

Department of Human Services
Bureau of Human Service Licensing

September 28, 2020

LEAH LAFFEY, OWNER
LAFFEY HEALTH CARE SERVICES LLC
801 ELM SPRING ROAD
PITTSBURGH, PA 15243

RE: VICTORIA MANOR PERSONAL CARE
HOME
100 ROSE COURT
OAKDALE, PA, 15071
LICENSE/COC#: 44642

Dear Ms. Laffey,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2020, 09/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *VICTORIA MANOR PERSONAL CARE HOME* License #: *44642* License Expiration Date: *02/21/2021*
 Address: *100 ROSE COURT, OAKDALE, PA 15071*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Tracy Romigh* Phone: *7246938325* Email: *admin@vmassistedliving.com*

Legal Entity

Name: *LAFFEY HEALTH CARE SERVICES LLC*
 Address: *801 ELM SPRING ROAD, PITTSBURGH, PA, 15243*
 Phone: *4129013018* Email: *LLAFFEY@GMAIL.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint,Fine* Exit Conference Date: *09/15/2020*

Inspection Dates and Department Representative

09/09/2020 - On-Site: Joe Eveges
09/17/2020 - Off-Site: Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *34*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

09/09/2020 - Partial

Lead Inspector: *Joe Eveges* Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2020*

Inspections / Reviews (*continued*)

9/24/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *10/04/2020*

9/28/2020 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Not Required*

102f - Towel/Washcloth/Soap**1. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

A used towel was hanging on 1 of the 2 unlabeled towel racks in the bathroom that is shared by resident #1 and resident #2 in bedroom #17.

102f - Towel/Washcloth/Soap (continued)

Plan of Correction**Accept**

During the inspection when looking in a resident #1 and #2 that have a shared room the inspector noticed the towel racks were not labeled. He did look in several other rooms and they were all labeled. All the racks were labeled therefore the numbers must have fallen down. After the inspection on 09/09/2020 all rooms were checked and any room missing a label was re-labeled.

Moving forward the 11-7 shift which already has a weekly check list will now have this added to the check list to make sure if a label falls off it will be replaced. This started on 09/21/2020.

The Administrator or designee will check weekly to make sure the 11-7 shift is completing the weekly check list.

Completion Date: *09/09/2020*

102f - Towel/Washcloth/Soap (continued)

Document Submission**Implemented**

The residents room were all checked on 09/09/2020 and all labels were added to make sure each residents towel holder was labeled. The 11-7 check list for oxygen and labels were started on 9/21/2020(ATTACHED). And the Administrator check list was completed on 9/25/20 and will continue weekly.

183e - Storing Medications

1. Requirements

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.

Description of Violation

5 large oxygen tanks were sitting upright on the floor next to door of bedroom #15, and were not in a storage rack.

Plan of Correction**Accept**

During the inspection when looking in resident # 15 room there were 11 oxygen tanks in the room and 6 of them were in a storage rack and 5 of them were not. I contacted the company and they stated the 5 that were not in a holder where suppose to be picked up when the 6 were delivered. The company came out on 09/11/2020 and picked up the 5 and brought an extra storage rack to make sure if this error would happen again we have a spare storage rack. All other people with oxygen had their tanks checked to make sure they were all in storage racks.

Moving forward the 11-7 shift has a weekly checklist and this will be added to the check list to make sure that all oxygen has a storage rack to ensure they are secured. This began on 09/21/2020 and will be check weekly. Also the Administrator talked to the company about making sure that when oxygen is delivered they call the home and talk with the Administrator to add another layer to make sure all necessary equipment is sent.

The administrator or designee will check weekly to make sure the 11-7 is doing their weekly checks.

Completion Date: 09/11/2020

Document Submission**Implemented**

The oxygen company was called and they delivered storage containers for the oxygen. They were delivered on 09/11/2020. The company was also asked to please contact the Administrator before any oxygen is delivered moving forward. The 11-7 started their checks on 9/21/2020 and the Administrator started her checks on 09/25/2020. (Both attached).