



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LAFFEY HEALTH CARE SERVICES LLC

LEGAL ENTITY

To operate VICTORIA MANOR PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 100 ROSE COURT, OAKDALE, PA 15071

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 38
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 15, 2018 until August 15, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446420**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 15 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 annual inspection on March 29, 2018; March 30, 2018 and July 16, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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.

Dear Ms. Krise

The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: VICTORIA MANOR PERSONAL CARE HOME		License Number: 44542
Address: 100 ROSE COURT, OAKDALE, PA 15071		County: Allegheny
Administrator: KATHY KRISE		Region: WEST
Legal Entity Name: LAFFEY HEALTH CARE SERVICES LLC		RECEIVED
Legal Entity Address: 601 ELM SPRING ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 01/02/1996 Labor & Industry		JUN 26 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 30	Total Daily Staff: 79	Waking Staff: 69
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional, Fine		
On-Site Inspections Dates and Department Representatives On-Site 03/29/2018: Mulick, Cindy; Pfaff, Vicki 03/30/2018: Mulick, Cindy; Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable 04/12/2018: Mulick, Cindy		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 36 Number of Residents Served: 36 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: 7 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0

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Violation Report: 44342 - 03/28/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home has not implemented a quality management 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.

The administrator will schedule yearly quality management plans.
Administrator & staff had meeting 5/23/18 to go over violation report of glucometers.
The administrator and designee will monitor and get up plan.

On 7/30/18 a quality management meeting was held which included all of the required components of 2600.26b. 9W
Within 15 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure a quality management meeting is conducted per the home's quality management plan. 9W

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krizan / Admin* Date *6/25/18*

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u>9W</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress 9W <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44842 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D was hired on 2/24/18 and began providing unsupervised ADL services on 3/5/18; however, this staff person did not successfully complete the Department-approved direct care training course and pass the competency test until 4/3/18.

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 pages 3 of 19 + 3 of 19

The administrator did have staff person D take test on 3/4/18, was misplaced. Administrator will make sure all testing is done in timely manner. Administrator had staff person take over

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/06/2017	04/07/2017
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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 *6/25/18*

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

The above plan of correction is approved as of 8/6/18
(Date)

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

Plan of correction implementation status as of 8/6/18
(Date)

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

Page 3^a of 19

The administrator added Direct Care Staff certification to the new hire list. All new hires will be taking direct care testing one month from hire date. This will be monitored by administrator and designee.

Kathy Kruse

Page 3^b of 19

Plan of correction for Victoria Manor Personal Care Home

Violation 2600.65 (d)

Upon discovery the administrator immediately had staff person D take the DCS test on the state web site on 3/4/18 due it being misplaced.

The administrator/designee will ensure that prior to providing unsupervised care all new staff member will complete the DCS training course.

The administrator added DCS Certification to the new hire check list to ensure it will be completed on all new hires.

The administrator/designee will check within a month of hire to ensure DCS Certification is completed.

Kathy Krise
Kathy Krise

Admex 7/5/18

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Violation Report: 44642 - 03/29/2018 - Mullok, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 3/29/18, at 10:50 a.m., the following poisonous materials were accessible to residents in the unlocked storage room at the end of the left hallway near exit C:

- a 1 quart spray bottle of Odor Ban deodorizer with a manufacturer's label which indicates "if swallowed, call poison control center or doctor for treatment advice;
- two 1-gallon cans of Behr Premium Plus Paint and Primer with manufacturer's labels which indicate "if swallowed get medical attention immediately"
- a 1 gallon jug of Avanca State rinse additive with a label which indicates "if swallowed, call a poison control center or physician"
- a 14 ounce can of Flex Seal liquid rubber with a label which indicates "if injected do not induce vomiting - seek medical attention immediately"
- a 32 ounce can of Kilz 2 latex paint with a label which indicates "if swallowed, do not induce vomiting - get medical attention immediately"

Not all the residents in the home, including resident #1, # 2 and #3, have been assessed capable to use or avoid poisonous materials.

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.

Administrators locked room as soon as inspected noted. Room is kept locked and only Admin or Med Tech have key to access for cleaning product. Daily check list done by all 3 shifts See page 4^a of 19

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/07/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Grise / Admin* Date *6/25/18*

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

The above plan of correction is approved as of 8/6/18 (Date)

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

Plan of correction Implementation status as of 8/6/18 (Date)

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

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Plan of Correction for Victoria Manor Personal Care Home.

Violation 2600. 82(c). Poisonous Material
Upon discovery the administrator immediately locked the door to ensure poisonous material are inaccessible to residents.

The administrator/med tech will check daily to ensure the door remains locked each shift. The administrator / med tech only will have the key to access cleaning supplies.

