



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 20, 2017

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

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

Dear Ms. Ilgenfritz:

As a result of the Department of Human Services' licensing inspection on January 10, 2017, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: LEAH S VICTORIAN COTTAGE I		License Number: 42935
Address: 511 PARK AVENUE, SCOTTDALE, PA 15683		County: Westmoreland
Administrator: LEAH ILGENFRITZ		Region: WEST
Legal Entity Name: LEAH C ILGENFRITZ		
Legal Entity Address: 521 PARK AVENUE, SCOTTDALE, PA 15683		
Certificate(s) of Occupancy		
C-2 LP 03/06/1995 Labor & Industry	C-2 LP 07/26/1995 Labor & Industry	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/10/2017: Flinner-Alman, Lisa; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 27 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		Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 14 Have Mental Illness: 26 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
 PCH Name: LEAH S VICTORIAN COTTAGE I

MAR 22 2017

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

At approximately 12:30 p.m., the following records were unlocked, unattended and accessible in the administrator's unlocked office:

- January 2017 medication administration records (MARs) for all residents, including residents #2 and #9 were in a binder on staff person A's desk
- Multiple MARs, dating back to February 2011, were in in the bottom drawer of filing cabinet #1
- Current resident records were in filing cabinets #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.

- All Residents records, MAR's current and past personal records will be kept in a locked AREA, Located in Administration office. There will be NO access to AREA with out Key.
- Maintenance will build a closed AREA that will contain MAR's and records that will be locked AT ALL TIMES AREA will be completed on APRIL 10, 2017
- A sign will be placed on door Telling staff to KEEP LOCKED AT ALL TIMES.

Immediately - All staff persons will be notified of the new location of the storage of resident records. ms 4/6/17

Immediately - The administrator will monitor the home at least weekly to ensure all resident records are confidential, kept safe and locked. ms 4/6/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH C. JIGENITZ Administrator (OWNER)

Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 22 2017

Violation Report: 42935 - 01/10/2017 - Flinger-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At approximately 9:40 a.m., there was cat feces, measuring approximately 6" long, on the floor to the right of the shower stall in shower room #5.

Throughout the day, agents of the Department observed several cats sitting on staff person A's desk. Medications are administered to residents at this 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.

- A cat Litter Box will BE placed in SHOWER Room # 5 (Litter Box with cover)

[Antiseptic WIPES ARE NOW AVAILABLE TO STAFF. STAFF ARE INSTRUCTED TO WIPE DESK SURFACE DURING ADMINISTERING MEDICATIONS.] unacceptable ms 4/10/17

Immediately - Medications will be administered through the opened area of the newly constructed locked storage area for resident records. ms 4/10/17

Immediately - All staff persons qualified to administer medications will be educated regarding the location from where medications will be administered. Documentation of training shall be kept. ms 4/10/17

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

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

Printed Name and Title of Legal Entity Representative (OWNER)
(Required on EVERY Page) LEAH C Jegeratz Administrator Date 3-21-17

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

The above plan of correction is approved as of 4/10/17
(Date)

Plan of correction implementation status as of 4/10/17
(Date)

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

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

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
 PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 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
 The dumpster was uncovered and overflowing with trash.

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.

- IF DUMPSTER IS TO FULL ADMINISTERER WILL CALL TO HAVE A EXTRA PICK UP

- Administerer will monitor Dumpster for overflow at least twice weekly. MS 4/10/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah S. Flinner-Alman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S Flinner-Alman (OWNER) Administrator	Date 3-21-17
--	--------------

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
 PCH Name: LEAH S VICTORIAN COTTAGE I

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
 The ceiling fan was inoperable in room #2.

There were exposed wires, hanging approximately 2" from the ceiling where a smoke detector was, in room #2.

There were cracks throughout the vinyl seat of the desk chair in room #8, posing a skin tear hazard.

The smoke detector was not secure and hung approximately 3" from the ceiling in room #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 CEILING FAN IN ROOM #2 WAS REMOVED BY MAINTENANCE
 FAN IS NO LONGER IN ROOM.

- THE CHAIR IN ROOM #8 WAS TAKEN OUT AND REPLACED WITH
 A CLOTH CHAIR.

- THE SMOKE DETECTOR WAS SECURED TO CEILING IN ROOM #16
 and #2. ms 4/10/17

Maintenance & Administrator will conduct monthly inspections
 of rooms. Any repairs needed will be fixed under
 Administrator's instructions.

Immediately- The administrator will check the home at least weekly
 to ensure furniture and equipment are in good repair, clean and free of
 hazards. ms 4/10/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah C. Jergen-Fritz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LEAH JERGEN-FRITZ Administrator

Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

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
Residents #1 and #8 do not have a bedside table or shelf.

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.

