

Department of Human Services
Bureau of Human Service Licensing

July 14, 2021

[REDACTED] OWNER/Administrator
SUSAN JONES
111 HYDRANGEA LANE
MT. PLEASANT, PA 15666

RE: SUSAN'S VICTORIAN COTTAGE
111 HYDRANGEA LANE
MT. PLEASANT, PA, 15666
LICENSE/COC#: 42890

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2021, 04/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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: SUSAN'S VICTORIAN COTTAGE **Licen e #:** 42890 **Licen e Expiration Date:** 06/09/2021
Addr e : 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7244238706 **Email:** [REDACTED]

Legal Entity

Name: SUSAN JONES
Address: 111 HYDRANGEA LANE, MT. PLEASANT, PA, 15666
Phone: 7244238706 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/03/1969 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 15 **Waking Staff:** 11

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 04/27/2021

Inspection Dates and Department Representative

04/26/2021 - On-Site: [REDACTED]
04/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 15

Secured Dementia Care Unit

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

Hospice

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 13
Diagnosed with Mental Illness: 15 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/26/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/31/2021*

6/15/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2021*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2021*

7/14/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

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 [REDACTED] for resident #1 was not signed by the resident.

The resident-home contract, dated [REDACTED] for resident #2 was not signed by the resident.

Plan of Correction

Accept

Both residents #1 and #2 have a Power of Attorney who signed all their legal documents on PCH admission. Both residents have now written their names on their admission contracts. All staff has been instructed that all future contracts for all residents who have a POA or Guardian must always be additionally signed by the residents and documentation kept. Current resident contracts are all signed by the resident. Staff was instructed that residents must always sign their Home Contract and the Administrator will review all future contracts for resident signatures.

Completion Date: 06/15/2021

Document Submission

Implemented

Documentation sent

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

On 4/27/2021 at lunch time, staff person A administered insulin to resident #1 while [REDACTED] was seated at the table with five additional residents present at the table.

In addition, on 4/27/2021 at lunch time, staff person A administered insulin to resident #3 while [REDACTED] was seated at the table with four additional residents present at the table.

Plan of Correction

Accept

We have been giving insulin injections at the dining tables for 20+ years. These are not "medical procedures" they are medication administrations. This "violation" was never communicated to us before. Injections are seen being given on TV all the time, with faces shown. Before meals, when residents are in the living room watching TV with other residents, they are very unhappy having to go to their room to achieve privacy for their injection. I'd like to suggest a document that can be signed by the resident to decline the need for privacy for insulin injections in the arm. Staff has been instructed to always give injections in privacy. Staff will be observed weekly to assure injections are always given in privacy. Under protest!

Completion Date: 05/28/2021

Document Submission

Implemented

Documentation has been kept

85e - Trash Outside Home

1. Requirements

85e - Trash Outside Home (continued)

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was a large white bag protruding from the uncovered garbage can behind the home. The can was also completely full with water.

Plan of Correction

Accept

All the empty trash cans stored behind the back of the building are EXTRA UNUSED CANS. We only put trash into the covered cans by the back door. At the back of the building there was an uncovered can, full of rain water which contained several white bags of leaves. This was an oversight from last fall's cleanup and no one knew the leaves were there. The offending can has been dumped and the leaves left for trash collection. All our unused cans are now empty with their lids intact. I will remove their lids, stack them and make room to store them in our shed. Staff always observes our used trash and recycling cans daily to assure their lids are always on and closed.

Completion Date: 05/25/2021

Document Submission

Implemented

NOT A VIOLATION!!!

89c - Testing Non-Public Water

1. Requirements

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The home has not had a coliform water test since 12/31/2019. The home is not connected to a public water source.

Plan of Correction

Accept

Water testing service at DEP, New Stanton, has been closed due to Covid-19 since at least March of 2020 when I tried to deliver a water sample there. We do not drink our well water and always purchase 5 gallon bottles for all our potable water. After our inspection it took me several days and many phone calls to finally locate a DEP approved water testing facility at Somerset, PA,, 67 miles away, round trip. I delivered our water sample on May 10, 2021 for a \$36.00 charge, DEP at New Stanton charges \$10.00 and is scheduled to reopen in July 2021. I will resume doing our water testing every 3 months as I always did pre Covid.

Completion Date: 05/10/2021

Document Submission

Implemented

Documentation sent

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

On 4/26/2021, at 9:43 a.m., the temperature in the stainless steel freezer was 6 degrees Fahrenheit and at 10:50 a.m. it was 1 degree Fahrenheit.

On 4/26/2021, at 9:55 a.m., the temperature in the white upright freezer was 10 degrees Fahrenheit and at 10:51 a.m., it was 4 degrees Fahrenheit.

Plan of Correction

Accept

The thermostats on our freezers have been lowered. I monitored and recorded all our freezer and fridge temps daily for 1 week before and after holding the doors open for a while allowing warm room air to flow in. My study showed closed door freezer temps at -3 to -1 degrees but the temps rose to 4 and 6 degrees after holding the doors open while searching for the thermometers. Thermometers have now been tied into place in front to be easily found. Staff has been instructed to monitor freezer temps daily and to always maintain them at 0 or below.

Completion Date: 05/04/2021

Document Submission

Implemented

Do u need a picture of the thermometers or what?

103g - Storing Food

1. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/26/2021, the following items were opened and unsealed:

- Yellow container of flour in the kitchen cabinet
- Bag of sliced bread in kitchen drawer
- Brown bag of tater tots in the chest freezer
- Half bag of tortilla chips on the pantry shelf
- Bag of dry spaghetti on the pantry shelf

Plan of Correction

Accept

All items were closed the day of inspection. Staff has been instructed to always take time to assure all items are closed, sealed and dated. I have never seen an insect near any of our food in 20+ years. Staff will always use a twist tie or bag clip on all packaging, frozen food and their own food they bring from home. Since bread is used 3 or 4 times daily, we sometimes twist it's plastic wrap and lie the bread on the twist to keep it sealed. The bread stays sealed without using the "twist tie" until someone picks it up to use it but apparently this isn't acceptable. All food closures will be monitored weekly to assure they are always closed.

Completion Date: 04/26/2021

Document Submission

Implemented

Handled

141b1 - Annual Medical Evaluation

1. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (*continued*)**Description of Violation**

Resident #1's annual medical evaluation, dated 10/27/20, is missing temperature. This area is blank.

Resident #4's annual medical evaluation, dated 1/28/21, is missing height, weight, pulse rate, blood pressure, and temperature. These areas are blank.

Resident #5's annual medical evaluation, dated 1/19/21, is missing temperature. This area is blank.

Plan of Correction**Accept**

The doctor's staff failed to enter the residents temp on 2 DMEs and other vitals on another. These signed documents must always be double checked to assure all the blanks are filled in. The vitals on each of these forms have now been entered and each blank will always be reviewed when received to be sure they are always complete.

Completion Date: 05/26/2021

Document Submission**Implemented**

Documentation sent

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed blood glucose checks daily in the morning. However, the home's staff is only checking the resident's blood glucose once a week on Wednesdays.

Plan of Correction**Accept**

Resident #4 always refused daily glucose checks and allowed them only weekly on Wednesdays as recorded. The doctor's office was notified of this refusal (1) months ago with no response, notified again (2) the day of inspection and notified again (3) on May 28, 2021. This resident's blood sugar is always well controlled. An order for weekly blood sugar testing was received on June 1, 2021. A resident does have the right to refuse. Staff has been instructed to monitor all MARs monthly and report all resident refusals to the appropriate doctor with a request for any new orders needed. All future refusals will be immediately reported to the doctor and order change attempts will always be made.

Completion Date: 06/15/2021

Document Submission**Implemented**

Document submitted

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (continued)

Description of Violation

Staff person A has not had a valid required annual practicum completed within the past 12 months. Staff person A administered medications to resident #4 to include the following:

On 4/3/2021, 4/6/2021, 4/12/2021, 4/13/2021, 4/26/2021 at 8:00 a.m., Pioglitazone 30mg tablet, Magnesium Oxide 400mg tablet, Amlodipine 5mg tablet, Rosuvastatin Calcium 10mg tablet, and Risperdal 2mg tablet.

Plan of Correction

Accept

Violation is because the person who did the Observations on staff person A had [redacted] own last documented Observation on Nov. 16, 2018 which is more than 2 years ago. [redacted] file was searched but a more recent Observation or Training was not found. In the past, this home had no trained Observers and it was always very difficult to find another home's Observer willing to do our Observations. Another of my employees is presently nearing completion of the Online Train the Trainer course and will be able to do Observations on all our employees as soon as [redacted] completes [redacted] training course. Documentation of all required Observations will be kept and their due dates will be monitored monthly. These required Observations will be sent to DHS as soon as they are obtained.

Completion Date: 06/15/2021

Document Submission

Implemented

Copies of Staff person A's Observation of 06-28-21 and the Trainer's certification (total of 4 pages) are included here.

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

According to staff interview, a resident of the home was peeling the paint from the wall of a common bathroom. The home has not implemented positive interventions to modify or eliminate the behavior. Instead, there was a note posted on the wall of the bathroom that stated, "Stop peeling wallpaper or you will be evicted!! We are watching you. - Staff"

Plan of Correction

Accept

We didn't know who was doing this damage to the newly painted wall. Our verbal communications to all the residents did not solve the problem. Since we communicated this inspection violation to all residents and removed the sign, no further damage has been seen. Magazines are now in the bathrooms for something to do while sitting to hopefully eliminate any future "busy work." Staff says the bathroom sign was placed by an employee who no longer works here. The Administrator was not aware of the sign's existence. Deliberate damage to the home and it's property is prohibited and was added to the Home Rules. Staff was educated on the inappropriateness of the sign and documentation kept.

Completion Date: 06/15/2021

Document Submission

Implemented

Problem was corrected with positive interventions

225a - Assessment 15 Days

1. Requirements

225a - Assessment 15 Days *(continued)*

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.

Description of Violation

Resident #1's initial assessment, dated [REDACTED] was not signed by the assessor.

Resident #2 receives hospice services. However, resident's initial assessment, dated [REDACTED], does not include the need for these services.

Plan of Correction**Accept**

The assessor's name is type written on the page and it is now signed by the assessor. An oversight as the assessor knows these must always be signed and will be careful to always sign them when printed. The assessor was unaware of any Hospice services when the form was completed and Hospice documentation has since been added to the form. All resident services will be researched and included on all future forms. Staff was educated on the need to communicate all resident services and service needs to the Administrator and documentation kept. Administrator will review all RASPs every 6 months to include all current care needs.

Completion Date: 06/15/2021

Document Submission**Implemented**

Documentation submitted

251c - Standardized Forms

1. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's preadmission screening, dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction**Accept**

A DHS Pre-admission Screen form dated [REDACTED] was used for resident #2. Forms for all residents admitted after [REDACTED] have now been copied onto DHS's form dated [REDACTED]. Since we now know that a newer form exists, we will always use the 7-1-11 form for all new Pre-admission Screens.

Completion Date: 05/28/2021

Document Submission**Implemented**

Document submitted