



February 18, 2020

Ms. Susan Jones  
Owner/Administrator  
Susan Jones  
111 Hydrangea Lane  
Mount Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage  
Certificate #: 428900

Dear Ms. Jones:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 28, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report



Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
 PCH Name: SUSAN S VICTORIAN COTTAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

**2a. DESCRIPTION OF VIOLATION**

The home held money for the following residents; however, the home has not offered assistance in establishing an interest-bearing account:

Resident #1 had an excess of \$1,000 from 09/30/18 until 12/28/18

Resident #2 had an excess of \$1,000 from 05/31/17 until 12/28/18

Resident #3 had an excess of \$200 from 08/07/18 until 12/28/18.

**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.

Residents #1 and #2 both receive SSI and would have their SSI discontinued if they have more than \$2000 in their bank accounts so interest bearing accounts can not be opened for either resident. They both want all of their "home held" funds over \$200 to be used for their burial arrangements with their chosen funeral home. The Administrator has had difficulty making these arrangements because of ownership and name changes of the resident's chosen funeral homes. The Administrator will contact funeral homes again and attempt to complete burial arrangements for both residents.

Resident #3's excess funds over \$200 were given back to the resident's brother and POA on January 9, 2019. The POA was instructed to limit the funds he gives to resident #3 because the home is only allowed to keep \$200 spending money for all residents.

The Administrator will monitor all resident's funds monthly to assure that no one has over \$200.

See Page 2A of 11

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN JONES* Date *03-22-19*

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

The above plan of correction is approved as of 3/27/19  
 (Date)

Plan of correction implementation status as of 4/5/19  
 (Date)

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

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

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
 PCH Name: SUSAN S VICTORIAN COTTAGE

**1. REGULATION 65 Pa.Code §2600**  
 2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

**2a. DESCRIPTION OF VIOLATION**  
 The home held money for the following residents; however, the home has not offered assistance in establishing an interest-bearing account

Resident #1 had an excess of \$1,000 from 09/30/18 until 12/28/18

Resident #2 had an excess of \$1,000 from 05/31/17 until 12/28/18

Resident #3 had an excess of \$200 from 08/07/18 until 12/28/18

**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.

Immediately: Any resident for which the home is holding more than \$200 for more than 2 consecutive months shall be notified of their right to establish an interest-bearing account in the resident's name at a Federally-insured financial institution. The administrator shall provide assistance to the resident in opening the account.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN JONES*      Date *3-26-19*

**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 _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAR 24 2019

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

VIOLATION FULLY CORRECTED

1. REGULATION 55 Pa.Code §2600  
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

At 3:30 p.m., there was an unlabeled clear spray bottle, approximately 1/4 full of yellow liquid, on the kitchen counter. The staff indicated the liquid was Lysol and the bottle was marked "Bleach Water."

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 bottle labeled "Bleach Water" contained 10% Chlorox water which was used to wipe and cleanse the kitchen counters, the dining table place mats and to pre-rinse dishes and silverware. The bottle did not contain Lysol and residents do not have access to the kitchen or to the Chlorox water. Since DHS does not allow the use of this extra measure of sanitation, the bottle of Chlorox water has been removed and the Administrator will check daily to assure that it never again reappears.

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES Date 03-21-19

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

The above plan of correction is approved as of 3/27/19 (Date)

Initials: [Signature]

The above plan of correction was approved by

Plan of correction implementation status as of 3/27/19 (Date)

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

RECEIVED

Violation Report: 42B90 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

MAR 24 2019

1. REGULATION 55 Pa.Code §2600  
2600 141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST PHOENIX  
HUMAN SERVICES DIVISION

2a. DESCRIPTION OF VIOLATION  
Resident #4 had a medical evaluation on 01/12/17 and the next medical evaluation did not occur until 03/27/18.

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 #4's PCP visits her and evaluates her quarterly but only fills out DHS required evaluation form yearly. The Administrator made an error in documenting the date of this resident's last evaluation form and didn't have the PCP sign a new evaluation form until 1 1/2 months after it was due. The Administrator will strive to keep more accurate records to assure that the required evaluation forms are signed by the PCP before the year is up.

