



November 12, 2019

Ms. Georgia Nickel  
PCHA  
Dallastown Operating, Inc.  
621 East Main Street  
Dallastown, Pennsylvania 17313

RE: Victorian Villa  
Certificate #: 320000

Dear Ms. Nickel:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 2, 2019 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".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *VICTORIAN VILLA*

License Number: *320000*

Address: *621 EAST MAIN STREET, DALLASTOWN, PA 17313*

County: *YORK*

Region: *CENTRAL*

## Administrator

Name: *Georgia Nickel*

Phone: *7172449722*

Email:

*GNICKEL@DALLASTOWNNURSINGCENTER.COM*

## Legal Entity

Name: *DALLASTOWN OPERATING INC*

Address: *621 EAST MAIN STREET, DALLASTOWN, PA, 17313*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/15/1995*

Issued By: *labor and industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *34*

Waking Staff: *26*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*07/02/2019 - On-Site: Kellie Cargile, Israel Springs*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *40*

Residents Served: *34*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *33*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

25b - Contract Signatures

Regulations

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.

Description of Violation

The resident-home contract, dated 1/23/19 for Resident #1, was not signed by the resident.

The resident-home contract, dated 4/12/19 for Resident #2, was not signed by the resident.

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.)

Regulation 2600.25b

To correct this violation all current contracts were checked for resident signatures and corrected. All new contracts will be completed with the residents and their POA and refusals from the resident will be documented, and the resident will be ask to sign again in a few days, with documentation in place.

Legal Entity Representative

Georgia Nickel

Signature

Georgia Nickel PCHA 7/31/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/24/19  
(Date)

Plan of correction implementation status as of 9/24/19  
(Date)

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

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

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #3 was discharged on 2/28/19. The home did not issue a refund until 4/4/19.

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.)

Regulation 2600 28F

To correct this violation going forward all refunds will be given within the 30 days to meet the regulation guidelines. The administrator will send a reminder to the accountant within 15 days of the refund being due.

Legal Entity Representative

Georgia Nickel  
Signature

Georgia Nickel  
Printed Name and Title

7/31/19  
Date

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- Not Implemented

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home had a V-Tech Digital Audio Monitor on the wall next to the carbon monoxide detector on the first floor of the home. The receiving monitor is located at the second floor nurses' station. Per the current and previous administrators, the monitor is used to hear if the CO detector is going off. However, the previous administrator also reported that it is helpful in the event that someone needed help down on the first floor and voices could be heard on the speaker at the time of inspection. This device enables audio monitoring and, due to the one-way nature of the device, is not an acceptable means of staff communication.

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.)

Regulation 2600.42.s  
To correct this violation the audio monitor will be removed today 10/10/2019, to ensure the right to privacy of the residents, there will be no other audio monitor placed anywhere in the building.

Legal Entity Representative

*Georgia Nickels*  
Signature

Georgia Nickels PCHA 10/10/19  
Printed Name and Title Date

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GN  
(Initials)

- Fully Implemented
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132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 12/21/18 at 2:15 am.

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.)

Regulation 2600 132e

To correct this violation an overnight fire drill was completed immediately after this inspection on 7/31/19. A new fire drill schedule was put in place with color code to help keep the overnight drills in compliance.

The Administrator shall review the Fire Drill records on a monthly basis. The monthly fire drills will be discussed at the home's periodic quality management reviews. - GE, 9/24/19

Legal Entity Representative

Georgia Nickel

Signature

Georgia Nickel PCMA 7/31/19

Printed Name and Title

Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 1/31/19, did not include the resident's cognitive functioning.

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.)

Regulation 2600 141.a

To correct this violation both the Director of Wellness and the PCHA will go over the DME after completed the PCP, and will be sent back to the PCP if corrections are needed

to ensure that the physicians perform all of the required actions during medical evaluations; and document accordingly. -GE; 9/24/19

Legal Entity Representative

Georgia Nickel

Signature

Georgia Nickel PCHA 7/31/19

Printed Name and Title

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #1's pre-admission screening, dated 1/21/19, did not include medical, behavioral, and psychological diagnoses that were pertinent in determining if the home could meet his/her needs.

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.)

Regulation 2600.244.a

TO correct this violation the PCHA will enter the diagnosis on the pre-screen either while visiting the potential resident if there is formal supports. Or after the med eval is complete then add the diagnosis - before pre-screen is entered into the chart

for all residents admitted in the future. The Administrator will review the preadmission forms to ensure that they are completed in their entirety and include all the required elements. - GE, 9/24/19

Legal Entity Representative

*Georgia Nickel*  
Signature

Georgia Nickel RA 7/31/19  
Printed Name and Title Date

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225c - Additional Assessment

Regulations

2600.  
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #4's assessment, dated 10/23/18, does not include the degree of personal care service needs for Sections 1 through 3 of the assessment.  
Resident #5's assessment, dated 6/14/19, does not include the degree of personal care service needs for Sections 1 through 3 of the assessment.

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.)

Regulation 2600 225.c

TO correct this violation the PCHA will replace the current RASP to the departments RASP to help avoid areas not being complete, for the identified residents.

An audit of Resident Assessment and Support Plans will be conducted for all current residents to ensure that all personal care needs have been identified and addressed. This audit will be completed within 45 days of the receipt of this plan. - GE, 9/24/19

Legal Entity Representative

Georgia Nickel

Signature

Georgia Nickel PCHA 7/31/19

Printed Name and Title

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