



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 17, 2018

Ms. Susan Jones
Owner/Administrator
Susan Jones
111 Hydrangea Lane
Mount Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage
Certificate #: 428900

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on October 20, 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 "Brent Sutherland".

Brent Sutherland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42890 - 10/20/2017 - Garvey, Jody
PCH Name: Susan's Victorian Cottage

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The home has a portable telephone in the kitchen that was blocked from resident access by a silver retractable window for residents who don't have a phone in their rooms. Residents were observed asking permission to access the telephone. The home rules limit the usage of the phone to 10 minutes and 2 times per day.

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.

See attached page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan Jones

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

SUSAN JONES, RN, Administrator

Date

12-7-17

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

The above plan of correction is approved as of

1/2/18
(Date)

Plan of correction implementation status as of

1/2/18
(Date)

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

The above plan of correction was approved by

BB
(Initials)

Regulation 2600 42(e) A resident shall have access to a telephone in the home to make calls in privacy. Non-toll calls shall be without charge to the resident.

Description of Violation There (sic) home has a portable telephone in the kitchen that was blocked from resident access by a silver retractable window for residents who don't have a phone in their rooms. Residents were (sic. Was 1 resident) observed asking permission to access the telephone. The home rules limit the usage of the phone to 10 minutes and 2 times per day.

Our residents can always use the phone whenever they want to use it. The inspector observed that the portable phone on the diningroom/kitchen breakfast bar was blocked from resident access by the steel tambour door which can be opened and closed over the bar to prevent access across the bar to the kitchen. The tambour usually remains open all day long and residents always have complete access to use the phone without having to ask for it. The phone is cordless which allows residents to take the phone to their room for privacy. I do not know why staff closed the tambour with the phone on the kitchen side of the tambour at the moment the inspector was here but the phone is normally left on the dining room side of the open or closed tambour allowing resident full access to it at all times. Staff always allows any resident to use the phone at any time and/or places a number if required when any resident wants to make a call. Last month a resident called 911 on her own and we were very sorry when the ambulance crew arrived unnecessarily. The resident said she called 911 because, "I felt nervous because my brother didn't answer the phone." This is the same (and only) resident that the inspector observed asking to use the phone when the phone was mistakenly closed behind the tambour.

The Home Rules were changed several years ago to limit constant phone abuse by one specific resident who no longer lives here. That resident spent hours on end using our home's phone for personal social calls which severely limited it's access by all callers from the community as well as any outgoing calls from the home. She did have a cell phone but quickly used up all it's minutes. We frequently had to go to her room for the phone when we needed to make a call. That Home Rule was never enforced except to try to deter that one abusing resident.

Action to correct and ongoing step by step plan to correct violation and assure compliance.

Re-educate staff: Staff was re-educated today on the need for constant phone access by all residents. Administrator will monitor staff compliance several times daily and re-educate when/if necessary.

The phone must never be closed behind the tambour: Staff was re-educated today on the need to be sure the phone is always left accessible to residents on the dining room side of the tambour on it's charging station if the tambour ever needs to be closed. Administrator will monitor compliance several times daily and re-educate when/if necessary.

Phone must remain at it's charging station when not in use: Staff was educated to never carry the phone in their pocket. Staff must go to the phone's charging station at the tambour to answer the phone even if they are showering someone or vacuuming and can't hear the phone ringing. The Administrator will monitor compliance several times daily and re-educate when/if necessary.

Administrator checks: The Administrator will check several times daily to make sure the tambour is open and that the phone is in it's charging station (and is on the dining room side of the tambour if the tambour is closed) to assure the residents have independent access to the phone at all times.

Resident responsibility: Residents were instructed today to always return the phone to it's charging station on the bar when they are finished using it. Residents must not keep the phone in their room when finished with their call. The Administrator will monitor compliance daily and re-instruct when/if necessary.

Home Rules changed: Thirty days notice of a Home Rules change was given today. The "Telephone" section of the Home Rules was removed allowing all residents unlimited 24 hour access to our home's phone. Residents are aware they have 24/7/365 access to the phone. Any complaints of restricted resident phone use ability will be monitored by the Administrator daily.

Attempt to secure resident cell phones: The Administrator will make free cell phone applications for all eligible residents if they so desire. This has been attempted in the past but the free cell phone guidelines allow for only one free cell phone per address, not per person. Administrator will attempt to make the new applications using their room numbers as "apartment" numbers.

Specific change made. Specific changes are described above.

Who will make the change. Staff and Administrator will make any and all changes stated above.

When the change was made. Above changes were initiated immediately on 12-07-17.

Steps to assure violation doesn't happen again. As stated above, staff will assure constant resident phone access and Administrator will make phone access checks several times daily.

What training was provided to staff. As stated above, staff was re-trained by the Administrator on 12-07-17 to assure phone access by all residents at all times. Administrator will monitor compliance several times daily and re-educate if/when necessary.

SUSAN JONES Susan Jones 12-7-17
RD, Administrator

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DEC 18 2017
WEST REGION FIELD OFFICE
Human Services Licensing

BS 1/2/18

Violation Report: 42890 - 10/20/2017 - Garvey, Jody
PCH Name: Susan's Victorian Cottage

1. REGULATION 55 Pa.Code §2600

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

The initial assessment, dated [redacted] 2017, for Resident # 1 does not include an assessment for ambulating, doing laundry, or writing correspondence.