See Page 5A of 11

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) SUSAN JONES      Date 03-21-19

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(Date)

Plan of correction implementation status as of 4/5/19  
(Date)

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

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

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

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

2a. DESCRIPTION OF VIOLATION

Resident #4 had a medical evaluation on 01/12/17 and the next medical evaluation did not occur until 02/27/18

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.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a completed medical evaluation at least annually.

Immediately: The home shall develop and implement a tracking system to ensure each resident has an in-person medical evaluation completed at least annually and is documented on the Department's form. Documentation of the system shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

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

SUSAN JONES

Date 3-26-19

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

MAR 26 2019

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda	PHYSICIAN: [REDACTED] OFFICE: [REDACTED]
PCH Name: SUSAN S VICTORIAN COTTAGE	PHYSICIAN: [REDACTED] OFFICE: [REDACTED]

**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**  
 Resident #4 is prescribed Lorazepam 1mg tablet, take one tablet by mouth daily as needed. The home's documentation indicated there should be 30 tablets; however, there were only 27 tablets and the home is unable to account for the missing medication.

**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 questioning all staff, and counting doses, the Administrator was unable to determine what happened to the 3 missing Lorazepam. It is possible that staff administered Lorazepam (Generic for Ativan ordered 1 mg Daily PRN for anxiety) instead of administering Lorazepam (Generic for Claritin ordered 10 mg Daily PRN for itching) but that can't be verified. All staff was strongly admonished and instructed that each medication must be accounted for at all times. Staff must always sign an additional medication count sheet for each administration of each Lorazepam tablet. The Administrator will monitor the medication count sheets weekly.

See Page 6A of 11

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES Date 03-21-19

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 (Date)

Plan of correction implementation status as of 4/5/19  
 (Date)

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

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

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
 PCH Name: SUSAN S VICTORIAN COTTAGE

**1. REGULATION 65 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**  
 Resident #4 is prescribed Lorazepam 1mg tablet, take one tablet by mouth daily as needed. The home's documentation indicated there should be 30 tablets; however, there were only 27 tablets and the home is unable to account for the missing medication.

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

Immediately: The home shall develop and implement procedures for safe storage, access, security and distribution of controlled substances, which may include counting all narcotics at the change of each shift. Documentation of the procedures shall be kept. All staff persons qualified to administer medications shall be educated on the new procedures. Documentation of the education shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **SUSAN JONES**      Date: *3-26-19*

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

The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600  
2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION  
Resident #4 receives Loratadine 10mg tab, take 1 tab by mouth daily as needed for itch; however, the home does not have a current written prescription for this medication.  
Medication kept in the home includes resident #5's Naproxen 500 mg, take one half tab (250mg) by mouth 3 times daily with meals if needed for pain; however, the home does not have a current written prescription for this medication.

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.

Many years ago the Administrator was aware that written prescriptions were required to be kept by the Home for all residents' prescription medications. A few years ago the Administrator received notification that homes were no longer required to keep written prescriptions because the pharmacy keeps these records, which did make a lot of sense. The Administrator was not notified that this requirement has changed. The Administrator will notify the pharmacy and request the pharmacy to send the Home copies of all resident's prescriptions. The Administrator will check monthly to assure the Home has copies of all residents written prescriptions.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)      Susan Jones

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      SUSAN JONES      Date      03-21-19

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

The above plan of correction is approved as of 3/27/19  
(Date)

Plan of correction implementation status as of 4/5/19  
(Date)

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

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

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda

PCH Name: SUSAN S VICTORIAN COTTAGE

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 #1 is prescribed Loperamide 2 mg, take 2 capsules (4mg) by mouth to start, then take 1 capsule (2mg) after each loose stool, max 8mg/day; however, the December 2018 medication administration record (MAR) indicates take 1 capsule by mouth 4 times daily as needed.

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.

This appears to be an error by the pharmacy of printing 1 mg instead of 2 mg on their printed MAR. The pharmacy was notified and their error was corrected with a new printed MAR. Staff is required to always check each month's new MAR with the previous month's MAR to assure they are accurate and complete but staff apparently missed this error. Staff was instructed to be more careful to always find and report any discrepancy in all new MARs.

