pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LAFFEY HEALTH CARE SERVICES LLC**
LEGAL ENTITY

To operate **VICTORIA MANOR PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **100 ROSE COURT, OAKDALE, PA 15071**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **38**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 10, 2021** until **May 10, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446420**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: May 10, 2021

Ms. Kathleen Krise
Administrator
Laffey Healthcare Services, LLC
801 Elm Spring Road
Pittsburgh, Pennsylvania 15243

RE: Victoria Manor Personal Care Home
100 Rose Court
Oakdale, Pennsylvania 15071
Certificate #: 446420

Dear Ms. Krise:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 25, 2021 and April 16, 2021, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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**: *7246938336* **Email**: *admin@vmassistedliving.com; admin@carriagemanorpch.com*

Legal Entity

Name: *LAFFEY HEALTH CARE SERVICES LLC*
Address: *801 ELM SPRING ROAD, PITTSBURGH, PA, 15243*
Phone: *7246938325* **Email**: *LLAFFEY@GMAIL.COM*

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: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal,Complaint* **Exit Conference Date**: *01/25/2021*

Inspection Dates and Department Representative

01/25/2021 - On-Site: Ashley Roser, Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *26*

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**: *26*
Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

01/25/2021 - Full

Lead Inspector: *Ashley Roser* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/19/2021*

3/22/2021 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/26/2021*

3/26/2021 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/01/2021*

5/6/2021 - Document Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: **Follow-Up Date**: *03/30/2021*

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires carbon monoxide detectors to be installed in close proximity of, but not less than 15 feet away from any fossil-fuel burning device or appliance. If the carbon monoxide alarm operates by a battery, then the battery may not be removed for any length of time beyond that necessary to change the battery. The battery must be labeled with the date of installation and replaced at least once annually.

The home uses numerous battery operated carbon monoxide detectors, including near the gas stove and gas hot water heaters; however, the date the batteries were installed is not indicated on the carbon monoxide detectors.

Plan of Correction **Accept**

We have a letter from the fire Chief that states when all the batteries in the carbon monoxide detectors were changed I did not know they had to be on the batteries themselves. Even though the batteries were not due to be changed they were changed on 2/03/21 by our maintenance man.
Moving forward when the Fire Chief does the yearly inspection and changes the batteries the date will be placed on the batteries as well to ensure we are in compliance with Federal, state, and local laws ordinances and regulations. Maintenance man will check the batteries every six months from date on batteries to make sure all batteries are working. He has a battery checker that shows how strong or weak the batteries are. The next time the batteries are due to be checked is August 2021 (attached). The administrator will Check to make sure the batteries are check every six months and changed yearly.

Completion Date: *02/03/2021*

Document Submission **Implemented**

all batteries were dated. Maintenance form attached.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

There is an approximate 2" crack in the grab bar next to the toilet in resident #1's bathroom.

REPEAT VIOLATION: 12/30/2019

81b - Resident Personal Equipment *(continued)*

Plan of Correction **Accept**

The crack was on a raised toilet seat. Tape was put on it while a new one was ordered. The new one came in on 02/03/21. We ordered two other ones to make sure we had a spare in case another one would have something wrong with it in the future. All the other residents who have a raised toliet had theirs checked to make sure their were no other issues. And moving forward on 2/28/21 checking the toilet seats was added to the midnight check list to check them weekly. (attached) They will mark it on the check list and on the maintenance forms that get handed in weekly. The midnighters' were trained on what to look for and how to report on 03/15/21 during our Quality Management meeting. (attached) The administrator and or designee will check the midnighters' check list weekly to make sure everything is being completed.

Completion Date: *02/03/2021*

Document Submission **Implemented**

training attached.

82c - Locking Poisonous Materials

1. **Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:33 am, there were four 5 gallon buckets of Pyxis Laundry Detergent with manufacturer's labels indicating, "If exposed, call Poison Control Center." Not all the residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

REPEAT VIOLATION: 12/30/2019

Plan of Correction **Accept**

The bucket was behind a closed door with a lock in the laundry room when the last staff walked out of the room and they closed the door that was locked they did not pull it and it did not latch. A Quality Management Meeting took place on 3/15/21 (attached) and this was talked about in detail and demonstrations were given to make sure all the staff know how to close the door properly and to make sure it latches. We also talked about the reason the door needs to be locked at all times. At this time all poisonous materials were discussed. The Administrator and or designee will check a minimum of three times a week to make sure the door is always locked to ensure the staff are doing their job.

Completion Date: *03/15/2021*

Document Submission **Implemented**

training attached.

85a - Sanitary Conditions

1. **Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions *(continued)*

Description of Violation

Staff person B provided the Department with 6 unlabeled glucometers. One of the unlabeled One Touch glucometers was used to test resident #3's blood sugar reading of 223 on 1/5/21 at 7:12 pm.

Plan of Correction **Accept**

All the glucometers were thrown away that day that were not a current residents glucometer. Since that audit we have put many steps in place to ensure we do not have glucometer issues in the home. All staff in the building completed a 2 to 3 hour diabetic training that was conducted by a RN. on 2/1/21 and 2/10/21. This training was this long because [redacted] went into great detail about Diabetic issues, glucometers, sanitation and current regulations more than a regular diabetic training. We then had a Nurse from another Personal Care Home come in and do a Diabetic/glucometer training that pertained specifically to Our Personal Care homes to answer all questions and issues and to help set up a system to prevent errors. In this training many things were discussed (attached) example where the two unopened glucometers are kept in case someone's was not working and explained how once you open it and use it on someone it now becomes theirs and can never be used on anyone else. The med techs will be mandated to come to each Quarterly Management meeting where a refresher will be completed to make sure any issues are discussed. The physician was called that day about the glucometer issues to see if they wanted us to do anything else due to the errors, they checked everything and nothing else was needed. The physician is working with the home to make the diabetic medication regiment as easy as possible. Physician recommend contacting Medicare about the libre system. Medicare was called to see if the residents would qualify for a Libre system but none of our residents qualify at this time.

To monitor the diabetics every day a sheet has been created and being completed since 2/12/21 by the 7 am med tech and signed off on. (attached). The med tech will check a few things, they will check the day before glucometer reading, the documentation of what that reading is to make sure it matches the glucometer and the insulin administered if any to make sure there are no medications errors. Then weekly the designee will check the entire week before to do a double check to make sure nothing was missed and all glucometer reading are correct. The physician who comes in weekly will check the diabetic to make sure there are no diabetic issues. The administrator will check weekly to make sure all the forms and checks are being completed.

Completion Date: *01/25/2021*

Document Submission **Implemented**

trainings all attached, forms all attached.

90b - Staff Communication

1. **Requirements**

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

On 1/25/21 the home served 26 resident's; however, there was no system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

90b - Staff Communication *(continued)*

Plan of Correction **Accept**

The facility is a one floor building that has three cordless phones in the common area. Our phone policy states that staff can use their cell phones for work issues. We felt we had the communication system taken care of. Since the auditor felt we did not: Moving forward Walkie-talkies will be used if someone does not have a cell phone. They were ordered and arrived on 3/10/21 to make sure we have a form of communication if someone did not have a cell phone on them. The policy will state walkie-talkies need to be used in the building if anyone does not have a cell phone on them for communication. If someone does not have a cell phone on them they need to tell the med tech at the start of their shift to ensure that walkie-talkies are used. If they all have cell phones they must have every staff on shifts phone number in their phone to ensure in an emergency staff persons can immediately contact other staff. Cell phone policy was changed on 3/15/2021. (attached) This was covered in the Quality Management meeting on 3/15/21. The administrator or designee will check weekly to make sure this is happening.

Completion Date: *03/15/2021*

Document Submission **Implemented**

training attached. walkie talkies in building policy attached

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 9:56 am, the pantry deep freezer was in disrepair and could not properly close. Insulation was exposed across the freezer lid, and the rubber seal was broken.

Plan of Correction **Accept**

We ordered a freezer and due to the pandemic issues it kept getting canceled and re scheduled. A new freezer was delivered on 2/06/210. We did not stop using it because the freeze never was out of temperature compliance and the residents have no access to the room. We did order a new freezer when the seal broke. Moving forward the maintenance man will continue to check for anything broken and will replace something when it is broken. Administrator will continue to check the maintenance request forms and will check to make sure the maintenance man is fixing or replacing anything that needs replaced in a timely manor.

Completion Date: *02/18/2021*

Document Submission **Implemented**

freezer in the building. maintenance man sign off attached.

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap in the shared bathroom of residents #4 and #5.

102i - Soap Dispenser *(continued)*

Plan of Correction **Accept**

The resident had a container with a label on it but she did not put the soap back in the container when she was done using it. Administrator threw away the bar of soap that day and replaced the container with a new bar. The resident likes to have bar soap even though there is a soap dispenser in the bathroom. This resident is very alert so the administrator talked with her about the regulation and she was very receptive. The staff will check throughout the day to make sure bar soap is put back in labeled containers. This was addressed at the quality management meeting on 3/15/21. The midnighter's check list(attached) will have check all containers to make sure everyone in a shared room has a label. This is done weekly. Administrator or designee will check weekly to make sure the lists are being completed.

Completion Date: *01/25/2021*

Document Submission **Implemented**

meeting attached.

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.

Description of Violation

At 9:53 am, the Frigidaire freezer in the pantry was 2 degrees Fahrenheit.

Plan of Correction **Accept**

The kitchen staff was in the freezer right before they did the inspection. The inspector went back in later and re-checked and it was within normal temperatures. The freeze was turned down a little to place in on the cooler end to ensure even if it is open and being used it does not go above 0 degrees F. Checks will continue to be done daily and documented and at the Quality Management meeting on 3/15/21 Freezer Temps were discussed and Dietary who checks the freezers daily were told that they need to notify the Administrator or designee if the freezer is above -1. Administrator or designee will check weekly to make sure all temps are within normal limits.

Completion Date: *01/25/2021*

Document Submission **Implemented**

meeting attached

103g - Storing Food

1. **Requirements**

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

Description of Violation

At 9:53 am, there was an uncovered pan of stuffed green peppers in the pantry deep freezer.

103g - Storing Food *(continued)*

Plan of Correction **Accept**

The seal on the stuffed green peppers was not tightly sealed due to something being placed on top of it. The stuffed green peppers were thrown way that day in front of the auditor. Moving forward the dietary department will check daily to make sure all the freezer containers are tightly sealed It was also addressed at the Quality Management meeting. on 3/15/2021.. The designee in charge of dietary will check weekly after the shipment comes in to make sure all freezer items are sealed.

Completion Date: *01/25/2021*

Document Submission **Implemented**

meeting attached

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Levothyroxine 175 MCG-Take 1 tablet once a day Monday-Saturday; however, the pharmacy label indicates Levothyroxine 175 MG-Take 1 tablet once day Monday-Saturday.

REPEAT VIOLATION: 12/30/2019

Plan of Correction **Accept**

The pharmacy was called immediately when the error was caught and the pharmacy stated that it was the correct medication the Levothyroxine 175 MCG and that the label was wrong and they sent a new roll of medications to make sure the label was correct. The new label was sent that night on 1/25/21. We get new rolls in the building for two week and that day was the start of the new roll. The medication rolls were changed that morning and that was missed. The midnighter that changes the roll does a medication audit when new rolls are delivered and that MCG vs MG was missed when audited. Moving forward the Med tech on Monday morning will also do a Med check to make sure all the medications labels are correct to doctors orders. In the Quality Management meeting we also talked about how each med tech also needs to check very carefully because of how easily one letter can change the medication. Audits will take place weekly and The administrator and or the designee will check weekly to make sure all audits are being done to make sure the medication label the MAR and the Doctors orders match correctly.

Completion Date: *01/25/2021*

Document Submission **Implemented**

medication form attached and all trainings.

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following blood sugar readings are present on resident #3's blood glucose log; however, are not present on the resident's glucometer:
**182 on 1/4/21 at 12:00 pm*
**185 on 1/5/21 at 3:27 pm*
**192 on 1/8/21 at 9:21 pm*
**198 on 1/8/21 at 9:26 pm*
**109 on 1/12/21 at 4:10 pm*
**121 on 1/12/21 at 8:04 pm*
**127 on 1/20/21 at 4:22 pm*
**170 on 1/20/21 at 7:16 pm*
**199 on 1/23/21 at 9:52 pm*
**250 on 1/24/21 at 6:38 am*

Plan of Correction **Accept**

Since that audit we have put many steps in place to ensure we do not have glucometer issues in the home. All staff in the building completed a 2 to 3 hour diabetic training that was conducted by a RN. This training was2 to 3 hours because [redacted] went into great detail about Diabetic issues, glucometers, sanitation, current regulations and how to document. We then had a Nurse from another Personal Care Home come in and do a Diabetic/glucometer training that pertained specifically to Personal Care homes to answer all questions and issues and to help set up a system to prevent errors. (attached) In this training staff were also shown where two unopened glucometers are in case someone's was not working and explained how once you open it and use it on someone it now becomes that residents and can never be used on anyone else. And that the Administrator needs to be contacted immediately to ensure that an unopen spare can be replaced. Also shown to the staff is where batteries are kept incase batteries needed changed. All residents in the building were provided a new glucometer by the home that started on 2/2/21 with the new glucometers. So each diabetic has a new glucometer and we have two unopened spares in building. The physician was notified as to what the issues that day were to make sure they did not want any thing else done with the residents, after the physician check nothing else needed done. The physician is working with the home to make the diabetic medication regiment as easy as possible. Physician recommend contacting Medicare about the libre system. Medicare was called to see if the residents would qualify for a Libre system but none of our residents qualify at this time.
To monitor the diabetics every day a sheet has been created and being completed since 2/12/21 by the 7 am med tech and signed off on. The med tech will check the day before glucometer reading, the documentation of what that reading is to make sure it matches the glucometer and the insulin administered if any to make sure there are no medications errors. Then weekly the designee will check the entire week before to do a double check to make sure nothing was missed and all glucometer reading are correct. The physician who comes in weekly will check the diabetic to make sure there is no diabetic issues. The administrator will check weekly to make sure all the forms and checks are being completed.

Completion Date: *02/10/2021*

185a - Implement Storage Procedures *(continued)*

Document Submission **Implemented**

trainings all attached.

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's, "Management of Controlled Drugs" policy, effective 2/1/17, indicates staff persons are to, "perform a complete count of all controlled drugs at the change of shifts or at any time in which narcotic keys are surrendered from one staff member to another," and that staff persons are to "sign the individual inventory at the time of the count". According to staff person interviews, staff members are not regularly counting controlled medications between shifts and are not signing off on individual inventory logs.

The controlled drug record for resident #1's Oxycodone HCL 20mg-Take 1 syringe (0.5ML) under the tongue every 2 hours as needed does not include the number of doses that were delivered to the home.

The controlled drug record for resident #1's Lorazepam 2 mg/ml-Take 1 syringe (0.25ML) by mouth or under the tongue every 3 hours as needed does not include the number of doses that were delivered to the home.

Plan of Correction **Accept**

The two medications were D/C'ed on 1/28/21 since they are not something [redacted] needs at this time and will be ordered if [redacted] is in need of them. The staff always count controlled medications but they did not know they needed to count these because both medications were sealed in the original container because the package states do not open until the first dose is used and it was not used yet, so therefore it was not opened and counted. The hospice staff bring in the medication therefore we did not have an original count sheet but we did not know we needed one because we did not open it yet. Moving forward we will get a copy of the count sheet off hospice for our records to ensure we know how many are in the container to start with and then we can sign off daily how many would be in there based off the delivered sheet while the seal is not opened. The designee of the medication cart who is auditing weekly will check weekly to make sure all counts are done with all controlled substances even if the package is not open. The Administrator will check weekly to make sure the designee is completing the checks.

Completion Date: *01/28/2021*

Document Submission **Implemented**

trainings all attached.

187d - Follow Prescriber's Orders

1. Requirements

187d - Follow Prescriber's Orders *(continued)*

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Humalog Kwikpen 100u/ml-Inject 3 times daily per sliding scale: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u-max 12 units; however, the resident was not administered the correct amount of insulin on numerous dates/times, to include the following:
**1/4/21 at 10:08 am, the resident's glucometer indicated a blood sugar reading of 268; however, the resident's January 2021 medication administration record (MAR) indicated a blood sugar reading of 247, and that 6 units of insulin were administered instead of the prescribed 8 units of insulin.*
**1/4/21 at 12:57 pm, the resident's glucometer indicated a blood sugar reading of 284; however, the resident's January 2021 MAR indicated a blood sugar reading of 260, and that 6 units of insulin were administered instead of the prescribed 8 units of insulin.*
**1/8/21 at 5:02 pm, the resident's glucometer indicated a blood sugar reading of 268; however, the resident's January 2021 MAR indicated a blood sugar reading of 236, and that 0 units of insulin were administered instead of the prescribed 6 units of insulin.*
**1/17/21 at 8:01 am, the resident's glucometer indicated a blood sugar reading of 326; however, the resident's January 2021 MAR indicated a blood sugar reading of 352, and that 12 units of insulin were administered instead of the prescribed 10 units of insulin.*
**1/19/21 at 3:33 pm, the resident's glucometer indicated a blood sugar reading of 256; however, the resident's January 2021 MAR indicated a blood sugar reading of 150, and that 2 units of insulin were administered instead of the prescribed 6 units of insulin.*

Resident #3 is prescribed Novolog Flexpen 100u/ml-Use per sliding scale before meals and at bedtime: 70-130=0u; 131-180=2u; 181-240=4u; 241-300=6u; 301-350=8u; 351-400=10u; >400=12u and call MD. However, the resident's blood sugars were not taken on numerous dates/times, to include at 8:00 am and 12:00 pm on 1/5/21, 1/7/21, 1/9/21, 1/12/21, 1/14/21, 1/16/21, 1/19/21, 1/21/21 and 1/23/21.

Resident #3 is prescribed Carvedilol 6.25 mg-Take 1 tablet by mouth twice daily; however, the resident was only administered this medication once a day on numerous dates, to include on 1/5/21, 1/7/21, 1/9/21, 1/12/21, 1/14/21, 1/16/21, 1/19/21 and 1/21/21.

Resident #3 is prescribed Clopidogrel 75 mg-Take 1 tablet by mouth once a day; however the resident was not administered this medication on numerous dates, to include on 1/5/21, 1/7/21, 1/9/21, 1/12/21, 1/14/21, 1/16/21, 1/19/21 and 1/21/21.

REPEAT VIOLATION: 12/30/2019

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Do Not Accept**

All the glucometers were thrown away that day that were not a current residents glucometer. Since that audit we have put many steps in place to ensure we do not have glucometer issues in the home. All staff in the building completed a 2to 3 hour diabetic training on 2/1/2021 and 2/10/21 that was conducted by a RN. (attached) This training was 2 to 3 hours because [redacted] went into great detail about Diabetic issues, glucometers, sanitation and current regulations. We then had a Nurse from another Personal Care Home come in and do a Diabetic/glucometer training that pertained specifically to Personal Care homes to answer all questions and issues and to help set up a system to prevent errors. (attached). In this training staff were also shown where two unopened glucometers are in case someone's was not working and explained how once you open it and use it on someone it now becomes there's and can never be used on anyone else. And that the Administrator needs to be contacted immediately to ensure that an unopen spare can be replaced. Also shown to the staff is where batteries are kept incase batteries needed changed. All residents in the building were provided a new glucometer on 2/2/21 by the home. So each diabetic has a new glucometer and two unopened spares are in building. The physician was notified as to what the issues that day were to make sure they did not want any thing else done with the residents after checking nothing else was needed. The physician is working with the home to make the diabetic medication regiment is as easy as possible. Physician recommend contacting Medicare about the libre system. Medicare was called to see if the residents would qualify for a Libre system but none of our residents qualify at this time.

To monitor the diabetics every day a sheet has been created and being completed since 2/12/21 by the 7 am med tech and signed off on. The med tech will check the day before glucometer reading, the documentation of what that reading is and the insulin administered if any to make sure there are no medications errors. Then weekly the designee will check the entire week before to do a double check to make sure nothing was missed and all glucometer reading are correct. The physician who comes in weekly will check the diabetic to make sure there is no diabetic issues. The administrator will check weekly to make sure all the forms and checks are being completed.

Completion Date: *02/10/2021*

Update - 03/22/2021

Please add steps regarding the non-insulin violations.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

Residents #3 goes to Dialysis 3 times a week and [redacted] was leaving before the 7 am and did not like to take [redacted] medications before dialysis so the midnight med tech was not giving before [redacted] left at 5:30am. We talked with the Doctor and the Doctor changed a few of the medications that could wait until after dialysis and talked with resident about the reason [redacted] needed to take the other medications before. The resident takes the clopidogrel 75mg before [redacted] leaves and [redacted] now takes Carvedilol 3.125mg one time daily. The am med techs and the midnight med techs were all given a training with the Doctor about what to do if [redacted] would refuse the medications. This was done on 2/10/21 (attached). The Nurse Practitioner said if [redacted] refuses 2 days in a row to let [redacted] know. At this point [redacted] only refused the oral medication one time since the audit. DCS talked with [redacted] about refusing the medication and [redacted] said [redacted] did not feel good and didn't want to take it before dialysis. Other residents we will continue with contacting the Doctor after the three refusals.

All the glucometers were thrown away that day that were not a current residents glucometer. Since that audit we have put many steps in place to ensure we do not have glucometer issues in the home. All staff in the building completed a 2to 3 hour diabetic training on 2/1/2021 and 2/10/21 that was conducted by a RN. (attached) This training was 2 to 3 hours because [redacted] went into great detail about Diabetic issues, glucometers, sanitation and current regulations. We then had a Nurse from another Personal Care Home come in and do a Diabetic/glucometer training that pertained specifically to Personal Care homes to answer all questions and issues and to help set up a system to prevent errors. (attached). In this training staff were also shown where two unopened glucometers are in case someone's was not working and explained how once you open it and use it on someone it now becomes there's and can never be used on anyone else. And that the Administrator needs to be contacted immediately to ensure that an unopen spare can be replaced. Also shown to the staff is where batteries are kept incase batteries needed changed. The Nurse Practitioner was also here and did a training on resident #3 medication due to [redacted] dialysis. This was also done on 2/10/21 (attached). All residents in the building were provided a new glucometer on 2/2/21 by the home. So each diabetic has a new glucometer and two unopened spares are in building. The physician was notified as to what the issues that day were to make sure they did not want any thing else done with the residents after checking nothing else was needed. The physician is working with the home to make the diabetic medication regiment is as easy as possible. Physician recommend contacting Medicare about the libre system. Medicare was called to see if the residents would qualify for a Libre system but none of our residents qualify at this time.

To monitor the diabetics every day a sheet has been created and being completed since 2/12/21 by the 7 am med tech and signed off on. The med tech will check the day before glucometer reading, the documentation of what that reading is and the insulin administered if any to make sure there are no medications errors. Then weekly the designee will check the entire week before to do a double check to make sure nothing was missed and all glucometer reading are correct. The physician who comes in weekly will check the diabetic to make sure there is no diabetic issues. The administrator will check weekly to make sure all the forms and checks are being completed. There is also a weekly med cart audit that will be done to make sure all the doctors prescribed orders are being followed. The NP will follow up weekly to make sure there are no issues with residents # 3 medications. The Administrator will check weekly with the NP and facility to make sure audits are completed and all Prescribed orders are being followed.

Completion Date: *02/04/2021*

Document Submission **Implemented**

trainings attached.

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**: *7246938336* **Email**: *admin@vmassistedliving.com*

Legal Entity

Name: *LAFFEY HEALTH CARE SERVICES LLC*
Address: *801 ELM SPRING ROAD, PITTSBURGH, PA, 15243*
Phone: *7246938325* **Email**: *LLAFFEY@GMAIL.COM*

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: Ashley Roser, Joe Eveges

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: *Ashley Roser* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/28/2021*

Inspections / Reviews *(continued)*

4/29/2021 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/05/2021*

5/6/2021 - Document Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: **Follow-Up Date**:

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*

Document Submission **Implemented**

completed (attached)

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*

Document Submission **Implemented**

completed

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 [redacted] was removed from doing med administrator until [redacted] has a one on one training with our medication trainer. [redacted] was given a written warning and [redacted] 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*

Document Submission **Implemented**

completed attached

85a - Sanitary Conditions

1. **Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions *(continued)*

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.

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. [redacted] was in the bedroom during the inspection and told us. The cleaning lady had not gotten to [redacted] room yet and this resident is able to get on and off the toilet alone so staff did not know [redacted] had just finished to have the cleaning lady clean the toilet. The cleaning lady 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*

Document Submission **Implemented**

completed (attached)

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

183b - Meds and Syringes Locked *(continued)*

Plan of Correction **Accept**

This was unacceptable and that staff was written up 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 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*

Document Submission **Implemented**

completed

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.

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*

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

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*

Document Submission **Implemented**

completed (attached)