



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 15 2017

Ms. Susan Jones,  
Owner/Administrator  
111 Hydrangea Lane  
Mount 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 January 11, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: SUSAN S VICTORIAN COTTAGE		License Number: 42890e
Address: 111 HYDRANGEA LANE, MT PLEASANT, PA 15666		County: Westmoreland
Administrator: Susan Jones		Region: WEST
Legal Entity Name: SUSAN JONES		
Legal Entity Address: 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666		
Certificate(s) of Occupancy C-2 LP 04/03/1989 Dept L & I		<b>RECEIVED</b>  MAR 07 2017  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/11/2017: Barry, Courtney; Hoover, Josh		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16 Number of Residents Served: 15 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: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 9 Have Mental Illness: 11 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 42890 - 01/11/2017 - Barry, Courtney  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
At 10:23 a.m. and 3:15 p.m. the temperature in the kitchen refrigerator was 48 degrees Fahrenheit.

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 day of inspection the refrigerator's temperature setting was lowered from 40 degrees to 38 degrees and the refrigerator's built in alarm was set to sound if the temperature ever goes <sup>above 38</sup> below 38 degrees. Since Jan 11, 2017, the alarm has never sounded and daily temperature checks have always been below 40 degrees. Staff has been instructed to continue to check the refrigerator's temperature daily to assure that it's temperature is always 40 degrees or lower.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) SUSAN JONES RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Jones RN Date 03-07-17

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

The above plan of correction is approved as of <u>3/12/17</u> (Date)	Plan of correction implementation status as of <u>3/13/17</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 <u>MS</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42890 - 01/11/2017 - Barry, Courtney  
 PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 At approximately 10:10 a.m., there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer. The dryer was empty.

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.

I strongly disagree that 1/4 inch of lint was present on our dryer's lint screen! 1/4 inch of lint might restrict air flow and would be dangerous. There possibly might have been 1/16 to 1/8 inch of lint after the one load the inspector saw. It is absolutely impossible that the dryer lint screen was unchecked for the several loads it would take to accumulate 1/4 inch of lint unless we were washing new towels or similar. We are ALWAYS VERY conscious of this and our policy has been to check the lint trap BEFORE TURNING ON the dryer. Staff has been instructed on dryer fire safety and that DHS's dangerous policy only requires the lint trap to be cleaned AFTER each load BUT NOT BEFORE the dryer is operated. It is very dangerous to assume that the previous user cleaned the lint screen and I refuse to let my staff assume that it is clean. I have instructed all staff and revised our policy to require that the dryer's lint trap be emptied before and after each load to assure that it is always clean.

Staff training was completed on 3/8/17.  
 Immediately - the administrator will check the dryer at least twice weekly to ensure there is no lint in the lint trap. MS 3/13/17

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)      SUSAN JONES RN

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Susan Jones RN      Date      03-07-17

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 (Date)

Plan of correction implementation status as of 3/13/17  
 (Date)

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Violation Report: 42890 - 01/11/2017 - Barry, Courtney  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home serves 15 residents requiring a total minimum of 45 gallons of emergency drinking water. 23 gallons of water are stored on-site.

The home has a contract for emergency drinking water; however, the contractual agreement, dated 7/13/06, with Horizon Coffee and Bottled Water Svc, does not include the following:

- The amount of water to be delivered
- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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.

This home is served by a well because this rural area has no public water service. We have always kept several 5 gallon bottles of drinking water for use in our water cooler and several 1 gallon bottles. I recently bought 9 more 5 gallon bottles of drinking water to rotate and store to maintain our required 45 gallons of drinking water. These bottles do not have an expiration date but we date them and their use is rotated to assure that we have at least 45 gallons of fresh drinking water at all times.

*Within 30 days of receipt of the plan of correction - the administrator will check the home at least monthly to ensure the emergency drinking water on hand is sufficient for the number of residents served for 3 days.*  
MS 2/13/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones RN*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SUSAN JONES RN*      Date *03-07-17*

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Violation Report: 42890 - 01/11/2017 - Barry, Courtney  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGIONAL FIELD OFFICE:  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
The municipality's emergency procedures were not posted in a conspicuous and public place in the home. The emergency procedures were inside the administrator's private living section of 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.

Because my copy of our township's Emergency Preparedness Plan is dated 2009, I phoned our Township Office to inquire if they have an updated policy. I was told that their EOP, Emergency Operations Plan, has been reviewed and has not needed updating since 2009. I printed a copy of the EOP and placed it on our bulletin board. The EOP is available and in public view to anyone who might care to view it.

*within 30 days of receipt of the plan of correction - The administrator will conduct a monthly check to ensure that both the home and local municipality's emergency plans are posted in a conspicuous and public place. MS 3/13/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Susan Jones RN			03-07-17

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Violation Report: 42890 - 01/11/2017 - Barry, Courtney  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

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 Ford Bronco used for resident transportation did 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.

I mistakenly left the first aid kit in the vehicle when I traded in my older Escape I bought a new first aid kit, added all the required items to it and it is now present in my vehicle. We will always be sure to determine that a required first aid kit is present in the vehicle before using it to transport any resident.

Immediately- the administrator will check all vehicles used to transport residents has a first aid kit with the required contents. MS 3/13/17

Immediately- All staff persons transporting residents will be re-educated on the requirement to have a first aid kit in the vehicle and to check that there is a first aid kit in the vehicle prior to transporting any resident. The training shall include required contents of the first aid kit per regulation 2600.96a. Documentation of training shall be kept. MS 3/13/17

Immediately- In the event a new vehicle is purchased and used to transport residents, the first aid kit will be transferred to the new vehicle. MS 3/13/17

Immediately - A designated staff person will check each vehicle used to transport residents at least twice weekly to ensure a first aid kit is present and includes all required items. MS 3/13/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/05/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN JONES RN*      Date *03-07-17*

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PCH Name: SUSAN S VICTORIAN COTTAGE

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION  
The medical evaluation form for resident #1, completed 9/9/16, was not completed on the Department-approved form.  
The medical evaluation form for resident #2, completed 8/15/16, was not completed on the Department-approved form.

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.

I was not aware that Tabulapro's DME was not accepted by DHS. I hand wrote new DMEs for residents #1 and #2 as well as for 4 other residents who had DMEs that are not accepted by DHS. The new DMEs were all faxed to the doctor's offices and I'm awaiting their return with the doctors' signatures. Future DMEs will always be done on the acceptable DHS form.

medical evaluations for residents #1 and #2 were completed on 3/12/17 on the Department-approved standardized form. ms 3/13/17

Immediately - A waiver must be submitted for the use of the Tabulapro medical evaluation. This form cannot be used in lieu of the Department-approved medical evaluation form until a waiver is approved for its use.  
ms 3/13/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones RW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN JONES RW*      Date *03-07-17*

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