



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 26, 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
446420

Dear Ms. Krise:

As a result of the Department of Human Services' licensing inspection on January 29, 2016 and February 1, 2016, 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,

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

FEB 17 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44642 - 01/27/2016 - Barry, Courtney
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
The most recent medical evaluation for resident #1 was completed on 11/13/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator will see that resident sees a physician yearly to have a medical evaluation done so as to maintain medical and personal care needs.

A physician will come into see and evaluate Residents needs to complete the medical evaluation Form immediately. Done 1-28-16

Administrator or designee will send a reminder to the physician 1 month prior to medical evaluation needing completed unless there is a significant change requiring physician to see resident sooner.

Immediately - The administrator will review the medical evaluations of all current residents to ensure an annual medical evaluation was completed and documented on the required form.

Immediately - The administrator will ensure an annual medical evaluation is completed for all residents at least annually.

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 *2/11/16*

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

The above plan of correction is approved as of 2/25/16 (Date)

Plan of correction implementation status as of 2/25/16 (Date)

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

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

Violation Report: 44642 - 01/27/2016 - Barry, Courtney
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

FEB 17 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.225(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

The assessment, dated 11/28/14, for resident #1, does not include the diagnosis of pleural effusion as indicated on the medical evaluation, dated 11/13/14. Also, the assessment indicates "Not Applicable" under Ability to use and Avoid Poisonous Materials; however, the medical evaluation, dated 11/13/14, indicates the resident is unable to use or avoid poisonous materials. The assessment is blank in the areas of Personal Care Needs: Managing and Securing Health Care, Doing Laundry, Shopping, Securing and Using Transportation, Caring for Personal Possessions, and Writing Correspondence.

The assessment for resident #2, admitted [redacted] 15, is not dated as to when it was completed therefore it is unable to be determined if it was completed in the required timeframe.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator will see that Residents will have an initial written assessment done within the 15 day Requirement upon admission by the administrator or designee. *IMMEDIATELY - THE ADMINISTRATOR WILL REVIEW ASSESSMENTS OF ALL RESIDENTS TO ENSURE THEY ARE COMPLETE AND TIMED.*
Charts Reviewed and corrections made to new *OR 2/25/16* assessment ^{complete} on 1-30-2016.
Assessments will be done yearly unless there is a change in condition requiring it to be done sooner by the administrator or designee.
Inservice will be done yearly to Review assessment procedure, Review charts and dates to be completed
Inservice to be done March 31, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Kruse</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Kruse Admin</i>	<i>2/11/16</i>

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

The above plan of correction is approved as of <u>2/25/16</u> (Date)	Plan of correction implementation status as of <u>2/25/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 01/27/2016 - Barry, Courtney
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

FEB 17 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

- 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

The most recent assessment for resident #1 was completed on 11/28/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately -
Administrator or designee will review charts and dates of assessments ^{of all residents} to ensure annual assessments are completed by date of initial assessment, 1-30-16

Administrator or designee will complete and date an assessment for significant change in condition.
Done on 1-30-16

Resident placed on Hospice 2-8-16 and a new assessment completed.

Administrator or designee will review charts monthly to ensure assessments are done by date indicated on initial assessment.

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
Kathleen Kruse / Admin			2/11/16

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The above plan of correction is approved as of 2/5/16
(Date)

Plan of correction implementation status as of 2/5/16
(Date)

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

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

Feb. 17. 2016-12:50PM

PCH Name: VICTORIA MANOR PERSONAL CARE HOME

FEB 17 2016

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 2800.227(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

The support plan, dated 11/28/14, for resident #1, was not updated to address how the home will meet the resident's needs related to fall risk, including increased supervision and other fall prevention measures. According to the home's records and multiple staff interviews, resident #1 had several falls out of bed, resulting in bruising. The resident's most recent fall was on 1/16/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator or designee will see that assessments and support plan reflect changes in Resident condition. Done 1-30-16

Administrator or designee will Review charts and dates to ensure annual assessments, ^{and support plans} are done by dates as indicated by admission date and are updated as needed. Done 1-30-16

Administrator or designee has assessed Fall Risk and measures have been taken to prevent Falls. Low bed with mats on the Floor in place Hourly checks being done on Resident to help prevent Falls. Done 1-30-16

On 2-8-16 Hospice care brought on board to assist with increased care needed by Resident. Administrator will ensure all staff complete required annual training on

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		Fall prevention
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Kathleen Krisc / Admin		2/11/16

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