



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 15, 2017

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
Certificate #: 446420

Dear Ms. Krise:

As a result of the Department of Human Services' licensing inspection on June 5, 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 that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44842 - 06/05/2017 - Eveges, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 20 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On or about 4/23/17, between the hours of 6:00 p.m. and 6:30 p.m., direct care staff person B was inside resident #1's room and stated to resident #1 "stop talking", "Everybody hates him/her", "he/she was nothing but an asshole" and "Just shut up". Direct care staff person A witnessed the alleged abuse. The home did not report the allegation of abuse to the area agency on aging.

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.

ON 6-12-17 Staff person ^B was terminated by the Administrator and designee.

The administrator will report suspected abuse per Regulation 2600.15a if it occurs or is suspected in the future.

On 6-1-17 Training given to all staff members on Abuse Reporting and Resident Rights.

All Staff will be mandated to attend yearly training on Abuse Reporting and Resident Rights

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 *10/20/17*

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

The above plan of correction is approved as of 10-23-17 (Date)

Plan of correction implementation status as of 10-23-17 (Date)

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

The above plan of correction was approved by *K* (Initials)

Violation Report: 44642 - 08/05/2017 - Eveges, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 20 2017

1. REGULATION 65 Pa. Code §2600

WEST REGION FIELD OFFICE

2600.15(b) - If there is an allegation of abuse of a resident involving a staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On or about 4/23/17, between the hours of 6:00 p.m. and 6:30 p.m., direct care staff person B was inside resident #1's room and stated to resident #1 "stop talking", "Everybody hates him/her", "he/she was nothing but an asshole" and "Just shut up". Direct care staff person A witnessed the alleged abuse. Direct care staff person B continued to provide direct care services to residents in the home including resident #1. Direct care staff person B was not suspended or placed on a plan of supervision.

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.

On 6-12-17 Staff person B was terminated by the Administrator and Designee. On 6-5-17 the Administrator first heard about Staff person A being a witness to the Alleged Abuse. The Administrator and Designee spoke to Staff person A and stressed the importance of Reporting Abuse as soon as it happened.

On 6-1-17 Training was given to all staff members on Reporting Abuse and Resident Rights.

All staff will be mandated to attend a yearly training on Abuse Reporting and Resident Rights

The Administrator and/or designee will Remove Staff From the home as soon as Suspected Abuse is Reported and State will be notified per 2600.15a Regulation.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krisc / Admin* Date *10/20/17*

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

The above plan of correction is approved as of 10-19-17 (Date)

Plan of correction implementation status as of 10-23-17 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 44642 - 06/05/2017 - Eveges, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 20 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On or about 4/23/17, between the hours of 6:00 p.m. and 6:30 p.m., direct care staff person B was inside resident #1's room and stated to resident #1 "stop talking", "Everybody hates him/her", "he/she was nothing but an asshole" and "Just shut up". Direct care staff person A witnessed the alleged abuse. The alleged abuse was not reported to the Department until 6/5/17.

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.

On 6-12-17 Staff person B was terminated by the Administrator and designee. On 6-5-17 the Administrator first heard about staff person A being a witness to the alleged Abuse. The Administrator and designee spoke to Staff person A and stressed the importance of Reporting suspected Abuse as soon as it happens.

On 6-1-17 Training was given to all staff members on Abuse Reporting and Resident Rights.

All Staff members will be mandated yearly to Attend training on Abuse Reporting and Resident Rights.

The Administrator and or designee will Remove a staff member from the home as soon as suspected Abuse is Reported and State will be notified per Regulation 2600.15c

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 *10/20/17*

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

The above plan of correction is approved as of 10-20-17 (Date)

Plan of correction implementation status as of 10-20-17 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 44642 - 08/05/2017 - Evegges, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 20 2017

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, ^{HHS resident and life payer,} if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The resident/home contract for Resident #1, dated 12/28/17, is not signed by the resident. There is no indication that the resident was unable or refused to sign the contract.
The resident/home contract for Resident #2, dated 3/3/17, is not signed by the resident. There is no indication that the resident was unable or refused to sign the contract.

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.

Upon discovery the administrator immediately pulled the contract for Resident #1 and Resident #2. Resident #1 make [redacted] mark. [redacted] could not do a full signature due to [redacted] dementia. Resident #2 make [redacted] mark. [redacted] could not sign [redacted] Full name due to her dementia.

The Administrator will Review all new admission charts to ensure all signatures are on the chart as per Regulation 2600.25(b) within 24 hours after admission.

A check list made to use upon each admission to ensure Regulation 2600.25 has all signatures completed on the contract.

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 *10/20/17*

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

The above plan of correction is approved as of 10-23-17
(Date)

Plan of correction implementation status as of 10-23-17
(Date)

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

The above plan of correction was approved by *[Signature]*
(Initials)

RECEIVED

Violation Report: 44642 - 08/05/2017 - Evesges, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

OCT 20 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On or about 4/23/17, between the hours of 6:00 p.m. and 6:30 p.m., direct care staff person B was inside resident #1's room and stated to resident #1 "stop talking", "Everybody hates him/her", "he/she was nothing but an asshole" and "Just shul up".