The staff will be educated on state regulation 2600. 82 (c) to ensure poisons are inaccessible to residents.

Kathy Krise

Kathy Krise

Admin

7/5/18

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Violation Report: 44842 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUN 25 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

Staff person B uses one Easy Touch lancing device when checking the blood sugar levels of multiple residents, to include residents #2, #3, #5, #6, #7, #8 and #9 who have daily glucometer checks.

On 3/30/18, at 3:00 p.m., staff person C transported a bag of garbage to the dumpster using a wheelchair from the front lobby.

withdrewn 8/8/18

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 removed lancing device and has ordered all safety permits for all residents except resident #2 who is allowed to keep 1 mess room.
Staff were educated on sanitary conditions and making sure things are labeled.

Immediately: A designated staff person will check the home daily, including blood glucose testing supplies and bathrooms, to ensure sanitary conditions are maintained.

9W 8/6/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Ryan / Admin Date 6/25/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/6/18 (Date)

The above plan of correction was approved by 9W (Initials)

Plan of correction implementation status as of 8/6/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 9W
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44642 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
HUMAN SERVICES LICENSING

1. REGULATION 56 Pa.Code §2800
2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 3/29/18, at 11:17 a.m., the hot water temperature in the women's common restroom adjacent to the dining room measured 123.8 degrees Fahrenheit.
On 3/29/18 at 1:45 p.m., the hot water temperature in the bathroom of room 20b measured 134.0 degrees Fahrenheit.
On 3/29/18, at 2:10 p.m., the hot water temperature in resident #2's bathroom measured 133.7 degrees Fahrenheit.
On 3/29/18, at 2:15 p.m., the hot water temperature in the bathroom of room 3 measured 123.8 degrees Fahrenheit.

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.
*As soon as administrator was told she turned water heaters down.
The administrator or designee will check water temps every Monday and record.*
See page 6a of 19

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/07/2017

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 *6/25/18*

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

The above plan of correction is approved as of 8/6/18 (Date)
Plan of correction implementation status as of 8/6/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *92%*
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by *JK* (Initials)

Plan of Correction for Victoria Manor Personal Care Home

Violation 2600.89 (b) Hot water temp
Upon discovery the administrator immediately turned the water heater down.

The administrator/designee will check the water temp weekly and record. Med techs will check daily as well to maintain compliance.

The administrator/designee will educate the staff on state regulation 2600.89 (b) to ensure the water temp does not exceed 120 degrees F.

Kathleen Krise

Kathleen Krise Admin 7/5/18

Staff training was conducted on 7/5/18. *QW* 8/6/18

Water temperature checks will be conducted at at least 2 sources of hot water that is accessible to residents. *QW* 8/6/18

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Violation Report: 44542 - 03/29/2018 - Mulick, Cindy
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800
 2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 On 3/29/18, at 12:00 p.m., the telephone numbers for the local emergency management agency, ambulance and the nearest hospital were not posted on or by the telephone at the front desk.

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.

*Administrator made copies of emergency numbers and posted them on 3/29/18.
 Administrator checks weekly to see they are still posted.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Kathleen Kruse/ Admin</i>	Date <i>6/25/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>JK</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u><i>JK</i></u> (Initials)	

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Violation Report: 44642 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
On 3/29/18, there was no screen in the sliding window in staff persons A's 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.

Screen has been placed in admin's office. 6/24/18

Within 5 days of receipt of the plan of correction: A designated staff person will check all operable windows, including windows in doors to ensure they securely screened.

JK 8/6/18

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 *6/25/18*

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u>JK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44842 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(f) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
On 3/29/18, there was no soap dispenser by the bathroom sink in the shared bathroom in room 20b.

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.

Soap dispensers was placed on 3/29/18
Administrator designee, or any employee,
at least once per shift 8/6/18
will check rooms to make sure soap
is in bathrooms.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Rose / admin* Date *6/25/18*

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

The above plan of correction is approved as of 8/6/18
(Date)

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

Plan of correction implementation status as of 8/6/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *QR*
 Partially Implemented - Inadequate Progress
 Not Implemented

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Violation Report: 44642 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have not been reviewed or updated since 5/22/16.

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.

The emergency procedures are being retyped and will be reviewed by 7/7/18. They are at the printers now and will be submitted. The administrator and designee will make sure this is done annually.

Within 10 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure the home's written emergency procedures are reviewed, updated and submitted to the local emergency management agency annually. *JK* 8/6/18

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 *6/25/18*

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

The above plan of correction is approved as of 8/6/18
(Date)

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

Plan of correction implementation status as of 8/6/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *JK*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44042 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 26 Pa. Code §2900
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
On 3/29/18, at approximately 10:50 a.m., the exit door at the end of the hallway to the left upon entering the home fit tightly against the bottom frame and required much force to open.

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 page 11a of 19

Upon discovery Administrator had maintenance man fix immediately with Cindy Mulick present. For the state on 3-29-18

The administrator/designee will have maintenance man check monthly to ensure doors are working properly to be in compliance with state regulation 2600.121(a) revise to weekly for check

(staff education conducted on 7/5/18) 8/6/18

Staff will be educated on state regulation 2600.121(a) to ensure routes from rooms and the building are unlocked and unobstructed for immediate egress of residents from building

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/27/2017

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 *6/25/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u>OK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>OK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction for Victoria Manor Personal Care Home

Violation 2600.121 (a) Egress Routes

Upon discovery the administrator immediately had maintenance man fix the exit door with Cindy Mulick from the state present.

The administrator / designee will have maintenance man check egress routes weekly and med techs check daily to ensure doors are working properly to be in compliance with state regulation 2600.121 (a)

The administrator/designee will educate staff on state regulation 2600.121 (a) to ensure routes from resident rooms and the building are unlocked and unobstructed for immediate egress of residents from the building.

Kathy Krise

Kathy Krise
Admin

7/5/18

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Violation Report: 14842-0129/2018 - Miller, Cindy
POH Name: VICTORIA MAJOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code § 82600
2800.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures do not indicate what procedures will be immediately implemented when a smoke detector or fire alarm is inoperable.

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 ensured policy in place for inoperable Fire Alarm or smoke detector.

The administrator will make staff aware of policies and ensure staff knows what to do if Fire Alarm or smoke detector is inoperable.

Administrator will Review it with yearly fire-training in September.

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 6/25/18

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u>PK</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

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Violation Report: 44842 - 03/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MAJOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2860
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 fire extinguisher in the attic at the top of the pull down stairs in the beauty shop has not been inspected by a fire safety expert since 11/2016.

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.

Upon discovery the Administrator immediately contacted Sheffield Fire & Safety Co to come in and inspect fire extinguisher.

The Administrator ^{at least annually} ^{8/6/18} will check all fire extinguishers to ensure they all get inspected with yearly inspection

A fire extinguisher with a current inspection tag was placed in the attic on 8/3/18. ^{8/6/18}

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 6/28/18

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The above plan of correction is approved as of 8/6/18
(Date)

The above plan of correction was approved by ^{8/6/18}
(Initials)

Plan of correction implementation status as of 8/6/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ^{8/6/18}
- Partially Implemented - Inadequate Progress
- Not Implemented

JUN 25 2018

Violation Report #44542 - 03/29/2018 - Mullik, Cindy
FCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 53 Pa.Code §2800

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

A safe evacuation time of 3 minutes and 29 seconds was designated by a fire safety expert on 9/14/17. However, the fire drill on 10/9/17 at 12:00 a.m. took 3 minutes and 57 seconds to complete. Also, the fire drill on 12/6/17 at 2:00 a.m. took 3 minutes and 59 seconds to complete.

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 Review Fire Drill times immediately to determine way to improve Fire drill time.

Administrator will have 11-7 shift do practice with evacuating Residents with 2 staff members to get residents out of the home within the 3min 29sec time frame

Fire drills conducted on 4/7/18, 5/9/18 and 6/15/18 were all completed within 3 minutes and 29 seconds. *9/8/18*
Within 5 days of receipt of the plan of correction: All staff persons will be educated in the home's fire drill procedure and the designated safe evacuation time. Documentation of the education shall be kept. *9/8/18*

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 *6/25/18*

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The above plan of correction is approved as of 8/6/18 (Date)

The above plan of correction was approved by *9/8* (Initials)

Plan of correction implementation status as of 8/6/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9/8*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 25 2018

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Violation Report: 44042 - 08/29/2018 - Mulick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 81 Pa.Code 9140.00
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 3/30/18, resident #1's Evista 60 MG tablets were still being stored in the medication cart; however, this medication has been discontinued by the prescriber.

On 3/30/18, resident #1's Cyclopiroc cream 0.77% was still being stored in the medication cart; however, this medication was discontinued on 3/11/18 by the prescriber.

On 3/30/18, resident #2's Systane Balance 0.5% eye drops were still being stored in the medication cart; however, this medication was discontinued on 3/9/18 by the prescriber.

On 3/30/18, resident #2's Novolog insulin flexpen was labeled as opened on 1/10/18; however, the manufacturer's instructions indicate to discard after 28 days.

5. 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 all discontinued medications from the med carts.

The Administrator/designee educated the med techs on regulation 2600.183(d) to ensure all discontinued medication is disposed of properly.

A weekly check list will be completed by the 11-7 med tech to ensure med cart remains in compliance and that only current prescription, OTC, sample and CAM for individuals living in the home are kept in the home. *OK* 8/6/18

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

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 *6/25/18*

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The above plan of correction was approved by <u><i>OK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>OK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44642 - 03/20/2018 - Mulick, Cindy
FCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa. Code §2500
2600.184(a) - The original container for prescription medication shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Digitek 126MCG - take one tablet by mouth daily on Mondays, Wednesday and Fridays; however, the pharmacy label indicates to take 1/2 tablets daily for the first 3 days then 1 tablet daily thereafter.

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 contacted Johnson's Pharmacy to have Digitek Label corrected.
The Administrator / med Tech had Johnson's Pharmacy send new label along with change in direction stickers to prevent future errors on 3-29-18
The administrator / designee will review medication policy with med techs on 3-29 and 3-30-18. A check list will be done by 11-7 shift to check medication cart and medications to ensure labels have the correct directions. at least weekly 8/6/18

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 6/25/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 8/6/18 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 8/6/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

JUN 25 2018

Violation Report: 44642 - 03/29/2018 - Mulick, Cindy
POH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE

1. REGULATION 57 Pa.Cchs §2600 Human Services Licensing
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
The glucometer belonging to resident #2 is not calibrated to the correct date or time.

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 Administrator immediately got a new meter for resident #2 on 3-29-18

Administrator / Med tech will do daily glucometer checks to ensure State Regulation 2600.185 (a) is maintained - including all glucometer are set to the correct date and time. *OK* 8/6/18

Med Tech will have yearly Diabetic training in October and Review on using and checking glucometers

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 *6/25/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <i>OK</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>OK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44842 - 03/28/2018 - Mullett, Cindy
FCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 511 Pa. Code § 2600

2600.187(b) - The information in § 2600.107(e)(13) and § 2600.137(e)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Ocusoft lid scrub, apply to both eye lids two times a day. It is administered at 8:00 a.m. and 8:00 p.m. However, the resident's March 2018 MAR includes staff initials for 4 administrations per day (7:00 a.m., 8:00 a.m., 5:00 p.m. and 8:00 p.m.) from 3/10/18 through 3/28/18.

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/designee immediately called the pharmacy and the 7am & 5pm removed from the MAR on 3-29-18

The Administrator/designee Reviewed with med techs to check MAR, medication label and check MAR again prior to giving any medication on 4-4-18

The administrator/Designee will do monthly observation of med tech to ensure and be in compliance with State Regulation

2600.187(b) Immediately and weekly thereafter: A designated staff person who is qualified to administer medications will review resident MARs to ensure the documentation of administration is made at the time of the administration.

6/6/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/07/2017

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 6/25/18

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

The above plan of correction is approved as of 8/6/18 (Date)

Plan of correction implementation status as of 8/6/18 (Date)

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

The above plan of correction was approved by (Initials)

**VIOLATION REPORT:
PERSONAL CARE HOMES - 58 Pa.Code Chapter 2600**

PCH Name: VICTORIA MANOR PERSONAL CARE HOME		License Number: 44642
Address: 100 ROSE COURT, OAKDALE, PA 15071		County: Allegheny
Administrator: Kathy Krise		Region: WEST
Legal Entity Name: LAFFEY HEALTH CARE SERVICES LLC		
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 01/01/1988 Labor & Industry		RECEIVED JUL 30 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 33	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Interim		
On-Site Inspections Dates and Department Representatives On-Site 07/16/2018: Mulick, Cindy; Pfaff, Vicki		
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: 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: 6 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: 0 Have a Physical Disability: 0	

Violation Report: 44642 - 07/16/2018 - Mullok, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa.Code §2600

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

Resident #1 passed away in the home on [redacted] 18; however, the home did not report this incident to the Department until 7/24/18.

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 designated person will check paperwork upon admittance to make sure the admission process is done.~~

The administrator or designated person will check weekly to make sure staff is doing the incident reports.

The above mentioned incident was reported by the home on 7/30/18. ^{9/18} 8/6/18
Staff received training in the home's incident reporting procedure on 7/29/18. ^{9/18} 8/6/18

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 7/30/18

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

The above plan of correction is approved as of 8/6/18 (Date)
The above plan of correction was approved by [initials] (Initials)
Plan of correction implementation status as of 8/6/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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JUL 30 2018

Violation Report: 44642 - 07/16/2018 - Mullick, Cindy
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted 5/4/18, does not have a preadmission screening.

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 designated person will make sure pre-admission is done prior to admittance.

A preadmission screening for resident #2 was completed on 7/17/18. *QW* 8/6/18
Staff were educated on regulation 2600.224a on 7/29/18. *QW* 8/6/18

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) <i>Kathleen Krise/Admin</i>			Date <i>7/30/18</i>

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction Implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u><i>QW</i></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