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.

See enclosed sheet page 3A

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES, RN Administrator* Date *12-7-17*

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

The above plan of correction is approved as of 1/2/18
(Date)

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

Plan of correction implementation status as of 1/2/18
(Date)

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

Regulation 2600.225(a) A resident shall have a written 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.

Description of Violation: The initial assessment dated [REDACTED] 2017, for resident #1 does not include an assessment for ambulating, doing laundry or writing correspondence.

This resident was discharged on [REDACTED] 17, before the inspector looked at the chart. I was negligent by not reviewing the RASP to be certain that there was a check mark on each item on each of the 13 pages. I am aware that it is very important that each required item is addressed.

This resident was documented as being independently mobile on pages 2 and 5 but I failed to check N/A on page 3. This resident was not documented as being able to do laundry on page 4. This home's staff does all resident laundry.

None of our residents use our washer and dryer for safety reasons. I failed to check the N/A box on page 3.

This resident was not documented as being able to write correspondence on page 4. She often wrote notes to herself on a tablet in her room but I failed to check the N/A box.

Action to correct I pulled this resident's RASP from the discharged resident file drawer today, 12-07-17, and checked N/A on each of the 3 omitted items.

Ongoing step by step plan to correct violation and assure compliance.

- 1 Take more time to do each RASP
- 2 Read each item on each RASP slowly and thoroughly
- 3 Be certain to check the appropriate box on every item on every page of every RASP, leaving no omissions
- 4 Go back and recheck each item on each page before printing the RASP
- 5 Have a staff person double check each page of all RASPs for any omissions or errors.
- 6 These steps will be followed on each future RASP that is done.

Administrator checks: The Administrator will review and check each page of all RASPs for omissions/oversights several times to make sure each item is addressed.

Specific change made. The Administrator will change priorities to take more time filling out these pages to assure I do not mistakenly miss any boxes. I will try my best to be perfect. I will have my staff review these pages to double check if I missed any boxes.

Who will make the change. The Administrator will change to take more time filling out these pages. I will have staff double check each page. I will strive as hard as I possibly can to be perfect.

When the change was made. I pulled this resident's RASP from the discharged resident file drawer today, 12-07-17, and checked N/A on each of the omitted items. Future RASPs will be completed as stated above.

Steps to assure violation doesn't happen again. See steps 1, 2, 3, 4, 5 and 6 above.

What training was provided to staff. Training provided today, 12-07-17, to all staff to thoroughly recheck each RASP and to please help me stop making senseless mistakes such as this.

SUSAN JONES

Susan Jones RN, Administrator

12-7-17

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Page 4 of 4

Violation Report: 42890 - 10/20/2017 - Garvey, Jody
PCH Name: Susan's Victorian Cottage

WEST REGION FIELD OFFICE DEC 13 2017

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

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

Resident #1's initial support plan, dated [redacted] 2017, was unsigned by the resident and it does not notate the resident's refusal or inability to 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.

See attached page 4A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES OWNER/ADMIN Date 1-2-18

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

The above plan of correction is approved as of 1/2/18 (Date)

Plan of correction implementation status as of 1/2/18 (Date)

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

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

Regulation 2600.227(g) Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation: Resident #1s initial support plan, dated [redacted] 2017, was unsigned by the resident and it did not notate the resident's refusal or inability to sign the support plan.

This resident was discharged on [redacted] 17, before the inspector looked at the chart. I was not aware that the resident was REQUIRED to participate in the RASP. I knew the resident, did the pre-admission screen, admitted the resident and talked to and observed the resident for 3 weeks before completing the RASP. There was no indication that the resident was required to participate in the RASP, so I did not fill out or print page 14.

Action to correct I pulled this resident's RASP from the discharged resident file drawer today, 12-07-17, and found no page 14 because the resident did not participate in creation of the RASP.

If the resident is required to participate, please let me know.
If resident participation is required, this is my Plan of Correction:

Ongoing step by step plan to correct violation and assure compliance.

- 1 Explain the RASP to the resident
- 2 Invite the resident to participate in the RASP.
3. Take a laptop to the resident's room for privacy when asking all the questions.
- 4 Read each item on each RASP slowly and thoroughly
- 5 Be certain to check the appropriate box on every item on every page of every RASP, leaving no omissions.
- 6 Go back and recheck each item on each page before printing the RASP.
- 7 Have the resident sign the RASP and document if the resident declines, refuses to sign or is unable to sign or participate.
- 8 Have a staff person double check each page of all RASPs for any omissions or errors.
- 9 These steps will be followed on each future RASP that is done.

Specific change made. The Administrator will invite the resident to participate in the creation of their RASP

Who will make the change. The Administrator will make the change and begin to ask each resident to participate in the creation of their RASP.

When the change was made. I will make this change when I learn that resident participation is required to create their RASP. Then all future RASPs will be completed as stated above.

Steps to assure violation doesn't happen again. Receiving DHS notification that resident participation is required and proceeding with steps 1 through 9 above.

What training was provided to staff. Staff will be trained on resident participation if resident participation is required.

SUSAN JONES
 Susan Jones RW Administrator
 12-07-17