



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

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

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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

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

Restrictions: _____

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

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

and shall remain in effect from August 2, 2016 until August 2, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446420

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DEPUTY SECRETARY

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 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
License #: 446420


Dear Ms. Krise:

As a result of the Department of Human Services' licensing inspections on May 17, 2016 and May 20, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

Violation Report: 44642 - 05/17/2016 - Cutter, Jan

PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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 #1's resident-home contract, dated [redacted] /15, was not signed by 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.

Resident #1 was unable to sign, just since inspection have had resident make mark and witness. The administrator or designated person shall make sure on admittance that contracts are signed or marked.

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. *sup*

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 *6-28-16*

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 *SKM*
(Initials)

Violation Report: 44642 - 05/17/2016 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

There was a 16 ounce bottle of hydrogen peroxide 3%, with a manufacture's label indicating "if swallowed get medical help or contact poison control center", was unlocked and accessible to residents on the dresser in bedroom #7. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely. (Observed 5/17/16)

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.

The bottle of prooxide was immediately removed. Resident #1 has now been assessed for recognizing poisons. The administrator or designated person when doing pre-admission screening will make sure all questions are filled out. We now have a check list which has to be filled out when applications and admittance are done. All staff we check when going thru charts.

Immediately: A designated staff person will check the home daily on each shift to ensure poisonous materials are kept locked and inaccessible to residents. *sup 4/22/16*

Immediately: All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation of education shall be kept. *sup 4/22/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Kruse

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

Kathleen Kruse Admin.

Date *6-28-16*

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 - 05/17/2016 - 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

There was a hole 5" by 4" in diameter in the back right corner of the wall behind the recliner in bedroom #7.
(Observed 5/17/16)

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.

The hole has been repaired again, this time we have put reinforcement up. We now have a check-list for rooms, which all staff access to, and let administrators or maintenance know what repairs need done.

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. *sm 7/22/16*

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. Documentation of education 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) *Kathleen Rise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Rise / Admin* Date *6-28-16*

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)

Violation Report: 44642 - 05/17/2016 - Culter, Jan
POH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was no left door knob on the vanity in bedroom #7.

There was no right door knob on the vanity in bedroom #8.

There was no front cover on the PTAC heating and cooling unit in bedroom #10.

The corner of the PTAC control cover was broken and the metal thermostat control was lying on top of the heating and cooling unit in bedroom #17. Also, a "Do not touch" sign hanging on the wall above the unit.
(Observed 6/17/16)

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.

All vanity door knobs have been replaced. The front cover has been replaced in Room #10, Room #17 has also been done and the Do Not touch signs in all rooms, but have been removed. The administrator or designated person will check the check list.

Immediately: A designated staff person will check the home daily to ensure furniture and equipment is in good repair, clean and free of hazards. *SP 7/22/16*

Within 15 days of receipt of the plan of correction: All staff persons will be educated on reporting and or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any piece of furniture identified as hazardous or not in good repair will be immediately removed until repairs are made. Documentation of education shall be kept. *SP 7/22/16*

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 *6-28-16*

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 SK (Initials)

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

JUN 28 2016

Violation Report: 44642 - 05/17/2016 - Cutter, Jan
POH 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

There was no bedside table or shelf beside resident #4's bed.
(Observed 5/17/16)

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.

A bedside table has been placed by Resident #4 per. This is also on the room compliance list, to be checked by administrator, designated person and all staff.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Kruse

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

Kathleen Kruse / Admin

Date *6-28-16*

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 Snp
(Initials)

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

Violation Report: 44642 - 05/17/2016 - Cutler, 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 #5 do not have a source of light that can be turned on/off from bedside.

The following residents do not have an operable source of light that can be turned on/off from bedside:

- Resident #8
- Resident #9
- Resident #10

(Observed 5/17/16)

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.

All residents now have lamps by bedside. The administrator, designated person and all staff will check rooms daily for lamps.

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. *SRP/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. *SRP 7/22/16*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *6-28-16*

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 *SRP*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44842 - 05/17/2016 - Cutler, 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 #1, admitted [redacted] 2015, did not have an initial medical evaluation completed.
Resident #2, admitted [redacted] 2016, had an initial medical evaluation completed on 11/13/2015.

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.

Resident #1 and Resident #2 both have DME'S. Resident #1 DME was in tabular pro and could not access computer on the day of survey. Resident #2 now has a DME, the administrator will monitor and the designated person will review the checklist upon admittance.

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. *SN 7/22/14*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement written policies 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. *SN 7/22/14*

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 *6-28-16*

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 SN
(Initials)

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

Violation Report: 44642 - 05/17/2016 - Cutler, 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.

