



Mailing Date: February 27, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 17, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

2/4/2020

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information			
Name: <i>SUSAN'S VICTORIAN COTTAGE</i>		License Number: <i>42890</i>	
Address: <i>111 HYDRANGEA LANE, MT. PLEASANT, PA 15666</i>			
County: <i>WESTMORELAND</i>		Region: <i>WESTERN</i>	
Administrator			
Name: <i>Susan Jones</i>		Phone: <i>7244238706</i>	Email: <i>SWTHOME@AOL.COM</i>
Legal Entity			
Name: <i>SUSAN JONES</i>			
Address: <i>111 HYDRANGEA LANE, MT. PLEASANT, PA, 15666</i>			
Certificate(s) of Occupancy			
Type: <i>C-2 LP</i>	Date: <i>04/03/1969</i>	Issued By: <i>L&L</i>	
Staffing Hours			
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>15</i>	Waking Staff: <i>11</i>	
Inspection			
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>	
Reason: <i>Renewal</i>			
Inspection Dates and Department Representative			
<i>12/17/2019 - On-Site: Michael Marini, Ashley Roser</i>			
Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>16</i>		Residents Served: <i>15</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>13</i>	
Diagnosed with Mental Illness: <i>10</i>		Diagnosed with Intellectual Disability: <i>5</i>	
Have Mobility Need: <i>0</i>		Have Physical Disability: <i>0</i>	

SUSAN'S VICTORIAN COTTAGE

42890

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's most recent license inspection summary, dated 2-27-19, is not posted in a conspicuous and public place in the home.

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 most recent, "Complaint" inspection, report of 02-27-19 was posted on the bulletin board during the inspection of 12-17-19. The Administrator is now aware that all inspections, not just the annual inspection report, must be posted on the bulletin board. The Administrator will check weekly to assure that the most recent inspection reports are always posted on the bulletin board.

Legal Entity Representative

Susan Jones
Signature

Susan Jones *Owner / Administrator*
SUSAN JONES *02-03-20*
Printed Name and Title Date

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

The above plan of correction is approved as of 2/5/2020
(Date)

Plan of correction implementation status as of 2/24/2020
(Date)

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

Implemented
 Not Implemented

12/17/2019

2 of 6

RECEIVED

SUSAN'S VICTORIAN COTTAGE

FEB 20 2020

42890

65e - 12 Hours Annual Training

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, hired on 4-11-17, received 0 hours of annual training during the 2018 training year.

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.)

Staff person A did have 12 hrs. of training during 2018. Documentation of required Administrator Training was enclosed in initial POC. The administrator will check annual training files monthly to assure all employees receive all the required yearly training. Records of all annual training will be kept on site in personal care home and in correct files. Records will be kept accessible on site at personal care home on request for DHS review.

Legal Entity Representative

Patricia Yorko RN Assistant Admin.
Signature

Patricia Yorko RN Assistant Admin. 2/20/2020
Printed Name and Title Date

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

The above plan of correction is approved as of

2/24/2020

(Date)

Plan of correction implementation status as of

2/24/2020

(Date)

The above plan of correction was approved by

LM

(Initials)

- Implemented
- Not Implemented

RECEIVED

SUSAN'S VICTORIAN COTTAGE

FEB 20 2020

42890

65f - Training Topics

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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 an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, hired on 4-11-17, did not receive training on any of the topics specified in 2600.65f during the 2018 training year.

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.)

Staff Person A did have training on the topics specified in 2600.65f during 2018 training year. The documentation of this training was sent with initial POC. The Administrator will check monthly to assure all employees receive all required yearly training. Records of all annual training will be kept on site and in correct employee file. All Records will be kept accessible for review by DHS.

Legal Entity Representative

Signature *Patricia Yorko RN*

Patricia Yorko RN
Printed Name and Title *Assistant Admin. & Compliance*
Date

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

The above plan of correction is approved as of 2/24/2020
(Date)
The above plan of correction was approved by *LM*
(Initials)

Plan of correction implementation status as of 2/24/2020
(Date)
 Implemented
 Not Implemented

RECEIVED

SUSAN'S VICTORIAN COTTAGE

42890

65g - Annual Training Content

FEB 20 2020

Regulations

WEST REGIONAL FIELD OFFICE
Human Services Licensing

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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.

Description of Violation

Direct care staff person A, hired on 4-11-17, did not receive training on any of the topics specified in 2600.65g during the 2018 training year.

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.)

Staff person A. did have training on the topics specified in 2600.65g during 2018. The documentation of training - was enclosed in previous POC. The Fire safety training was done online, which staff person A thought was acceptable. Staff person A did attend Fire Safety training in house on Dec. 12, 2019 conducted by a certified trainer. Staff person A will continue to attend in house fire safety training yearly. The next Fire safety training is planned for December of 2020. Records of all training will be kept onsite and kept accessible for review of DHS on request. Fire training documentation for 12/12/19 enclosed.

Legal Entity Representative Immediately: A designated staff person shall review all training documents monthly to ensure all staff persons receive training on all topics specified in 2600.65g during each training year.

2/24/2020
LM

Signature *Patricia York RL*

Printed Name and Title *Patricia York RL Assistant Administrator* Date *2/24/2020*

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

The above plan of correction is approved as of

2/24/2020

(Date)

Plan of correction implementation status as of

2/24/2020

(Date)

The above plan of correction was approved by

LM

(Initials)

Implemented
 Not Implemented

SUSAN'S VICTORIAN COTTAGE

42890

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 15 residents requiring a minimum of 45 gallons of emergency drinking water to be available; however, only 24 gallons of water was available on-site. The home does not have a contractual agreement with a water supplier to provide drinking water in the event of an emergency.

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 home does have a contractual agreement with a water delivery company however that company's documentation does not meet the requirements of DHS.

The Home does, at present, have 10 (5 gallon) bottles of drinking water on hand = 50 gallons.

The Administrator contacted Crystal Springs, a national water delivery service (800-962-7006) and arranged for 5 gallon water bottle delivery monthly. After the service is started the Administrator will be able to set up a contract for emergency water delivery and will forward that contract to you. This contract will assure that 45 gallons of additional emergency drinking water can be on-hand at all times or delivered within 24 hours of a water emergency.

Legal Entity Representative

Susan Jones

Signature

Susan Jones Owner/ Admin

Printed Name and Title

02-03-20

Date

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

The above plan of correction is approved as of

2/5/2020

(Date)

Plan of correction implementation status as of

2/24/2020

(Date)

The above plan of correction was approved by

LJM

(Initials)

Implemented

Not Implemented