



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 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
Certificate #: 429350

Dear Ms. Ilgenfritz:

As a result of the Department of Human Services' annual licensing inspection on June 23, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
PCH Name: LEAH S VICTORIAN COTTAGE I

OCT 05 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. There was no carbon monoxide detector in close proximity of the gas stove in the kitchen.

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 CARBON MONOXIDE ALARM WAS PLACED IN CLOSE PROXIMITY OF GAS STOVE
- Administrator will monitor Alarm According to Manufacture instructions INSURE Alarm's OPERATION

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah S Wenzig

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

LEAH S WENZIG (OWNER)

Date 10-2-17

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

The above plan of correction is approved as of

10/10/17
(Date)

Plan of correction implementation status as of

10/10/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

TWJ

OCT 05 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff A, hired 12/24/06, did not receive training in safe management techniques during training year of 2016.

Direct care staff B, hired 12/24/06, did not receive training in safe management techniques, and care for residents with dementia and cognitive impairments during training year 2016.

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.

- Direct care staff completed safe management techniques training was placed in staff file
- Administrator will monitor training every month ensure training is completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S WENZIG (owner) Date 10-2-17

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home had no annual staff training plan developed for training year 2017.

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.

- Medz Home Health training plan was placed in file
- Administrator will ensure training plan is placed in proper file.

The administrator will prepare an individual staff training plan for each staff person, to include their name and title.

The administrator will review the staff training at least quarterly to ensure all staff attend all trainings or make up training they missed.

[Signature]
10/10/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH WENZIG (owner) Date 10-2-17

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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

There was a strong musty odor present in the front entry area 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.

- Front AREA of the home's carpet was scrubbed with a RUG Scrubber. And cleaned.
- Administrator develop a cleaning schedule. Area is cleaned on a monthly basis.
- Humidifier was placed in AREA

Repeat Violation: No

Date(s) of Previous Violation(s):

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Leah S Wenzig

Printed Name and Title of Legal Entity Representative
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Leah S Wenzig (owner)

Date

10-2-17

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10/16/17
(Date)

Plan of correction implementation status as of

10/16/17
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The exhaust fan in bathroom #4 is inoperable. There is no window in this bathroom.

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 exhaust fan was installed in Bathroom
 - Administrator will monitor unit insure. Manufacturer Instructions of exhaust fan

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Leah S Wenzig*

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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 shower fixture and tub faucet are loose and pulling away approximately 1 inch from the wall in bathroom #6.
There was no cover for the ceiling light in bathroom #7.

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.

- Shower Fixture and tub faucet ARE REPAIRED.
- Cover was placed on ceiling light in Bathroom
- Administrator will monitor All Bathrooms on a monthly schedule.

Repeat Violation: No

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Leah C. Wenzig

Printed Name and Title of Legal Entity Representative
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LEAH WENZIG (POWNER)

Date 10-2-17

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit does not include gauze pads, tweezers or non porous disposable gloves.

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.

- First Aid Kit was inspected replenished with all required items.
- A List of Items was placed on lid of kit
- INSURE ALL ITEMS ON LIST ARE KEPT IN KIT.
- Administrator will monitor First Aid KIT on a weekly basis.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH WENZIG (OWNER) Date 10-2-17

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WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 The grab bar next to the toilet is not well-secured to the wall in bathroom #7.

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.

- GRAB BAR next to toilet was secured tight
 And fastened in place.
 - Administrator will monitor all bathrooms on a
 monthly schedule

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LEAH C WENZIG (OWNER)
 Date 10-2-17

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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 approximately 9:43am, the temperature measured 54 degrees Fahrenheit in the kitchen refrigerator.

At approximately 9:45am, the temperature of the large standing freezer in the office measured 8 degrees Fahrenheit. At approximately 3:50 p.m., the temperature measured 10 degrees Fahrenheit.

There was no thermometer in the small freezer above the refrigerator in the 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.

- Food was put in refrigerator.
- Administrator will monitor refrigerator thermometer
- EACH SHIFT will check Temperature to insure its working correctly

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah C. IgenFritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH IGENFRITZ Date 10-2-17

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OCT 05 2017

Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

There were two chairs and a mirror against the wall in the hallway between bedrooms 5 and 8, blocking the egress approximately 1 foot.

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.

- Both chairs and mirror were removed from the hallway.
- Administrator will make sure all hallways are kept unobstructed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH WENZIG (OWNER) Date 10-2-17

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

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

Plan of correction implementation status as of 10/16/17 (Date)

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

Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The most recent inspection of the fire extinguisher in the smoking area was May 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.

- Advanced Fire came and did a inspection of ALL EXTINGUISHERS 9-28-17
- Annual Inspections are set up with Advanced Fire

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah S Wenzig

Printed Name and Title of Legal Entity Representative
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LEAH WENZIG (OWNER)

Date 10-2-17

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Leah
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Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
 PCH Name: LEAH S VICTORIAN COTTAGE I

OCT 05 2017

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 11/16/2016 at 12:00 a.m.

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 fire drill was conducted on (9-12-17)
 - Administrator will insure sleeping hours every six months, date of drill will be highlighted with yellow mark a need of scheduled drill.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH WENZIG (owner)	Date 10-2-17
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Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
PCH Name: LEAH S VICTORIAN COTTAGE I

OCT 05 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 10/16/16, for resident #3, did not include mobility needs or special health or dietary needs. These areas were 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.

- DR. will be contacted explain mobility & dietary needs of resident Form's must be complete AND NOT LEFT BLANK.
- Immediately Administrator will monitor Medical Form's.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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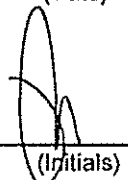
Signature of Legal Entity Representative
(Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah S Wenzig (owner)</i>	Date <i>10-2-17</i>
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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 #1 is ordered Flovent inhaler, 2 puffs twice daily. The medication was not available in 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.

- Medication was ordered and available to resident
- Immediately the Administrator SHALL develop and implement a system to ensure all needs availability in home

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leah Cloninger

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

LEAH CLONINGER (OWNER)

Date 10-2-17

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[Signature]
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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

Resident #2 is ordered tramterene/hctz 37.5/25mg, 1 capsule every other day. However, the June 2017 medication administration record (MAR) indicates the resident was administered the medication every 3 days, including 6/3, 6/6, 6/9 and 6/12.

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 staff attempted meding on (7-1-17) educated staff that administer medications
- THE administrator will monitor the MARs insure medication is administered AND DOCUMENTED CORRECT, The administrator will complete the monitoring at least weekly.

Handwritten signature and date: 10/2/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH JIGENFORT (OWNER) Date 10-2-17

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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 assessment dated 10/20/16 for resident #3, does not include the diagnosis of Generalized Anxiety Disorder as indicated on the medical evaluation, dated 10/19/16.

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.

- DIAGNOSIS WAS ADDED TO ASSESSMENT
 - ADMINISTRATOR SHALL DEVELOP AND IMPLEMENT A SYSTEM ENSURE ALL ASSESSMENTS ARE COMPLETE.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/27/2016	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH S WENZIG (owner) Date 10-2-17

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(Date)

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

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

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

Violation Report: 42935 - 06/23/2017 - Wenzig, Janine
 PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION

The support plan dated 3/11/17 for resident #4, indicates the resident can self-administer medications with assistance remembering the schedule, offering at prescribed times and opening containers or locked storage. However, the medical evaluation, dated 3/11/17, indicates the resident cannot self-administer medications

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 in facility can self-administer medications & unacceptable portion of plan 09/10/17

- ALL residents prescribed medications are offered to residents by trained staff
- Administrator will contact doctor explain the procedure of ability of resident, with medication administration. To explain procedure immediately -

The administrator will update resident #4's support plan to indicate the resident cannot self-administer medications. Staff from the home will continue to administer the resident's medications.

LA
 10/05/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah S Wenzig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEAH S WENZIG (OWNER)* Date *10-2-17*

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

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PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The photographs of residents #1, #2, #3, and #4 located in each of their records are dated 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 Photographs were taken and placed in file.
- Administrator will use Birthdates insure photos are taken on YEARLY basis.

Repeat Violation: No Date(s) of Previous Violation(s): 07/27/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH WENZIG (OWNER) Date 10-2-17

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