



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Susan Jones, Owner/Administrator  
111 Hydrangea Lane  
Mt. Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage  
License #: 428900

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on April 5, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

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

PCH Name: SUSAN'S VICTORIAN COTTAGE		License Number: 42890
Address: 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666		County: Westmoreland
Administrator: SUSAN JONES		Region: CENTRAL
Legal Entity Name: SUSAN JONES		
Legal Entity Address: 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666		
<b>Certificate(s) of Occupancy</b> C-2 LP 04/03/1989 L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 14                      Waking Staff: 11		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/05/2016: Bomberger, Cybil		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16  Number of Residents Served: 14  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: 0  Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b>  Receive Supplemental Security Income: 4  Are 60 Years of Age or Older: 8  Have Mental Illness: 8  Have an Intellectual Disability: 6  Have a Mobility Need: 0  Have a Physical Disability: 1

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

The home has not submitted an incident report to the Department for the incident that occurred on 6/28/15 when resident #1 was treated at the Excelsa Health Frick Hospital for a fractured toe.  
 The home has not submitted an incident report to the Department for the incident that occurred on [REDACTED] 15 when resident #2 passed away 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.*

2600.16(c): Failure to report incidents.

All designated Staff persons has been educated on code 2600.16(c) and understand what is considered a reportable incident, education has been documented.

All designated Staff persons will report all reportable or potentially reportable incidents to the administrator who will investigate and report to the DHS via fax within 24 hours and documentation will be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) Ronelle Maust

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ronelle Maust, Co-Admin Date 4/19/16

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

The above plan of correction is approved as of 4/20/16  
 (Date)

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

Plan of correction implementation status as of 4/20/16  
 (Date)

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

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil

PCH Name: SUSAN'S VICTORIAN COTTAGE

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 A, the home's administrator, completed only 21 hours of annual training in training year 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.

2600.64 Administrator Continuing Education

Administrator and Co Administrator reviewed the code 2600.64(c) on administrator training guidelines. All administrators will follow the staff training plan. Administrators will take no more than 12 of the 24 hours of training online.

The Administrator will complete 24 hours of DHS approved training annually and schedule all mandatory classes. All training certificates will be kept on file.

Administrator will receive 14 CEUs May 3-4, 2016 at the PALA Conference in Lancaster PA. Two of the fourteen credits will make up for two in 2015 and the remaining twelve will be for 2016 training.

Administrator has already taken one online CEU towards her 2015 deficit.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ronelle Maust*

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

Ronelle Maust, Co-Admin

Date

4/19/16

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

The above plan of correction is approved as of

4/20/16  
(Date)

Plan of correction implementation status as of

4/20/16  
(Date)

The above plan of correction was approved by

BAS  
(Initials)

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

Violation Report: 42890 - 04/05/2016 - Bornberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

1. REGULATION 55 Pa. Code §2800  
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a staff training plan for the current training year, 2016.

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.

2600.66(a) Staff Training Plan

The Administrator and Co Administrator developed the annual staff training plan. All annual required topics are included in the plan.

The Administrator has added to the quality management plan that every September prior to the new year the Administrators will develop the staff training plan for the upcoming year. This will ensure that all staff members have enough credits for the year or if more credits are needed to be in compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Ronelle Maust

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Ronelle Maust Co-Admin</u>	Date <u>4/19/16</u>
--	---------------------

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

The above plan of correction is approved as of 4/20/16  
 (Date)

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

Plan of correction implementation status as of 4/20/16  
 (Date)

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

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

1. REGULATION 55 Pa. Code §2600  
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION  
 The ventilation fan in the large, tub bathroom on the ladies side of the home was not operable.

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.

2600.86(b) Bathroom Vent

1. On 4/8/16, the administrator purchased a new bathroom exhaust fan for ventilation. Installation is complete.

Administrator has added check operation of bathroom weekly to quality management plan, and will check weekly to assure their operation .

All staff persons has been educated on the requirement of the bathroom fans and will check the operation of all fans daily and report any non working exhaust fan capability to Administrator. Staff training has been documented.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ronelle Maust*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ronelle Maust Po-Admin</i>	Date <i>4/19/16</i>
--	---------------------

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

The above plan of correction is approved as of <u>4/20/16</u> (Date)  The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>4/20/16</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

**2a. DESCRIPTION OF VIOLATION**  
 The home has not had coliform water testing completed at least once every 3 months as required. The dates of the last several coliform water tests are: 2/3/16, 10/22/15, 7/21/15, and 3/25/15. The home is not connected to a public water source.