See Page 8A of 11

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/11/2018

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Susan Jones*

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

Susan Jones

Date

03-21-19

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

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(Date)

Plan of correction implementation status as of 4/5/19  
(Date)

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

The above plan of correction was approved by

*BB*  
(Initials)

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600

2800.187(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 #1 is prescribed Loperamide 2 mg, take 2 capsules (4mg) by mouth to start, then take 1 capsule (2mg) after each loose stool, max 16mg/day; however, the December 2018 medication administration record (MAR) indicates take 1 capsule by mouth 4 times daily as needed.

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

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

Immediately, then monthly thereafter: A designated staff person shall review all resident MAR's to ensure all medications issued by the prescriber are present and accurate in accordance with prescribers' orders.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/11/2018
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SUSAN JONES* Date *01-26-19*

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 \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Mar 24 2019

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

VIOLATION REPORT OFFICE  
PHILADELPHIA DEPARTMENT OF  
HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #6's initial assessment, dated 06/14/18, does not include medical diagnosis of vitamin B12 deficiency which is indicated on the resident's initial medical evaluation, dated 05/30/18.

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.

Diagnoses of B12 Deficiency, Hypothyroidism and Chronic Back Pain were added to the resident's DME and to her RASP. The Administrator will check monthly to assure all diagnoses are present on these forms.

See Page 9A of 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/11/2018
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **SUSAN JONES** Date **03-21-19**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/27/19 (Date)

Plan of correction implementation status as of 4/5/19 (Date)

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

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

[\*]

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
 PCH Name: SUSAN S VICTORIAN COTTAGE

**1. REGULATION 55 Pa.Code §2600**

2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #8's initial assessment, dated 08/14/18, does not include medical diagnosis of vitamin B12 deficiency which is indicated on the resident's initial medical evaluation, dated 05/30/18.

**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.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident assessments to ensure accuracy and completion, including all resident diagnoses.

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/11/2018
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN JONES* Date *03-26-19*

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Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCM Name: SUSAN S VICTORIAN COTTAGE

WESTERN PENNSYLVANIA  
FEDERAL BUREAU OF INVESTIGATION

1. REGULATION 55 Pa.Code §2600  
2600.225(c) - The resident shall have additional assessments as follows:  
(1) Annually.  
(2) If the condition of the resident significantly changes prior to the annual assessment.  
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
Resident #1's annual assessment, dated 06/30/18, does not include a medical diagnosis of intellectual disability which is indicated on the resident's annual medical evaluation, dated 06/20/18.  
Resident #4's annual assessment, dated 08/22/18, does not include medical diagnosis of hypothyroidism which is indicated on the resident's annual medical evaluation, dated 02/02/18.

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.

Diagnosis of Intellectual Disability was added to resident #1's RASP. Diagnosis of Hypothyroid was added to resident #4's RASP. The Administrator will always check before printing to assure that all diagnoses are listed on all DMEs and RASPs.

See Page 10A of 11

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN JONES Date: 03-21-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/27/19 (Date)

- Plan of correction implementation status as of 4/5/19 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

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

MAY 26 2019

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCM Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual assessment, dated 08/30/18, does not include a medical diagnosis of intellectual disability which is indicated on the resident's annual medical evaluation, dated 06/20/18.

Resident #4's annual assessment, dated 08/22/18, does not include medical diagnosis of hypothyroidism which is indicated on the resident's annual medical evaluation, dated 02/02/18.

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.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident assessments to ensure accuracy and completion, including all resident diagnoses.

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUSAN JONES</i>	Date <i>05-26-19</i>
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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 _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Accomplish Progress <input type="checkbox"/> Partially Implemented - Incomplete Progress <input type="checkbox"/> Not Implemented

MAR 24 2019

Violation Report: 42890 - 12/28/2018 - Graziano, Belinda  
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE  
Harrisburg, PA 17110

1. REGULATION 55 Pa.Code §2600

2600.25(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #8's preadmission screening, dated 06/01/18, was not on a current form. The form used was dated June 2008.

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 #6's Pre-admission Screen of 06-01-18 was recopied from the 2008 form onto the current form of 06-12. All expired 2008 forms were destroyed. All future Pre-admission Screens will be done on the new 2012 form.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) SUSAN JONES      Date: 03-21-19

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

The above plan of correction is approved as of 3/27/19  
(Date)

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

Plan of correction implementation status as of 4/5/19  
(Date)

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