

Department of Human Services  
Bureau of Human Service Licensing

April 29, 2021

[REDACTED] ATTORNEY  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/16/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**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: [REDACTED] Phone: *7246938336* Email: [REDACTED]

**Legal Entity**

Name: *LAFFEY HEALTH CARE SERVICES LLC*  
Address: *801 ELM SPRING ROAD, PITTSBURGH, PA, 15243*  
Phone: *7246938325* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/17/1977* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *04/16/2021*

**Inspection Dates and Department Representative**

04/16/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *38* Residents Served: *27*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *0*

**Inspections / Reviews**

**04/16/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2021*

Inspections / Reviews *(continued)*

4/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/05/2021*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

*At 9:05 am, the laptop on top of the home's medication cart was unlocked and unattended. The laptop screen contained resident information, to include the prescription orders for resident #1's Humalog and Levothyroxine.*

*REPEAT VIOLATION: 12/30/2019*

### Plan of Correction

Accept

*This was unacceptable and that staff was written up (attached) and taken off medication until [REDACTED] is trained again. Everyone that is a trained as a medication tech knows that the med cart is to be locked at all times and the laptop is suppose to be logged out of when the staff is not using it. A Quality Management meeting was conducted on 4/27/21 (attached) to address all confidentiality especially with the Med techs. During this training there was a Confidentiality and residents rights refresher completed. Also, in this meeting staff were made aware that anyone who breaks this will be reprimanded and demoted from med tech which also has an effect on their pay. Administrator and or designee will check 5 days a week throughout the shift to make sure that the med cart computer and med cart and medication room are all locked at all times.*

**Completion Date:** 04/27/2021

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

### Description of Violation

*Per the Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings, updated November 18, 2020, states that, except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.*

*At approximately 9:00 am, staff person A was not wearing face covering in the home's dining room while serving breakfast to multiple residents.*

18 - Compliance With Laws *(continued)***Plan of Correction****Accept**

*The staff had the face mask pulled down which is not permitted. There was a Quality Management meeting on 4/27/21 (attached) and the face mask policy was addressed. I went over the face mask policy with every to ensure every one know the expectations. All staff know that anytime they are working with a resident their facemask needs to worn correctly. I fired a staff member a few months ago who refused to wear a mask. This above staff member was given a written warning. (attached). And all staff members were told they will be reprimanded if they do not have their facemasks on properly. Administrator and designee will check throughout the shifts daily to make sure all staff have their masks on properly.*

**Completion Date:** 04/27/2021

## 42s - Privacy

**1. Requirements**

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**

*At 11:15 am, staff person B tested resident #5's blood sugar at the home's dining room table in the presence of numerous residents.*

**Plan of Correction****Accept**

*This med tech was the same med tech that had the confidentiality issue above ■■■ was removed from doing med administrator until ■■■ has a one on one training with our medication trainer. ■■■ was given a written warning and ■■■ was demoted in pay. (attached). On 4/27/21 a Quality Management meeting (attached) was conducted and this was addressed in detail to make sure all staff are aware of this privacy right. The med techs were all there and were told that all medial procedures need to be done in a private place. Resident right were addressed and the staff received a copy. Administrator and or designee will watch this daily to make sure residents are given the privacy they need for all privacy issues.*

**Completion Date:** 04/27/2021

## 85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*At 10:15 am, resident #1's catheter bag, which contained approximately 2" of urine at the bottom of the bag, was hanging from the resident's shower head.*

*At 10:15 am, numerous brown marks which appear to be feces, were present on resident #1's toilet.*

## 85a - Sanitary Conditions (continued)

**Plan of Correction****Accept**

A nurse from a hospice company did a catheter care training with the staff on 4/24/21. This was also gone over at the 4/27/21 training to make sure there were no further questions about the care of catheters.

The feces was inside of the toilet bowl because it is a low flow toilet and water does not fill the toilet preventing the feces to be washed away with water at all times. The resident had just got done using the bathroom. ■■■ was in the bedroom during the inspection and told us. The cleaning ■■■ had not gotten to ■■■ room yet and this resident is able to get on and off the toilet alone so staff did not know ■■■ had just finished to have the cleaning ■■■ clean the toilet. The cleaning ■■■ cleaned the toilet as soon as the room was done being inspected. Moving forward staff will check bathrooms every two hrs starting on 4/28/21 to help prevent any feces from being left in the toilet. (attached) Administrator will check weekly to make sure the checks are being completed.

Completion Date: 04/16/2021

## 183b - Meds and Syringes Locked

**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

At 9:05 am, the home's medication cart was unlocked and unattended, which contained numerous medications for numerous residents. Resident #1 was sitting next to the medication cart and stated staff person B asked the resident to watch the cart and make sure no one goes in the cart.

REPEAT VIOLATION: 12/30/2019; 3/10/2020

**Plan of Correction****Accept**

This was unacceptable and that staff was written up and taken off medication until ■■■ is trained again. Everyone that is a trained as a medication tech knows that the med cart is to be locked and the laptop is suppose to be logged out of when the staff is not using it. A Quality Management meeting was conducted on 4/27/21 (attached) to address all med tech responsibilities pertaining to the confidentiality and safety of the med cart. In this training staff were made aware that anyone who breaks this will be reprimanded and demoted from med administration which also has an effect on their pay. Administrator and or designee will check 5 days a week throughout the shift to make sure that the med cart computer and med cart and medication room are all locked at all times.

Completion Date: 04/27/2021

## 187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

## 187b - Date/Time of Medication Admin. (continued)

**Description of Violation**

Resident #1's April 2021 medication administration record (MAR) does not include the initials of the staff person who administered the following medications to the resident on 4/14/21 at 8:00 pm:

- Butt Paste-Apply topically to peri area and buttock area twice daily
- Doxepin 75 mg-Take 2 capsules by mouth at bedtime
- Risperidone 2 mg-Take 1 tablet twice daily

Resident #4 is prescribed Humalog 100 units/ml-Inject 2 units subcutaneously with meals if blood sugars are greater than 150. Resident #4's blood sugar was less than 150 on numerous dates, to include the following; however, staff persons initialed the resident's April 2021 MAR indicating the insulin was administered and did not include an exception that the insulin was held in accordance with prescriber's orders:

DATE/TIME	BLOOD SUGAR READING
• 4/1/21 at 8:00 am	134
• 4/4/21 at 8:00 am	128
• 4/5/21 at 8:00 am	91
• 4/7/21 at 8:00 am	106
• 4/12/21 at 8:00 am	140

**Plan of Correction****Accept**

The staff member was talked to personally and given a Growth and Change for forgetting to click off on the medication for resident # 1 . (attached). For resident # 4 The medication was not given because it was on the MAR's written orders. When talking with the MED tech's they did not realize they needed to write something because the order stated not to so they just thought they had to click off.

In this training on 4/27/21 it was addressed to make sure every know to take that extra second to make sure they click off on all meds.

The staff did not realized they needed to write and exception if they did not give because they knew the order stated not to give it so they did not realized they had to also write an exception. This was addressed at the 4/27/21 meeting and all the med techs were shown how to write the exemption on the MAR when you do not give the med because of the Doctor. In the meeting the staff expressed they know to write and exemption if they doctor is called and advises differently from the order but they did not realize they needed to write and exemption if the order already states the Doctors exemption. They were all taught that anytime a medication is not given even if the order states don't give for specifics the staff need to write they did not give because of the specifics. There is a weekly audit that happens weekly and that will be checked on the audit. A form was created on 4/28/21 for cart audits. All forms will be attached.

**Completion Date:** 04/27/2021