



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

Ms. Leah C. Ilgenfritz
Owner
Leah C. Ilgenfritz
521 Park Avenue
Scottsdale, Pennsylvania 15683

RE: Leah's Victorian Cottage I
511 Park Avenue
Scottsdale, Pennsylvania 15683
Certificate #: 429350

Dear Ms. Ilgenfritz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 5, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. However, the home had a carbon monoxide detector placed approximately 2 feet from the fossil fuel burning stove in the kitchen. Also the home placed a carbon monoxide detector approximately 6 feet from the homes fossil fuel burning furnace in the closet next to the main television room.

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.

On (7-5-18) date of Inspection Approved Carbon Monoxide alarms were Installed According to the regulatory compliance guide
 Administrator held training classes on (8-22-18) Care Facility Carbon Monoxide Standards Act Teaching tool.
 Administrator will monitor Carbon Alarms on a monthly schedule to insure Alarm is properly maintain according to manufacturer's instructions

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah C. Jegen Fritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH JEGENFRITZ (OWNER) Date 8-28-2018

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

The above plan of correction is approved as of 9/19/18 (Date)

Plan of correction implementation status as of 10/25/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract was completed on 5/31/18. However, the resident's contract was not signed by the administrator or the administrator's designee.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 contract was signed and dated (7-10-18)
 Administrator will monitor All resident's files (monthly) to insure documents are signed and dated
 Administrator will verify by rechecking All resident files to ensure contracts are signed on a monthly review.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LEAH JEGER FRITZ (OWNER)* Date *8-28-2018*

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

SEP 26 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42935 - 07/05/2018 - Grace, Desmond
PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A, the home's administrator, only completed 17 hours of the required 24 hours of approved administrator training during the 1/1/17 through 12/31/17 training year.

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 will obtain a List of Available state Approved training In Area. Administrator will also use computer to obtain training. All training will be completed in a timely manner.
~~Administrator will complete 24 hrs of Administrative training of Approved Administrative training during 2018 training year in addition to the 7 hours training from 2017 which were used for the 2017 training year.~~
The administrator completed the 7 hours of required training. 10/25/18.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Leah S Gritz (owner) Date 8-28-2018

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The above plan of correction was approved by <u>J</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: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not complete annual training topics self-administration of medications and Care of resident with dementia and cognitive impairment during the 1/1/17 to 12/31/17 annual training year.

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 trained DC staff on all annual training required for calendar year 2017
 Administrators will check all DC staff training to ensure 2018 required annual training is completed and upto date on a monthly basis

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah C. Gier Fritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah C. Gier Fritz (owner)</i>	Date <i>8-28-2018</i>
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person C did not complete annual training in emergency preparedness during the 1/1/17 to 12/31/17 annual training year.

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 trained DC staff on all Annual training required on 8-21-18
 Administrator will effect All staff training to ensure All staff received required 2017 Training year was completed
 Training for staff person C was completed and placed in file

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LEAH S GELFRITZ (OWNER)* Date *8-28-2018*

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

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

2a. DESCRIPTION OF VIOLATION

On 7-5-18 from 9 a.m. to approximately 5 p.m., the home had a pervasive strong musty and pungent odor throughout the building.

From 10:00 a.m. to 11:21 a.m. and 3:30 p.m., the toilet seat in of bathroom #2 contained a quarter sized dried splatter of brown in color feces.

At 11 a.m., 11:20a.m., and approximately 3:30 p.m., the shower chair in bathroom #5 contained a 1.5" brown feces stain on right edge of the chair.

At 11 a.m., 11:25 a.m., and approximately 3:30 p.m., the shower chair in bathroom #4 contained 2 x 1" and 1 x 1/2" linear brown feces stains on the back of the seat.

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 Held a staff education meeting (8-22-18)
 A sign of sheet will require staff sign that Bathroom's were checked for cleanliness
 Shower chair and Toilets were all cleaned and Inspected By Administrator.
 Administrator purchased Damprid Bags. And Installed According to manufacture instructions.
 Administrator will monitor replace as needed.
 Administrator will monitor sign sheet on a daily basis

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah J. Genfritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH J GENFRITZ (OWNER) Date 8-28-2018

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 9:45 a.m. the large dumpster in the rear of the facility was left uncovered. The dumpster was ¾ filled with 4 large trash bags and 2 twin mattresses. There were five assorted pieces of carpeting on the ground next to the dumpster.

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 removed mattresses and carpeting of the ground waste management was called on July 10, 2018 and emptied contents of dumpster
 Administrator educated all staff on maintaining trash on (8-22-18)
 Administrator will monitor dumpster and around building on a weekly basis to ensure all trash is picked up. Daily check for lid's on dumpster are shot.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah Gilbert (owner)* Date *8-28-2018*

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

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

The window on the right side of resident bedroom #6 opens, however the window does not have a screen.

The window on the right side of resident bedroom # 3 was open and included and air conditioning unit. However, there was a 24" gap to the left of the air conditioning unit that did not include a screen.

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 repaired GAP around Air conditioning
 Administrator ~~with~~ educated staff 8-22-18
 on a reporting procedures if they see ANY
 repairs needed
 Administrator will monitor on a monthly
 basis to ensure building is kept in good
 repair.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leah J Gerantz (owner)* Date *8-28-2018*

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The right side cabinet door of entertainment center in the front entryway was missing a portion of the door framing extending 36" front top to the bottom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A Time of Inspection door's were repaired from entertainment center

Administrator educated staff 8-22-18 on a reporting procedure if staff see any repairs needed

Administrator will monitor on a monthly basis to ensure building is kept in good repair.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah S Gentrifitz (owner)* Date *8-28-2018*

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
The lint trap for the clothes dryer in the laundry room was ¾ covered with lint measuring 1" thick.

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.

Lint was removed Day of Inspection
Administrators ~~removed~~ will monitor dryer to ensure Lint is removed on a daily basis.
Administrator Educated all staff (8-22-18) on Importance of Keeping dryer Lint free.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH S GERWITZ (OWNER) Date 8-28-2018

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

The above plan of correction is approved as of 9/19/18
(Date)

Plan of correction implementation status as of 10/25/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency preparedness plan was not poster in a public and conspicuous place 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.

Emergency Preparedness plan was posted day of Inspection.

Administrator will monitor to ensure all mandatory material is posted in a conspicuous place and kept in good repair on a weekly basis

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEAH S GERFRITZ (OWNER)</i>	Date <i>8-28-2018</i>
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The homes most current gas furnace inspection of the was completed in 1/6/17.

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.

Furnace was inspected (7-13-18)
 Administrator will monitor Furnace Inspection. A notice will be placed in a conspicuous place indicating Date of Inspection was completed. To ensure Annual Furnace Inspections are performed

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEAH S GERTITZ (OWNER)</i>	Date <i>8-28-2018</i>
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 6/16/18 at 11:30p.m. However, the home's documentation of the fire drill does not indicate the number of residents present in the home at the time of the evacuation.

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.

Number of resident's was documented on Fire log dated 6/16/18
 Administrator will monitor Fire log on monthly basis. to ensure Fire log is completed correctly.
 Administrator Educated STAFF 8-22-18 on recording Information on Fire log

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>LEAH J GENFRITZ (OWNER)</u>	Date <u>8-28-2018</u>
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SEP 26 2018

WEST REGION FIELD OFFICE

Violation Report: 42935 - 07/05/2018 - Grace, Desmond
PCH Name: LEAH S VICTORIAN COTTAGE I Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's had a medical evaluation completed on 4/25/17. However, the resident's next medical evaluation was not completed until 5/15/18.

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.
Resident #2 has difficulty keeping medical appointments. Administrators will implement a system compile a List of resident's that are difficult complying attending appointments. Giving Administrator more time to help resident comply. The Administrator or Designated staff person will REVIEW All Resident's records TO ENSURE each resident records has a current medical evaluation completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) Leah S. Victor

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S VICTOR (OWNER) Date 8-28-2018

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident #2 subcutaneous injection of 30 units of Toujeo Solostar and subcutaneous injection of 10 units Humalog. Were unlocked, unattended, and assessable, on the kitchen table at 10:40 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Insulin was secured day of Inspection Administrator Implemented a policy that residents will no longer manage Insulin at table. All residents will manage Insulin in office. Insulin will be secured After use. Administrator educated staff (8-23-18) Administrator will monitor on a daily basis to ensure Insulin is secured After use

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S GERNITZ (OWNER)	Date 8-28-2018
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The above plan of correction is approved as of <u>9/19/18</u> (Date)	Plan of correction implementation status as of <u>10/25/18</u> (Date)
The above plan of correction was approved by <u><i>LSG</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

Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed subcutaneous injection of 30 units of Toujeo Solostar every morning and subcutaneous injection of 10 units Humalog before meal. However, the medications are 1/2 full and do not indicate the date the medication was open or the date medication expires.

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.

Insulin was deposed of at time of inspection
 All Insulin pen's were dated to indicate the date medication was opened and medication Expires.
 Administrator will monitor Insulin on a monthly basis to ensure Insulin is dated.
 Administrator trained staff (8-23-18)
~~on~~ on Insulin pen's.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S GENRITZ (OWNER)	Date 8-28-2018
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/5/18 at 2:31 p.m. resident #2 is prescribed blood glucose check three times daily, however the resident's Freestyle Lite glucometer indicated the date as 00/00/00 and time as 00:00 which is not calibrated to the correct date and 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.

Resident's Glucometer was calibrated to display correct date and time
 Recertification course on Diabetes and Insulin was Given (8-23-18) by Administrator
 Administrator will monitor Glucometer weekly basis ensure Time and dates are correct

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leah S Gerfritz (owner)* Date *8-28-2018*

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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Lactulose 20g/30ml by mouth twice daily and three times per day as needed for constipation. However, the prescription is not indicated on the resident's July 2018 medication administration record (MAR).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication Administration record (MAR) was changed to indicate the correct dosage.
 Administrator checked all resident's mars to ensure Accuracy
 Administrator will monitor MARS on a monthly basis to ensure Accuracy

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S JAGER-RITZ (OWNER)	Date 8-28-2018
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

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 #1 was admitted into the home on 5/31/18. However, the resident pre-admission screening was completed on 3/28/18

Resident #4 was admitted to the home on 2/20/18. However, the home did not complete a preadmission screening for the resident prior to admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A preadmission screening was completed to ensure resident is appropriate for home. Screening was placed in resident's file

Administrator will monitor all resident's files when resident are placed in home.

A pre Admission check list will be followed to ensure all document's are present in files

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEAH S GENFRITZ</i>	Date <i>8-28-2018</i>
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond
 PCH Name: LEAH S VICTORIAN COTTAGE I

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 #2 most recent assessment was completed on 4/25/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new Assessment was completed and placed in resident's file
 Administrator will monitor all resident's files on a monthly basis to ensure dates are correct.
 A pre admission check list will be followed to ensure all documents are in files and completed on a timely basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2017	
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah S. Jentrice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah S. Jentrice (Owner)</i>	Date <i>8-28-2018</i>
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Violation Report: 42935 - 07/05/2018 - Grace, Desmond

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1's record does not include a current photograph of the resident.

Resident #2 current photograph on record indicated it was taken in 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A current photograph of resident was dated and attached to file

Administrator will monitor resident's photographs on a yearly basis.

Administrator will retake photo if any resident's have any identifying changes.

Current photographs of all resident's were updated.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/23/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah J Gentriz

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

LEAH J GENTRIZ (OWNER)

Date

8-28-2018

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The above plan of correction is approved as of

9/19/18
(Date)

Plan of correction implementation status as of

10/25/18
(Date)

The above plan of correction was approved by

J
(Initials)

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