**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.

2600.89(c) Well testing

Administrator has updated the quality management plan with a well testing reminder and will assure that well water is tested at least every 3 months by a Department of Environmental Protection certified laboratory in accordance with regulation 2600.89(c)

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

Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Ronelle Maust</i>
---	----------------------

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Ronelle Maust - Co-Admin</i>	<i>4/19/16</i>

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

The above plan of correction is approved as of <u><i>4/20/16</i></u> (Date)	Plan of correction implementation status as of <u><i>4/20/16</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</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: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed, updated and submitted to the municipal emergency management agency in the past year. The administrator last reviewed the plan on 7/14/14. The administrator states that the home's written emergency procedures have never been submitted to the municipal emergency management agency.

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.*

2600.107(d) Written Emergency Procedures

Administrator and Co Administrator reviewed emergency procedures and make any necessary and all changes needed.

Administrator reviewed the updated procedures to the staff to ensure they are aware of what do in the event of an emergency.

Administrator submitted a copy of our emergency procedure plan to Mount Pleasant Township Supervisors and local fire department.

Plan for annual submission has been added to Quality Management Plan to assure compliance with regulation 2600.107(d) in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Ronelle Maust*

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

*Ronelle Maust Co-Admin*

Date

*4/19/16*

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

The above plan of correction is approved as of

*4/20/16*  
 (Date)

Plan of correction implementation status as of

*4/20/16*  
 (Date)

The above plan of correction was approved by

*RAM*  
 (Initials)

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

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home is not conducting sleeping hours drills between the sleeping hours of 11:00 PM and 7:00AM. The last three drills conducted by the home which the administrator considered as sleeping hours drills were held on 2/8/16 at 10:30 PM, 8/30/15 at 10:05 PM, and 2/16/15 at 10:00 PM. Resident interviews confirm that all residents are not asleep at these times.

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.

2600.132(e) Fire Drills

Administrator/owner who resides on the premises performed a sleeping hours fire drill on April 18, 2016 at 2am. The drill will be performed while all residents are fully asleep. The sleeping hours fire drill will be performed every six months.

Administrator has added the sleeping drill times to the quality management plan to ensure compliance with DHS drill regulations.

Administrator will document drill dates and times on fire drill log sheet.

All staff persons have been educated on the 2am-4am times for every 6 month night time fire drills and documentation will be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Ronelle Maust*

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

Ronelle Maust Co-Admin

Date 4/19/16

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

The above plan of correction is approved as of

4/20/16  
 (Date)

Plan of correction implementation status as of

4/20/16  
 (Date)

The above plan of correction was approved by

*RAM*  
 (initials)

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

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

**2a. DESCRIPTION OF VIOLATION**  
 The 2012 white Ford Escape that is used to transport residents, does not contain a first aid kit.

**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.*

2600.171(b)(5) First Aid Kit in Transportation

The Administrator purchased a first aid kit and placed in the vehicle used to transport residents.

In the event the Administrator purchases a different vehicle she will transfer the first aid kit to the new vehicle.

In the event the administrator or staff uses a different vehicle to transfer the residents the first aid kit will be transferred to that vehicle.

All staff persons transporting residents have been educated on the requirements of a first aid kit in the vehicle, which includes all the required contents according to 2600.96 Documentation of the education has been filed.

A designated staff person will check any vehicle weekly and prior to transporting residents to ensure the first aid kid is present in accordance with reg 2600.96

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ronelle Maust*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ronelle Maust - Co-Admin* Date *4/19/16*

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

The above plan of correction is approved as of <u>4/20/16</u> (Date)	Plan of correction Implementation status as of <u>4/20/16</u> (Date)
The above plan of correction was approved by <u><i>BAS</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42890 - 04/05/2016 - Bomberger, Cybil  
 PCH Name: SUSAN'S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #2 who passed away in the home on [REDACTED] 15, does not include a copy of the official death certificate for the resident.

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.*

2600.252 Resident Records

The Administrator has contacted the friend of Resident #2 to obtain the death certificate. They are to be mailing a copy to the home to close our file.

In the event a resident would pass away, the Administrator will include in the file a death certificate.

The Administrator has added obtaining the death certificate in the personal care policy manual.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Ranelle Maust*

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

Ranelle Maust - Co-Admin

Date

4/19/16

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

The above plan of correction is approved as of

4/20/16  
 (Date)

Plan of correction implementation status as of

4/20/16  
 (Date)

The above plan of correction was approved by

BMAS  
 (Initials)

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