



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 16, 2018**

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's Bureau of Human Services Licensing inspection on January 11, 2018, 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 cursive script, appearing to read "Suzy Quinn".

Suzy Quinn  
Acting Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: VICTORIA MANOR PERSONAL CARE HOME		License Number: 4-542
Address: 100 ROSE COURT, OAKDALE, PA 15071		County: Allegheny
Administrator: Kathleen Krise		Region: WEST
Legal Entity Name: LAFFEY HEALTH CARE SERVICES LLC		<b>RECEIVED</b>
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 09/17/1997 Dept. of Labor & Industry		JUN 21 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 4
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident, Fine		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/11/2018: Barone, Barbara; Lester, Marie		
<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: 38 Number of Residents Served: 33 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: 4 Number of Hospice Residents In past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0

Violation Report: 44642 - 01/11/2018 - Barone, Barbara  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUN 21 2018

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was used to measure blood glucose levels for multiple residents on 1/10/18 to include the following:

Resident	Time of Reading
#2	2:59 PM
#3	3:03 PM
#3	7:59 PM
#4	3:05 PM
#5	3:06 PM
#6	8:45 PM

Resident #3's glucometer was used to measure morning blood glucose levels for multiple residents on 1/6/18 to include residents #1, #2, #4 and #5.

Resident #5's glucometer was used to measure blood glucose levels for multiple residents on 1/7/18 to include the following:

Resident	Time of Reading
#1	4:42 PM
#3	4:36 PM
#4	5:06 PM

Resident #6's glucometer was used to measure blood glucose levels for multiple residents on multiple dates to include the following:

Resident	Date and Time of Reading
#1	1/5/18 at 8:53 AM
#1	1/6/18 at 1:44 PM
#1	1/7/18 at 8:23 PM
#2	1/5/18 at 8:31 AM
#2	1/6/18 at 1:16 PM
#2	1/7/18 at 8:39 PM
#3	1/6/18 at 1:13 PM
#3	1/6/18 at 5:10 PM
#3	1/6/18 at 10:00 PM
#3	1/7/18 at 10:03 AM
#3	1/7/18 at 1:10 PM
#3	1/7/18 at 9:21 PM
#4	1/9/18 at 12:28 PM
#5	1/5/18 at 8:23 AM

Resident #7's glucometer was used to measure blood glucose levels for multiple residents on multiple dates to include the following:

Resident	Date and Time of Reading
#2	1/10/18 at 8:15 PM
#4	1/3/18 at 4:27 PM
#4	1/6/18 at 4:44 PM
#5	1/1/18 at 3:52 PM

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.

Glucometers were discarded. ms 8/1/18

See page 3A of 5

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/17/2017 et al.
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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 *6/20/18*

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Violation Report: 44642 - 01/11/2018 - Barone, Barbara  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUN 21 2018

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

The above plan of correction is approved as of 5/2/18  
(Date)

Plan of correction implementation status as of 5/2/18  
(Date)

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

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

All glucometers were replaced immediately by administrator. Receipt enclosed. And we have had in-service training. Glucometers are checked <sup>daily</sup> by med staff on duty and document in the glucometer chart. ms 8/2/18

Training was completed on 11/27/18. ms 8/2/18  
Immediately - Each resident's diabetic supplies, to include glucometers, shall be labeled with the resident's name and stored separately from diabetic supplies of other residents. ms 8/2/18

Kathleen Kruse  
6/20/18

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JUL 31 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44642 - 01/11/2018 - Barone, Barbara  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

On 4/28/17, resident #8 was prescribed Namenda XR 14 mg - take one capsule daily for dementia. This medication was not administered from 10/7/17 to 12/6/17; however, the home did not have a written prescription from the prescriber to discontinue it. Resident #8 was hospitalized on 12/8/17 for "altered mental status".

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.

Switched pharmacies in Oct, wasn't noticed till Dec. when it was brought to Admin's attention she did incident report and had pharmacy do a Cart audit (attached). Med filed [redacted] keeps a weekly check on Med cart, and did daily checks on resident 8.

Immediately - All staff qualified to administer medications will be re-educated regarding changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the department of state. Documentation of training shall be kept. ms 5/2/18

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

6/20/18

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(Initials)

JUN 21 2018

Violation Report: 44642 - 01/11/2018 - Barone, Barbara  
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4/28/17, resident #8 was prescribed Namenda XR 14 mg - take one capsule daily for dementia. This medication was not administered from 10/7/17 to 12/6/17; however, the home did not have a written prescription from the prescriber to discontinue it. Resident #8 was hospitalized on 12/6/17 for "altered mental status".

On 12/9/17, resident #8 was discharged from the hospital with a prescription for Memantine HCl (equivalent to Namenda) 5 mg - take 1 tablet twice daily for three weeks then 10 mg twice daily. However, on 12/10/17 at 8:00 AM, the resident was administered 14 mg Namenda XR.

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. *Immediately - The administrator will develop and implement a system to ensure the home receives hospital discharge instructions upon the residents return to the home and any changes in the residents.*

*Switched pharmacies in Oct, did not follow thru to new pharmacy, staff did not notice when it came to my attention I submitted and incident report to the state. Did and in service on medication error and had pharmacy do a med cart audit, started weekly checks of med cart. The Namenda XR 14mg was administered at 8am and the discontinuance did not come from doctor till 9am. Discontinuance did not come with discharge.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/17/2017 et.al

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 *6/20/18*

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The above plan of correction is approved as of 8/2/18  
(Date)

Plan of correction implementation status as of 8/2/18  
(Date)

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- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

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

*\* Medications and/or care needs is communicated to staff providing care to the resident MS 8/2/18 within 30 days of receipt of the plan of correction - all staff providing care to residents will be relocated on the policy and procedure developed. Documentation of the audit shall be kept. MS 8/2/18*