*Resident #3 has a DME completed now
the administrator will monitor for all
DME's per done annually and designated
person and all staff will review.*

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 at least annually. 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. *sup 4/22/14*

Within 15 days of receipt of the plan of correction: The administrator will devise and implement written policies and procedures to ensure all residents receive an in-person medical evaluation at least annually and the results of the evaluation are documented on the Department-approved DME. *sup 4/22/14*

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

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

Printed Name and Title of Legal Entity Representative
Kathleen Kruse / Admin
(Required on EVERY Page) Date *6-28-16*

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 *sup*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44642 - 06/17/2016 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed the following medications; however, on 5/20/16 these medications were not available in the home for administration:

- Compro 25 mg, insert one suppository rectally every 6 hours as needed
- Haloperidol 2mg/ml take 1mg (0.5 ml) under the tongue or by mouth every 4 hours as needed
- Hyoscyamine sublingual 0.125 mg take 1 tablet under the tongue or by mouth every 4 hours as needed
- Ipratropium/Albuterol 0.5-3.2 inhale 1 ampule via nebulizer four times daily as needed
- Lorazepam Intensol 2mg/ml take 0.5 mg (0.25 ml) by mouth or under the tongue every 2 hours as needed
- Morphine Sulfate 20 mg/ml take 5 mg (0.25 ml) under the tongue or by mouth every 15 minutes 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.

The administrator and Med Techs will go thru med cart daily and order all meds when they are getting low and also let hospice know what they have not delivered. All of Resident #7's meds have been ordered and delivered.

Immediately, then monthly: The administrator or designated staff person qualified to administer medications will verify all resident prescription orders and medications on hand, for accuracy to ensure all prescribed medications, to include PRN's are available in the home for administration. *SP 4/22/16*

Within 15 days of receipt of the plan of correction: The administrator will review and update the home's procedures for the safe storage, access, security, distribution and use of medications to include a system to ensure all prescribed medications, to include PRN's, are available in the home for administration. *SP 4/22/16*

Within 30 days of receipt of the plan of correction: All staff persons qualified to administer medications will be educated on the updated procedures. Documentation of education shall be kept. *SP 7/22/16*

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 *6-28-16*

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>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 05/17/2016 - Cutler, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUN 28 2016

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

Medication administration staff were unable to access the Electronic Medication Administration Record (e-MAR) from 7:00 a.m. to 2:00 p.m. on 6/17/2016, nor was there a paper MAR available. Medications were administered to residents during this time; however, documentation of administration was not completed until after 2:00 p.m. when the e-MAR system became available.

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 called the pharmacy and requested a paper MAR, which was delivered, since then administrator has requested that paper MAR's be delivered monthly.

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. *SVP 4/22/14*

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). *SVP 4/22/14*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *6-28-16*

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>SVP</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 - 05/17/2016 - Cutler, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE

1. REGULATION 58 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.
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1, admitted [redacted] 15, did not have an initial assessment completed.
Resident #6, admitted [redacted] 2015, 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.

The administrator will make sure all assessments are printed and in charts. Could not access Tabula pro on day of inspection. The designated person; all staff will also review.

Initial assessments have been completed for residents #1 and #6. SP 7-22-16

Immediately: The administrator will review all resident records to ensure a comprehensive assessment has been completed within 15 days of admission, which accurately identifies the residents' current care needs and diagnoses. If any resident is identified through this review process as not having had a comprehensive assessment completed within 15 days of admission, an assessment will be completed immediately upon discovery. SP 7-22-16

Immediately: The administrator will devise and implement a policy and procedure to ensure all residents assessments are available to direct care staff at all times, to include an alternate system to be used anytime that Tabula Pro is unavailable. SP 7-22-16

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 6-28-16

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 - 05/17/2016 - Culler, 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 #1, admitted [redacted] 2015, did not have an initial support plan completed.
Resident #6, admitted [redacted] 2015, did not have an initial support plan 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.

The administrator will make sure all support plans are printed and in charts. Could not access Tabula pro on the day of inspection. She designated person and all staff will also review.

Initial support plans have been completed for residents #1 and #6.

Immediately: The administrator will review all resident records to ensure a comprehensive support plan has been completed within 30 days of admission, which accurately identifies the residents' current care needs and diagnoses. If any resident is identified through this review process as not having had a comprehensive assessment completed within 30 days of admission, a support plan will be completed immediately upon discovery.

Immediately: The administrator will devise and implement a policy and procedure to ensure all residents support plans are available to direct care staff at all times, to include an alternate system to be used anytime that Tabula Pro is unavailable.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krize / Admin* Date *6-28-16*

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 SKW
(Initials)

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