On or about 5/2/17, between the hours of 10:00 p.m. and 10:30 p.m., direct care staff person C was hiding in room #16, directly across from resident #1's room. Direct care staff person C jumped out of the room and yelled "BOOI" at direct care staff person D, causing him/her to yell in surprise. Resident #1 was woken by this and screamed "bloody murder" in terror and was frightened.

On 4/16/17, resident #1 asked direct care staff person B for toilet paper so he/she could use the bathroom. Direct care staff person B told resident #1 "It's a holiday, there isn't any. Use your hand." This made resident #1 feel upset and angry.

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.

On 6-12-17 Staff person B was terminated by the administrator and designee. Staff persons C & D were brought into the office and given a written warning for their actions. The staff members C & D were given and reviewed Resident Rights with them on 6-1-17 in accordance with Regulation 2600.42(c) Specific Rights.

On 6-1-17 Training was given to all staff members to Reinforce the importance of Abuse Reporting and Resident Rights. Regulation 2600.15 and 2600.42

All staff members will be mandated yearly to attend training on Abuse Reporting and Resident Rights.

The Administrator and or designee will remove a staff member from the home as soon as suspected Abuse is reported and state will be notified per Regulation 2600.15

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 *10/20/17*

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

The above plan of correction is approved as of 10-23-17 (Date)

Plan of correction implementation status as of 10-23-17 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 44642 - 08/05/2017 - Evéges, Joseph OCT 20 2017

PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Direct care staff person B started working in the home on 11/29/16. Direct care staff person B was residing in the State of Ohio on 11/28/17. However, the home did not request an FBI criminal history background check for direct care staff person A.

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 had staff person B go for finger printing on 6-6-17, in accordance with state regulation 2600.51

The Administrator and/or designee will follow OAPS Act when an employee lives out of state and finger printing will be done upon employment. Will educate new hires on the OAPS act, and the Pennsylvania 2 year residence.

Staff person B no longer works in the home. 10-29-17

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 10/20/17

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

The above plan of correction is approved as of 10-23-17 (Date)
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 10-23-17 (Date)

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

Violation Report: 44842 - 06/05/2017 - Eveges, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 20 2017

1. REGULATION 65 Pa.Code §2600
2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

(1) Training that includes a demonstration of job duties, followed by supervised practice.
 (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 (3) Initial direct care staff person training to include the following:
 (i) Safe management techniques.
 (ii) ADLs and IADLs.
 (iii) Personal hygiene.
 (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 (vi) Implementation of the initial assessment, annual assessment and support plan.
 (vii) Nutrition, food handling and sanitation.
 (viii) Recreation, socialization, community resources, social services and activities in the community.
 (ix) Gerontology.
 (x) Staff person supervision, if applicable.
 (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 (xii) Safety management and hazard prevention.
 (xiii) Universal precautions.
 (xiv) The requirements of this chapter.
 (xv) Infection control.
 (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff person B has not completed the Department approved direct care training course. Direct care staff person B provided unsupervised ADL services on 6/4/17.

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 had staff person B complete and take the test for Direct Care Staff Training. Person B completed and passed DCS training test as per regulation 2600.65(d).

The Administrator and/or designee will have new hires complete the DCS training in the facility as part of orientation.

Will instruct new hires of the DCS test that needs to be done.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Krise / Admin</i>	<i>10/20/17</i>

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

The above plan of correction is approved as of 10-23-17
(Date)

Plan of correction implementation status as of 10-23-17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Staff Person B no longer works in The home 10/3/17

Violation Report: 44842 - 08/05/2017 - Evages, Joseph
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 20 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 16. However, the resident's initial assessment was not completed until [redacted] 17.

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 or designee will follow the ~~new form~~ ^{Regulation 2600.225c} and will do assessments within the 15 day period.

The facility has made a new form for upon admittance to be followed. (attached)

The administrator or designee will see that they are done.

Remedially: The administrator or designee shall review all resident records to ensure all residents have a completed assessment within the past year - 10-22-17

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 *10/20/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10-23-17
(Date)

Plan of correction implementation status as of 10-23-17
(Date)

The above plan of correction was approved by *X*
(Initials)

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

Violation Report: 44642 - 06/05/2017 - Eveges, Joseph
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

OCT 20 2017

- (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.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 had an assessment completed on 3/2/16. However, the resident's next assessment was not completed until 3/30/17.

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 & designee will follow regulation 2600.225(c) they will go thru charts monthly to check assessment dates.

The facility has made an account with quick-meter to alert when assessments are needed, and have also made forms to be documented.

Immediately! The Administrator or designee shall review all resident records to ensure all residents have a completed assessment within the past year. 10-23-17

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) <i>Kathleen Krize / Admin</i>	Date <i>10/20/17</i>
---	----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>10-23-17</u> (Date)	Plan of correction implementation status as of <u>10-23-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented