



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

Ms. Tiffany Kauffman,
Personal Care Home Administrator
Dallastown Operating, Inc.
621 East Main Street
Dallastown, Pennsylvania 17313

RE: Victorian Villa
Certificate #: 320000

Dear Ms. Kauffman:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 26, 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: 32000 - 07/26/2018 - Heemer, Laura
PCH Name: VICTORIAN VILLA

1. REGULATION 55 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

At 4pm and on 7/24/2018 and 7/25/2018 the prescribed Amlodipine Besylate 5 mg was not administered to Resident #1. The home did not submit an incident report to the Department regarding these medication errors.

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 Medication for Resident #1 was obtained on 07/26/2018 from the family.
- All Med Tech;s are currently required to check all medication bottles brought by families and notify families when there is a 10 day supply left.
- If any medication are not received by family in a timely manner the facility will order medications through pharmacy provider.
- An Audit will be devised and completed by Director of Wellness on a weekly bases to ensure medications are being renewed.
- All med techs will be in-serviced on these procedures on 08/22/2018
- All results of the audit will be reviewed at the Quality Management meeting quarterly.

*All staff will be re-educated on the home's process for reporting Reportable Incidents and the types of incidents that are required to be reported, as outlined in regulations 2600.16(a-c) and 2600.188(a). This re-education shall be completed within 15 days from the receipt of this plan.

*All future incidents will be reported as required.

BAS 8/9/18

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Tiffany M Kauffman

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

Date 08/07/2018

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

The above plan of correction is approved as of 8/9/18
(Date)

Plan of correction implementation status as of 8/9/18
(Date)

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

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

Violation Report: 32000 - 07/26/2018 - Heemer, Laura

PCH Name: VICTORIAN VILLA

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

The medication administration record for Resident #1 does not include the diagnosis or purpose for the prescribed Amlodipine Besylate, Aspirin 81 mg, and Atorvastatin 80 mg.

The medication administration record for Resident #2 does not include the diagnosis or purpose for the prescribed Atenolol 50 mg, Clopidogrel 75 mg, and Sertaline HCL 25 mg.

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.

- Diagnosis were added to the Medication Administration Record for Resident #1 and #2 by the Pharmacy Provider.
- A meeting was held on 07/27/2018 with the Pharmacy Provider to discuss diagnosis or purpose of the prescribed medications.
- Pharmacy will be running a report to ensure all active orders have a diagnosis.
- The pharmacy will run a report on all new orders weekly and review them to make sure they have a diagnosis.
- Administrator/Designee will audit Medication Administration Record to ensure that the diagnosis are present weekly.
- All results of the audit will be reviewed at the Quality Assurance meeting quarterly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)


Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Tiffany M Kauffman

Date

08/07/2018

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 8/9/18
(Date)Plan of correction implementation status as of 8/9/18
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not ImplementedThe above plan of correction was approved by BAS
(Initials)

Violation Report: 32000 - 07/26/2018 - Heemer, Laura

PCH Name: VICTORIAN VILLA

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to follow the orders of the prescriber when Amlodipine Besylate 5 mg tabs were not administered to Resident 1 at 4pm on 7/24/2018 and 7/25/2018, and on 7/26/2018 at 8am.

The home did not follow the orders of the prescriber at 8am on 7/26/2018 when the prescribed Polyethylene Glycol was not administered to Resident #1. The bottle of Polyethylene Glycol located on the Medicine cart was delivered by the pharmacy on 7/23/2018 and was still unopened on 7/26/2018. The Medication Administration Record (MAR) for the Polyethylene Glycol is initialed as having been administered by a staff member at 8am on 7/26/2018, but, upon interview, the staff person who initialed the MAR said it was not administered.

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 employee that did not give the medication as prescribed has been counseled
- All the Med Techs will be required to check the Medication Administration Record after each Medication pass to ensure that all medications were given as prescribed.
- Administrator/Designee will complete an audit to ensure all medications are given as prescribed.
- All Med Techs will be in-serviced on the procedures
- All results of the audit will be reviewed at the Quality Assurance meeting quarterly.

*The medication for Resident #1 was obtained on 07/26/2018 from the family.

*All Med Techs are currently required to check all medication bottles brought by families and notify families when there is a 10 day supply left. If any medications are not received by family in a timely manner the facility will order medications from the provider pharmacy.

BAS 8/9/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tiffany M Kauffman

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

Tiffany M Kauffman

Date

08/07/2018

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 8/9/18
(Date)The above plan of correction was approved by BAS
(Initials)Plan of correction implementation status as of 8/9/18
(Date)

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