- Bedside TABLES were placed in residents #1 and #8 rooms.
- Maintenance & Administrator will conduct monthly inspections of rooms. Any repairs needed will be fixed under Administrator's instructions. The inspection shall include checking each resident's bedroom to ensure each resident has a bedside table or shelf. MS 4/10/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH C. JIGENFETZ Administrator (OWNER)
Date 3-21-17

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

The above plan of correction is approved as of 4/10/17
(Date)

Plan of correction implementation status as of 4/10/17
(Date)

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

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

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

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
Resident #1 does not have a source of lighting that can be turned on/off from bedside.

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.

- Bell lamp was placed in resident's #1 room by [redacted] Bed Side.
- Maintenance & Administrator will conduct monthly inspection of rooms. Any repairs needed will be fixed under the Administrator's directions. The inspection shall include checking that each resident has an operable source of lighting that can be turned on/off at bedside. ms 4/10/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C ILEGORKE Administrator Date 3-21-17

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

The above plan of correction is approved as of 4/10/17
(Date)
The above plan of correction was approved by ms
(Initials)
Plan of correction implementation status as of 4/10/17
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *ms*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

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

There was a hole, measuring approximately 3 1/2" by 4", in the carpeting approximately 7" from the threshold of room #10. The carpeting slides easily, posing a tripping/fall hazard.

There was a hole, measuring approximately 4 1/2" by 2 3/4", in the wall to the right of resident #8's bed in room # [redacted] where an outlet had been.

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 CARPETING WAS REPLACED IN ROOM # 10 (old carpets were removed)
- THE CARPETING WAS REPLACED IN ROOM # [redacted]
- Maintenance & Administrator will conduct monthly inspections of rooms. Any repairs will be over seen by Administrator.
- The hole in resident #8's room has been repaired. MS 4/10/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH ILGENFRTZ Administrator Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 22 2017

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

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 #1's most recent medical evaluation was completed on 1/14/15.

Resident #2's most recent medical evaluation was completed on 7/27/15.

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.

- Current medical evaluations dated 11-9-16 were located and placed in Resident #1's FILE

- Current medical evaluations dated 7-26-16 were located and placed in Resident #2's FILE

- Administrator will monitor residents files making SURE THEY ARE PLACED IN FILE LOCATED IN CABINET

Immediately - the administrator shall develop and implement a system to ensure a medical evaluation is completed for each resident at least annually and is kept in the resident's record. ms 4/10/17

Immediately - the administrator shall develop and implement a system of record keeping to ensure agents of the Department, upon request, have access to residents records which contain all requirements under regulation 2600.252. ms 4/10/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/27/2016		
-----------------------	-----------------------------------	------------	--	--

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C JIGENITZ Administrator

Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

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

There were multiple unlocked medications for all residents, including the following, in a cabinet on the back corner of the office:

- Levothyroxine, Oxybutynin and Atenolol prescribed to resident #2
- Clozapine, Bupropion and Divalproex prescribed to resident #4.

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 FILE CABINETS IN OFFICE THAT CONTAINS ALL RESIDENTS' MEDICATIONS WILL BE PLACED IN A LOCKED AREA THAT CANT BE ACCESSED WITHOUT A KEY
 - MAINTENANCE WILL BUILD A CLOSED AREA CONTAINING LOCKED FILE CABINETS CONTAINING ANY AND ALL MEDICATIONS PRESCRIBED TO ALL RESIDENTS.
 - AREA WILL BE KEPT LOCKED AT ALL TIMES.
 - AREA WILL BE COMPLETED BY APRIL 19 2017
 - A SIGN WILL BE PLACED ON DOOR TELLING STAFF KEYS LOCKED AT ALL TIMES
- medications cited were immediately locked. ms 4/10/17
- I immediately - All staff persons will be educated on the required locked storage of medications. Documentation of the training shall be kept. ms 4/10/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C JIGEN FRITZ Administrator Date 3-21-17

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

The above plan of correction is approved as of 4/10/17
(Date)

Plan of correction implementation status as of 4/10/17
(Date)

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

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

MAR 22 2017

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

At 12:30 p.m., the following medications were unlocked, unattended and accessible in the mini refrigerator located in the administrator's office:

- Four Humalog 200 units/ml Kwik Pens prescribed to resident #2
- Three Lantus Solostar 100 units/ml Pens prescribed to resident #2
- Four Humalog 100 units/ml Kwik Pens prescribed to resident #5
- Three Levemir Flex Touch 100 units/ml Pens prescribed to resident #5

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 mini refrigerator will be placed in a locked AREA, THAT CANT BE ACCESSSED WITHOUT A KEY

- Locked AREA will be completed by April 10, 2017

The medications cited were immediately locked.

