



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Ms. Leah C. Ilgenfritz, Owner/Administrator  
521 Park Avenue  
Scottsdale, Pennsylvania 15683


RE: Leah's Victorian Cottage I  
511 Park Avenue  
Scottsdale, Pennsylvania 15683  
License #: 429350

Dear Ms. Ilgenfritz:

As a result of the Department of Human Services' annual licensing inspection on July 27, 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 42935 - 07/27/2016 - Gillespie, Denise  
 PCH Name: LEAH S VICTORIAN COTTAGE I

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

The home's sidewalks to the right side of the front and in the back are cracked and crumbling in spots. The home's parking lot in the front has large pot holes. The cracks and holes pose a potential tripping hazard for 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.

THE SIDE WALKS IN FRONT OF BUILDING WILL BE REPAIRED WITH CONCRETE THE SIDE WALK IN BACK OF BUILDING WILL BE REPLACED. POT HOLES IN PARKING LOT WILL BE FILLED IN. ALL WORK WILL BE COMPLETED BY 10/30/16. PICTURES OF COMPLETED WORK WILL BE SENT TO DEPT OF WELFARE HUMAN SERVICES -BE

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/10/2015 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Leah C Gillespie*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) LEAH C GILLESPIE (OWNER) Administrator Date 9-30-16

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

The above plan of correction is approved as of 10-31-16  
 (Date)

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

Plan of correction implementation status as of 11-2-16  
 (Date)

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

Violation Report: 42935 - 07/27/2016 - Gillespie, Denise  
 PCH Name: LEAH S VICTORIAN COTTAGE I

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

2a. DESCRIPTION OF VIOLATION

A medical evaluation was completed for Resident #1 on 4/14/16. The previous evaluation was completed on 10/24/14, more than 12 months prior.

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 Temporarily Admitted in a Long term facility. Resident #1 was Absent from facility for several months. A medical evaluation was not completed while resident was Absent from Home. Administrator or designated staff person will review ALL resident's medical Evaluations for resident's placed in Long term care to ensure medical evaluation is kept current, as well as all other residents, using a monitoring system developed by the home. Administrator conducted a Quality Management meeting 9/15/16. The topic was in our discussion forum.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Leah C Ilgenfritz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) LEAH C ILGENFRITZ Administrator (owner) Date 9-30-16

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The above plan of correction is approved as of 10-31-16  
 (Date)

Plan of correction implementation status as of 10-31-16  
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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Violation Report: 42935 - 07/27/2016 - Gillespie, Denise  
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600  
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
 Smoking is permitted in the smoking hut behind the home. Five chairs were found in the smoking hut that were not labeled as meeting CA Bureau of Home Furnishing Flammability Requirements.

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 FIVE CHAIR IN SMOKING AREA HAVE BEEN REMOVED THE DAY OF INSPECTION. THEY HAVE BEEN DISCARDED IN DUMPS. STAFF WILL CHECK DAILY FOR ITEMS NOT FIRE PROOF IN SMOKING AREA, AND REMOVE THEM IMMEDIATELY.  
 A REVIEW OF FIRE SAFETY POLICY & PROCEDURES WILL BE CONDUCTED BY THE HOME FOR ALL STAFF AND RESIDENTS BY 11-30-16. -BE

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/10/2015 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Leah C. Gillespie*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Leah C Gillespie (owner) Administrator Date 9-30-16

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>10-31-16</u><br>(Date)<br><br>The above plan of correction was approved by <u>BE</u><br>(Initials) | Plan of correction implementation status as of <u>10-31-16</u><br>(Date)<br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
|--|---|

Violation Report: 42935 - 07/27/2016 - Gillespie, Denise  
 PCH Name: LEAH S VICTORIAN COTTAGE I

**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**

The most recent assessment for Resident #1 was completed on 4/14/16. The previous assessment was completed on 10/25/14, more than 12 months prior.

**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 Temporarily Admitted in a Long term Facility. Absent from facility for several months facility did not complete a current Assessment while Absent from home.

Administrator or designated staff person will review ALL Resident's Assessments to ensure Assessment's are kept current, by developing a system to monitor time frames - BE Administrator conducted a Quality management meeting on 9/15/16 the topic was in our discussion forum.

(SEE ATTACHED)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Leah C Alger Fritz*

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

LEAH C Alger Fritz Administrator (OWNER)

Date 9-30-16

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The above plan of correction is approved as of 10-31-16  
 (Date)

Plan of correction implementation status as of 10-31-16  
 (Date)

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

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

Violation Report: 42935 - 07/27/2016 - Gillespie, Denise  
PCH Name: LEAH S VICTORIAN COTTAGE I

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 #1's record does not include language or means of communication spoken or used by the resident, religious affiliation or identifying marks.

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 outline was written to include all the information to meet regulation. THE outline was placed in resident #1 file, and all residents in home. The Administrator will review all resident records to ensure that all of the information required by this regulation is present. Missing information will be added by 12-15-16. -SE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leah C. Iloerfritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH C Iloerfritz Administrator      Date 9-30-16

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The above plan of correction is approved as of 10-31-16 (Date)

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

Plan of correction implementation status as of 10-31-16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented