



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: April 6, 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 November 2, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: SUSAN S VICTORIAN COTTAGE		License Number: 42890
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		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/03/1989 Dept of L & I		JAN 19 2018 WEST VIRGINIA UNIVERSITY Human Services Learning
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/02/2017: 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: 16 Number of Residents Served: 14 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		Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 10 Have Mental Illness: 4 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

11/17/17

JAN 19 2018

Violation Report: 42890 - 11/02/2017 - Grace, Desmond

PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

STATE OF PENNSYLVANIA
DEPARTMENT OF SENIORS AND ASSISTIVE SERVICES

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, completed on 1/12/17, does not include the resident's temperature. This section was blank.

Resident #2's medical evaluation, completed on 4/18/17, does not include the resident's temperature. This section was blank.

Resident #3's medical evaluation, completed on 8/8/17, does not include any of the resident's vital signs. These sections were blank.

Resident #4's medical evaluation, completed on 8/8/17, does not include any of the resident's vital signs. These sections 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.

Vital signs are taken by staff the day of the Dr's visit and written on the Home's dated "Doctor's Visit" form. Staff neglected to take or maybe neglected to record the temperatures for several residents on that form.. The Administrator always use the "Doctor Visits" form to prepare the DMEs for the Doctor's signature at his visit..

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 to take each resident's BP, Temp, Pulse and Weight before every Doctor visit and to record those vital signs correctly on the Home's "Doctor Visit" form. Administrator will monitor staff compliance at each Doctor visit and re-educate when/if necessary. The Administrator will assure that she records each one of the required vital signs on the correct blank of the DME and on the correct resident's DME form before giving the DME to the Doctor to sign.

Administrator checks: The Administrator will double check to make sure that staff takes and records each resident's vital signs on the "Doctor Visits" form and that each blank on the DME is filled in with the correct resident's vital signs.

Resident responsibility: Residents were instructed today on their responsibility to allow their vital signs to be taken at each Doctor visit or whenever necessary.

Specific change made. Staff will be sure to document each vital sign, T, P, BP and Wt of each resident on the Home's "Doctor Visit. form. This will be checked by the Administrator and re-taught to staff if/when necessary. The Administrator will be sure to document each resident's complete vital signs in the correct blanks on the correct resident's DME.

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 01-12-18..

Steps to assure violation doesn't happen again. Staff has been educated on the requirement to take each resident's vital signs at each Doctor visit. Administrator will be diligent to correctly record each resident's vital sign in the correct blank on each DME form.

What training was provided to staff. Staff was re-trained by the Administrator on 01-12-18 to take each resident's BP, Temp, Pulse and Weight before every Doctor visit and to record those vital signs correctly on the Home's "Doctor Visit" form.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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** Date **01-13-18**

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

The above plan of correction is approved as of <u>3-29-18</u> (Date)	Plan of correction implementation status as of <u>3-29-18</u> (Date)
The above plan of correction was approved by <u>S</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

Violation Report: 42890 - 11/02/2017 - Grace, Desmond
 PCH Name: SUSAN S VICTORIAN COTTAGE

JAN 19 2018

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

Resident #1's annual assessment, completed on 9/22/17, does not include an assessment of the resident's sensory needs such as hearing, communication, olfactory, and tactile touch. These sections 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.

Annual RASP assessments are completed for each resident by the Administrator before the yearly renewal date using Tabulapro Software. The Administrator neglected to fill in the appropriate blanks to describe this resident's lack of any sensory needs.

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

Re-education The Administrator is now aware that each blank on the RASP is required to contain information, even when the resident has no need in that area. The Administrator is now aware that each blank on each of the RASP's 16 pages must contain an entry whether the resident has a need in that area or not.

Administrator checks: The Administrator will double check to make sure that each blank on each RASP is filled in with the correct information for each resident.

Resident responsibility: Residents were instructed today on their responsibility to provide correct information for accurate completion of their RASP.

Specific change made. Administrator will double check to make sure there is an entry in each blank on each RASP and have a second person check each resident's RASP for completeness and accuracy.

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

When the change was made. The above changes were initiated immediately on 01-12-18.

Steps to assure violation doesn't happen again. The Administrator will be diligent to correctly record each resident's complete information in each blank and in the correct blank of each resident's RASP and to always have that information rechecked by a second person..

What training was provided to staff. Staff was instructed by the Administrator on 01-12-17 that one staff member will need to double check each RASP for accuracy and completeness before the RASP is finalized.

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

Date 01-13-18

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

The above plan of correction is approved as of

1-28-18
 (Date)

Plan of correction implementation status as of 3-28-18
 (Date)

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

The above plan of correction was approved by

K
 (Initials)

Violation Report: 42890 - 11/02/2017 - Grace, Desmond
 PCH Name: SUSAN S VICTORIAN COTTAGE

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
 Resident #1's support plan, completed on 9/22/17, does not include a plan to meet the resident's need of not being capable of self-administering medication. This section was 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.

Annual RASP assessments are completed for each resident by the Administrator before the yearly renewal date using Tabulapro software. The Administrator neglected to fill in the appropriate blanks to describe this resident's inability to self-administer her medication.

Action to correct and ongoing step by step plan to correct violation and assure compliance.
Administrator Checks The Administrator is aware that each blank in the RASP is required to contain information and is aware that a mistake was made by not entering information about the resident's ability to self-administer her meds. The Administrator will double check to make sure that each blank on each RASP is filled in with the correct information for each resident.
Specific change made. The Administrator will double check to make sure that each blank on each RASP is filled in and contains correct information. The Administrator will have a second person check each RASP for completeness and accuracy.
Who will make the change. The Administrator made all changes stated above on 01-12-18.
When was the change made. The above changes were initiated immediately on 01-12-18.
Steps to assure the violation doesn't happen again The Administrator will be diligent to correctly record each resident's complete information in each blank and in the correct blank of each RASP and to always have that information rechecked by a second person.
What training was provided to staff. Staff was instructed by the Administrator on 01-12-18 that one staff member will be responsible to double check each RASP for accuracy and completeness before the RASP is finalized.

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

Susan Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SUSAN JONES	01-13-18

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 42890 - 11/02/2017 - Grace, Desmond
PCH Name: SUSAN S VICTORIAN COTTAGE

DEPARTMENT OF
COMMUNITY DEVELOPMENT

1. REGULATION 55 Pa.Code §2600

2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, stated that resident #2's monthly fee was increased from \$1200 to \$1800 on 6/28/17 in an effort to have the resident leave 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.

See attached sheet

See page 5 of 6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *01-13-18*

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(Date)

Plan of correction implementation status as of 3-29-18
(Date)

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

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

RECORDED

JAN 19 2018

Regulation 55 Pa Code 2600
2600 228(h)

MEMORANDUM FOR THE DIRECTOR
DATE: 01-13-18

Problems with this resident had continued since her admission on [REDACTED]-16. I was advised to give 30 day notice to leave the home by Ombudsman, [REDACTED] on 04-19-17 for non-payment of rent, late fees and failing to sign the required Resident/Home Contract and Third Party Payment contract by POA, Dot.. I did not give that notice.

This resident became more and more demanding and refused compliance with many Home Rules, having to be reminded again and again. She was disruptive, non-compliant, refused required personal care and threatened staff with, "I'll tell Aunt [REDACTED] on you! You don't mess with Aunt [REDACTED]! She has lots of money and she'll put you in jail."

One day after 04-13-17 and before 04-20-17, I phoned DHS and spoke with [REDACTED] on this resident and my fears that the family was trying to find a reason to sue me. [REDACTED] told me I could raise a resident's rent with 30 days notice at any time. She couldn't answer my other questions and referred me to get a callback from her supervisor, [REDACTED] who never called me back.

On 06-28-17 I sent notice of a rate increase to \$1800 /month to POA [REDACTED] due to the resident's continued disruption and noncompliance which caused stress and extra work for my staff. That extra \$600.00 rent would have paid for a nice raise for staff who had to deal with [REDACTED] frequent disruption and non compliance.

The family visited on [REDACTED]-17 and gave me written eleven (11) day's notice that the resident would be leaving on [REDACTED]-17 (before 30 days was up). Katherine left on [REDACTED]-17. I did not charge for the required 30 day's notice to [REDACTED]-17 although I could have, and I did not charge her the new \$1800 rate.

Plan of Correction - NOT NECESSARY BECAUSE THIS WAS NOT A VIOLATION

Any questioned, assumed or implied motive for taking any action in any situation does not apply when there is a legal and documented reason for taking that action.

I am very aware of the requirements to evict a resident. This resident was not given notice to leave the home nor was she required to leave the home. The family chose to move her of their own free will. The resident could have remained in the home. I raised the resident's rent due to her documented challenging behavior, repeated disruption and noncompliance with the Home Rules. If I wanted to evict her, I could have done so under 2600.228 (h) (7) "Documented repeated violation of the Home Rules" because I do have that required documentation. I chose to raise her rent instead of evicting her, giving her the opportunity to stay.

SUSAN JONES
Susan Jones

01-13-18

Immediately: The only grounds for discharge or transfer of a resident from the home will be in accordance with 2600.228h. 3-28-18

Immediately: All residents and staff persons will be educated on the right to remain in the home, as long as it is operating with a license, except as in regulation 2600.228. Documentation of education will be kept.

3-28-18

3-28-18

Violation Report: 42890 - 11/02/2017 - Grace, Desmond
PCH Name: SUSAN S VICTORIAN COTTAGE

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
Resident #1 documentation of medication evaluation completed 9/9/16 has illegible writing covered by "White-out" in the space for date evaluation completed and date form completed.

Resident #2 documentation of medical evaluation completed 4/18/17 has illegible writing under the number 170cm which is written over another number that cannot be determined in the space for height.

Resident #1 financial records dated 7/17/17 has illegible writing on line dated 10/23/17 where the amount \$30.36 covers another amount that cannot be determined and the amount \$253.00 covers another number that cannot be confirmed.

Resident #4 financial records dated 3-9-17 has illegible writing within the line dated 10/31/17 where the amount \$50.00 covers another amount that is not legible.

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 sheet

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* Date *01-13-18*

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(Date)

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 3-28-18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

JAN 16 2018

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.

Resident #1 DME of September 2016 is dated with a printed month and year but has the day, a 9, written in ink on all 3 date places on the first page of the form, yet has 09-15-16 printed on the second page in 2 places. I don't know what happened here.

Resident #2 DME of 4-18-17. This says 170 cm written over top of 144.5 in the height box. 144.5 is the resident's weight that was written in the height box by mistake. 144.5 is also written in the weight box.

Resident #1 Financial Record of 07-17-17 was altered but is readable. The resident first requested \$30.00 then also wanted to take the 36 cents change. The amounts were corrected in an unacceptable manor.

Resident #4 Financial Record of 03-09-17 has a 5 for \$50.00 written over top of a 4 for \$40.00. The resident decided to take \$10 more than first requested. The amount was corrected in an unacceptable manor.

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

Re-education Staff was re-educated on 01-12-17 to never write over top of an error but to make all error corrections by using a single line through the error to assure the error remains readable.

Administrator checks: The Administrator will double check to make sure that all error correction is done with a single line through the error and that any entry or date must never be altered on a signed document. A note was placed in the Financial Record book to remind staff to never write over top of an error but to draw a line through the error and begin a new line.

Specific change made. Administrator will double check to make sure that all error correction is done with a single line through the error so that the error remains readable and that any date or entry must never be altered on a signed document.

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

When the change was made. The above changes were initiated immediately on 01-12-18.

Steps to assure violation doesn't happen again. The Administrator will be diligent to assure that all error correction is done with a single line through the error so that it remains readable and that any date or entry must never be altered on a signed document.

What training was provided to staff. Staff was instructed by the Administrator on 01-12-18 to always make all error correction with a single line through the error so it remains readable and that any date or entry must never be altered on a signed document.

Susan Jones
SUSAN JONES

01-13-18

3-28-18y