Immediately - All staff persons will be educated on the required locked storage of medications including medications stored in a refrigerator.

Documentation of the training shall be kept.

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 3-21-17

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

The above plan of correction is approved as of 4/10/17
(Date)

Plan of correction implementation status as of 4/10/17
(Date)

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

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

Violation Report: 42935 - 01/10/2017 - Flinger-Alman, Lisa
 PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The following insulin pens were not dated when opened:
 - Three Humalog Kwik Pens prescribed to resident #2. According to manufacturer's instructions, the Humalog expires 28 days after opening.
 - One Lantus Solostar Pen prescribed to resident #2. According to manufacturer's instructions, the Lantus expires 28 days after opening.
 - One Humalog Kwik Pen prescribed to resident #5. According to manufacturer's instructions, the Humalog expires 28 days after opening.
 - One Levemir Flex Touch Pen prescribed to resident #5. According to manufacturer's instructions, the Levemir expires 42 days after opening.

All of these insulins were stored in the double door cabinet in the administrator's office.

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 INSULIN PENS ARE NOW dated when opened
 Trained staff will inspect all pens every shift before they administer medication
 staff training was conducted on 3/24/17. MS 4/10/17
 Immediately - the administrator will check all medication storage areas at least twice per month to ensure insulins are dated when opened. MS 4/10/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LEAH S VICTORIAN Administrator (OWNER) Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 22 2017

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa

PCH Name: LEAH S VICTORIAN COTTAGE I

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

The most recent assessment for resident #1 was completed on 1/14/15 and does not include an assessment of the resident's supervision needs.

The most recent assessment for resident #2 was completed on 7/27/15.

The assessment, dated 4/7/16, for resident #6 does not include the diagnosis of depressive disorder as indicated on the medical evaluation, dated 3/28/16.

The assessment, dated 3/9/16, for resident #7 does not include the resident's behavioral issues related to hoarding.

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's Assessment dated 1/14/15, included ^{indicates the resident has no supervision needs, MS} VTA ^{4/14/17} on supervision needs for 1/14/15. was placed in file
 - Resident #2's Assessment dated 7/29/16 was placed in Resident's File Folder
 - Resident #6's depression disorder ^{Assessment date 4/7/16} include's diagnosis
 - Resident #7's updated Assessment PLAN was attached to support PLAN the revision was made 2/15/17 regarding the resident's behavioral issues related to hoarding. ms 4/10/17
- within 15 days of receipt of the plan of correction - the administrator will review all resident records to ensure there is a current, accurate and thoroughly completed assessment in each resident's record. ms 4/10/17
- within 30 days of receipt of the plan of correction - All staff persons completing assessments will be educated on the accuracy and timely completion of the form as well as completion of the form in its entirety to include supervision needs of the resident and all diagnoses. Documentation of training shall be kept. ms 4/10/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/27/2016
-----------------------	-----------------------------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leah C. George Administrator Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ^{MS} <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42935 - 01/10/2017 - Flinger-Alman, Lisa

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The most recent support plan for resident #2 was completed on 7/27/15.

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.

- Resident's #2 recent support plan was placed in file dated 7/29/16
Resident #2's support plan was completed on 7/29/16. MS 4/10/17

Immediately - The administrator shall develop and implement a system of record keeping to ensure agents of the Department, upon request, have access to residents' records which contain all requirements under regulation 2600.252. MS 4/10/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH C FITZGERALD Administrator Date 3-21-17

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42935 - 01/10/2017 - Flinner-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Staff person C participated in the development of resident #2's support plan, dated 7/27/15. However, the staff person did not sign the support plan.

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.

- Support plan dated 7-27-15 WAS signed by staff C
- Administrator will monitor files for accuracy
Immediately - All persons participating in the development of the support plan will be provided the opportunity to sign the support plan.
ms 4/10/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C Flinner-Alman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Leah C Flinner-Alman Administrator Date 3-21-17

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

The above plan of correction is approved as of 4/10/17
(Date)

Plan of correction implementation status as of 4/10/17
(Date)

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

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

Vibration Report: 42935 - 01/10/2017 - Flinger-Alman, Lisa
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid was used on resident #7's medical transfer sheet on the "other insurance" line and lines #8 and #10 under the list of medications. The resident's medical insurance number and insurer were written over the correction fluid in the insurance section. Nothing was written over the correction fluid in the medication's area. These areas were left blank.

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 new medical transfer sheet was completed for resident #7
- Correction fluid will no longer be used to make any changes on paper work
Immediately - All staff persons completing any forms in residents' records will be instructed to refrain from using correction fluid.
ms 4/10/17

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* Date *3-21-17*

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

The above plan of correction is approved as of <u>4/10/17</u> (Date)	Plan of correction implementation status as of <u>4/10/17</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented