 p.m.
8/4/15	6:00 a.m.
8/12/15	12:00 a.m.
8/12/15	6:00 a.m.
8/12/15	12:00 p.m.
8/12/15	6:00 p.m.

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.

Upon discovery the administrator immediately investigated and spoke to staff that administered medication to Resident #14.

All staff giving medication Reeducated with Review on passing meds and Charting.

Immediately: The administrator or designated staff person qualified to administer medications will review all MARs at least daily to ensure the proper documentation of medication administration is completed at the time of administration. *sp 7/22/14*

Within 15 days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications will develop and implement a process and procedures to include, an alternate method of documentation when the E-MAR system is unavailable, to ensure all prescribed medications administered to the residents are documented on the medication administration records at the time of administration in accordance with regulation 2600.187(b). *sp 7/22/14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Krise/Adm* Date *5/2/2016*

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

The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/22/14</u> (Date)
The above plan of correction was approved by <u>SKP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SKP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B administered numerous medications, to include Exelon Patch, Fluoxetine and Nuedexta to resident #4 on 8/1/2015, 8/4/2015, 8/21/2015 and 8/26/2015 at 9:00 a.m.; however, staff person B has not completed the Department-approved medication administration course.

Staff person D administers medications to residents of the home. Staff person D completed the initial medication administration course on 10/21/2013; however, staff person D did not completed a medication administration annual practicum in 2014 in order to continue to be qualified to administer medications. Staff person D administered medications on numerous occasions, to include 8/4/15, 8/8/15, 8/14/15 and 9/1/15 to all of the residents in the home.

Staff person E administers medications to residents of the home. According to the available documentation, on 11/13/2012, staff person E attempted, but did not complete the initial medication administration course. In addition, staff person E did not complete any initial medication administration observations or any annual practicum observations. Staff person E administered medications on numerous occasions, to include 8/22/15, 8/29/15 and 8/30/15 to all of the residents in the home.

Staff person F administers medications to residents in the home. Staff person F completed the initial medication administration course on 6/11/2014; however, staff person F did not complete an annual medication administration practicum by June 2015 in order to continue to be qualified to administer medications. Staff person F administered medications on numerous occasions, to include 8/12/15, 8/15/15, 8/16/15 and 9/3/15 to all of the residents in the home

Staff person G administers medications to residents in the home. Staff person G completed the initial medication administration course on 7/1/2010 and kept up to date with annual medication administration practicums until 6/30/2012. Staff person G received no annual medication administration practicums in 2013 or 2014. Staff person G administered medications on numerous occasions, to include 8/1/15, 8/3/15, 8/6/15 and 9/3/15 to all of the residents in 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.

Due to change of legal entity previous owner did not retain records.

The administrator will have annual practicums done on all med techs.

As part of the 2016 quality management review process, the administrator will review all medication administration training to ensure all staff persons qualified to administer medications completes an annual practicum as defined by the Department-approved medication administration course. SW 4-22-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Kriscadm*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person D, who has not completed a Department-approved diabetes patient education program within the past 12 months (last training 4/28/2014), administered 20 units of Lantus to resident #3 on the following dates and times:

- August 1, 2015 at 9:00 p.m.
- August 3-7, 2015 at 9:00 p.m.
- August 10 and 11, 2015 at 9:00 p.m.
- August 14 at 9:00 p.m.
- August 17 and 18, 2015 at 9:00 p.m.
- August 20 and 21, 2015 at 9:00 p.m.
- August 24 and 25, 2015 at 9:00 p.m.
- August 27 and 28, 2015 at 9:00 p.m.
- August 31, 2015 at 9:00 p.m.

Staff person E, who has not completed a Department-approved diabetes patient education program within the past 12 months (last training 9/24/2012), administered 20 units of Lantus to resident #3 on the following dates and times:

- August 15 and 16, 2015 at 9:00 p.m.
- August 29 and 30, 2015 at 9:00 p.m.

Staff person G, who has not completed a Department-approved diabetes patient education program within the past 12 months (last training 4/28/2014), administered 20 units of Lantus to resident #3 on the following dates and times, according to the August 2015 MAR:

- August 2, 2015 at 9:00 p.m.

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.

Change of legal entity on March 6, 2015. Records were not retained by previous owner.

Staff reeducated with Diabetes Training Program completed by Lois Caputo on 10-21-15

As part of the 2016 quality management review process, the administrator will review all medication administration training to ensure all staff persons qualified to administer medications has completed the Department-approved diabetes patient education program within the last 12 months. SW 7-22-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Krize / Adm* Date *5/2/2016*

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

The above plan of correction is approved as of <u>7/22/16</u> (Date)	Plan of correction implementation status as of <u>7/22/16</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted [redacted] 2015, did not have a preadmission screening 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.

Upon discovery the administrator immediately went to Resident #4's chart and completed the date that was missing.

The Administrator will check charts to ensure all documentation is done on time.

A check list will be used to help ensure all paper work is completed upon admission.

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

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

The above plan of correction is approved as of 7/22/16  
(Date)

Plan of correction implementation status as of 7/22/16  
(Date)

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #7, admitted 9/4/2014, did not have an initial assessment 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.

upon discovery the administrator immediately went to the chart of resident #7 and completed the initial assessment.

The Administrator will check all charts to ensure assessments are completed in a timely manner.

A check list will be utilized to ensure all documentation is completed on time.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Krise/Adm*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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 #3's annual assessment, dated 9/6/2014, does not include diagnoses of Hypopotassemia, Hypertension, Hypothyroidism, Depression and Anxiety as indicated on the medical evaluation, dated 4/23/2014.

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.

Upon discovery the administrator immediately went to Resident #3's chart and updated the diagnoses.

The administrator reviewed all charts to ensure all current diagnoses are on annual assessment.

Immediately: The administrator will review all current resident records to ensure a comprehensive assessment has been completed within the last 12 months that accurately identifies the residents current care needs. If any resident is identified through this review process as not having had a comprehensive assessment completed within the last 12 months, an assessment will be completed immediately upon discovery. *see 4/22/14*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a written policy and procedures to ensure all residents have a comprehensive assessment at least every 12 months, and the results of the assessment is documented on a Department-approved assessment form. *see 4/22/14*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Krisc* Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16  
(Date)

Plan of correction implementation status as of 7/22/16  
(Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #7, admitted [redacted] /14 did not have an initial support plan developed.

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.

Upon discovery the administrator went to Resident #7's chart to ensure support plan was completed as Required.

The administrator reviewed all charts to ensure support plans are completed as Required.

A check list will be completed upon admission to ensure all documentation is completed

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Kruse/Adm* Date *5/22/2016*

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

The above plan of correction is approved as of 7/22/16  
(Date)

Plan of correction implementation status as of 7/22/16  
(Date)

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

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

MAY 04 2016

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3's support plan, dated 9/6/2014, does not include a comprehensive plan to meet the medical needs associated with Cerebral Vascular Accident, Diabetes Mellitus Type II, Dysphagia, Hypopotassemia, Hypertension, Hypothyroidism, Depression and Anxiety as indicated on the assessment, dated 4/23/14.

Resident #4's support plan, dated 5/6/2015, does not address the resident's use of bed rails nor does it specify a plan to protect the resident from the potential dangers of bed rail use.

Resident #11, admitted [redacted] 2015, was hospitalized in a Geriatric-Psychiatric unit from [redacted] 2015 to [redacted] 2015 due to an alcohol overdose. The resident was admitted to hospice services upon discharge from the hospital on [redacted] 2015; however, hospice services are not indicated on the support plan, signed 6/29/15.

Resident #14's support plan, dated 4/18/2015, did not include a comprehensive plan to meet the medical needs associated with Respiratory Failure, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, S/P Pacemaker, Atrial Fibrillation, Critical Illness Myopathy, Degenerative Joint Disease, Debility and Depression as indicated on the assessment, dated 4/8/15. Also, the support plan does not identify a comprehensive plan to provide care for the resident's use of oxygen or a "Trilogy" ventilation machine. The only service needs indicated in the support plan for the aforementioned diagnoses are "staff will monitor for any changes."

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.

Upon discovery the administrator immediately pull the charts of above mentioned Residents to ensure corrections made to the assessments.

The installation of Tabula Pro brought in to assist in keeping assessment current and up to date.

Immediately: The administrator will review all current resident records to ensure a comprehensive support plan, to include all diagnoses, has been completed timely, which accurately identifies the residents current care needs and services the home, will provide to meet those needs. If any resident is identified through this review process as not having had a comprehensive support plan, including all diagnoses, a support plan will be completed immediately upon discovery. *SP 7-22-16*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Kruse / ADM*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

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

Violation Report: 44642 - 08/28/2015 - Cutter, Jan  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

There was no indication of whether or not resident #3 participated in the development of his/her support plan, dated 9/6/2014. The resident did not sign the plan, nor is there a notation of inability or refusal to sign.

There was no indication of whether or not resident #11 participated in the development of his/her support plan, dated 6/29/2015. The resident did not sign the plan, nor is there a notation of inability or refusal to sign

There was no indication of whether or not resident #14 participated in the development of his/her support plan, dated 4/18/2015. The resident did not sign the plan, nor is there a notation of inability or refusal to sign.

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.

Upon administration's discovery the administrator made the correction of the above mentioned charts.

Resident who were unable to sign did make their mark.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Kruse/ADM*      Date *5/2/2016*

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

The above plan of correction is approved as of 7/22/16  
(Date)

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

Plan of correction implementation status as of 7/22/16  
(Date)

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