

Department of Human Services
Bureau of Human Service Licensing

November 15, 2021

[REDACTED], OWNER

RE: LEAH'S VICTORIAN COTTAGE I
511 PARK AVENUE
SCOTTDALE, PA, 15683
LICENSE/COC#: 42935

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

October 6, 2021

[REDACTED], OWNER

RE: LEAH'S VICTORIAN COTTAGE I
511 PARK AVENUE
SCOTTDALE, PA, 15683
LICENSE/COC#: 42935

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/31/2021 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,
[REDACTED]

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: *LEAH'S VICTORIAN COTTAGE I* License #: *42935* License Expiration Date: *12/02/2021*
Address: *511 PARK AVENUE, SCOTTDALE, PA 15683*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/26/1995* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/31/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2021*

Inspections / Reviews (*continued*)

10/6/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/08/2021*

11/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Repeat Violation

The resident privacy coding document was attached to the Licensing Inspection Summary, dated 1/20/2020, which was posted on the wall in the living room. The privacy coding document listed residents to include #1, #2, and #3 by name.

Repeat Violation 1/30/2020

Plan of Correction

Accept

The administrator removed the residents privacy document on 08/30/2021, day of inspection. Before inspection summaries are posted Administrator and assistant administrator will both examine document before posting to make sure privacy document removed.

Completion Date: 08/31/2021

Document Submission

Implemented

administrator and assistant administrator both have reviewed it and made sure no privacy documents were posted.

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 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The carbon monoxide detector for the gas stove in the kitchen and the gas hot water heater in the laundry room are on the living room wall, not in close proximity of either gas appliance.

Plan of Correction

Accept

Administrator purchased additional carbon monoxide alarm. It was installed in close proximity to kitchen,. Laundry room has no gas appliances. The carbon monoxide alarm by furnace was relocated closer.

Completion Date: 09/01/2021

Document Submission

Implemented

pictures are provided of the new carbon monoxide alarms that were installed in the building.

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

There was a strong pervasive sour and musty odor throughout the home.

The top 3" of the 2 fryer baskets in the kitchen were coated with debris and crumbs. The surface of the fryer around the oil well was also flecked with debris and crumbs. In addition, the fryer oil was dark brown with crumbs floating on the top.

The metal shelf on the front of the stove was speckled with grease and food.

There was a brown and yellow stain on the reusable bed pad on the big brown leather sofa in the living room.

Plan of Correction

Accept

Administrator had fryer basket and fryer cleaned. The oil was changed and fresh oil was added, the stove was cleaned. Bed pad was changed and clean pad was placed on sofa. The musty odor was treated by scrubbing carpets throughout the home. The home furniture was removed for less clutter and new chairs were placed inside.

Administrator will monitor sanitary conditions.

Meeting was held on 09-28-21 and staff was trained on sanitary conditions.

At least weekly - The administrator will monitor sanitary conditions. - [REDACTED] 10/6/21

Completion Date: 10/05/2021

Document Submission

Implemented

pictures are attached of the cleaned fryer basket and cleaned fryer. also included we changed the oil and bought peanut oil to replace it. We replaced all furniture and replaced all pads on furniture pictures are included of new furniture.

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the resident's telephone in the living room.

Plan of Correction

Accept

A list of mandatory telephone emergency numbers were placed by all phones. Numbers were attached to phone receivers. Administrator will do a weekly check to insure phone numbers are still posted. Documentation will be kept.

Completion Date: 10/01/2021

Document Submission

Implemented

There is a picture of the list of updated emergency numbers now posted.

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

At approximately 10:30 am, there was no toilet paper for the toilet in the bathroom with the green bathtub.

Plan of Correction

Accept

Toilet paper was placed in bathrooms on 08/31/2021 the day of inspection. Bathrooms will be checked for toilet paper before every shift. A sign off sheet will be initiated after inspection.

Administrator will monitor bathrooms to ensure staff is maintaining toilet paper, --At least once daily-

10/6/21

staff retrained 09-29-21

Completion Date: 09/01/2021

Document Submission

Implemented

pictures of a sign off sheet are provided where staff on every shift is to sign off that they checked all bathrooms for toilet paper and soap.

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

At approximately 10:30 am, there was no soap at the sink in the bathroom with the green bathtub.

Plan of Correction

Accept

Soap dispenser was placed in bathroom 08/31/2021 the day of the inspection. Bathrooms will be monitored for for soap dispenser. Before each shift a sign sheet will be initialed.

Administrator will monitor bathroom to ensure staff is monitoring soap. --At least once daily - 10/6/21

Staff meeting 09-28-21 for training.

Completion Date: 09/01/2021

Document Submission

Implemented

picture of sign off sheet for staff to check soap in all bathrooms on every shift.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (*continued*)**Description of Violation**

The following undated and unlabeled foods were in the kitchen refrigerator:

- * *A Bag of shredded cheddar cheese*
- * *A small uncovered glass bowl of pasta with sauce*
- * *A baggie with 2 hot dogs*
- * *A black plastic container*
- * *A baggie with one piece of pizza*

Plan of Correction**Accept**

All undated food was disposed of 08/31/2021. Administrator will post a sign telling staff to date all leftovers. Administrator will have daily inspections on refrigerator. Staff meeting was held on 09/28/2021 and training was provided.

Completion Date: *10/01/2021*

Document Submission**Implemented**

pictures of sign posted on fridge about everything must be dated and also a calendar with a place for staff to initial it was checked everyday.

103g - Storing Food

1. Requirements

2600.

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

Description of Repeat Violation

The following open and unsealed food items were on the shelf next to the refrigerator in the kitchen:

- * *A bag of corn curls*
- * *A sleeve of pop tarts*

The following unsealed foods were in the kitchen refrigerator:

- * *A Bag of shredded cheddar cheese*
- * *A small uncovered glass bowl of pasta with sauce*
- * *A baggie with 2 hot dogs*

Repeat Violation 1/30/2020

Plan of Correction**Accept**

A sign was posted in kitchen, telling staff all food must be sealed in containers and closed. Administrator will have daily inspections of food stored in kitchen. a sign sheet will be initialed staff training meeting on 09/28/2021.

Completion Date: *10/01/2021*

Document Submission**Implemented**

picture of sign posted about sealed and closed container with dates placed on the fridge.

141b1 - Annual Medical Evaluation

1. Requirements

141b1 - Annual Medical Evaluation (continued)

2600.

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

Description of Repeat Violation

The medical evaluation for resident #1, dated [REDACTED], is missing the temperature, Body Positioning, Health Status, Cognitive Functioning and Mobility Assessment. These sections of the form are blank. Also, there is no medication list attached.

The most recent medical evaluation for resident #4, was completed on [REDACTED]. Also, the medical evaluation is missing Health Status, Cognitive Functioning, and Mobility Needs Assessment. These sections of the form are blank.

The medical evaluation for resident #5, dated [REDACTED] has the incorrect birth date listed. In addition, there resident's blood pressure and temperature measurement are not indicated,

Repeat Violation 1/30/2020

Plan of Correction**Accept**

Administrator completed missing information on resident #1 DME, medication list was attached on 09/29/21. Appointment was made for resident #4 10/30/2021. Resident #5 birthdate was corrected.

Medi Home Health was in on 09/23/2021 to assess resident #5 and took blood pressure, temperature, and documented DME for Resident #5, all DME will be sent with a note asking to complete entire form.

Immediately - The administrator will review the medical evaluations of all residents to ensure they are complete. - [REDACTED] 10/6/21

Immediately - The administrator or designee will review all newly completed medical evaluations to ensure they are complete. Any form found with missing information will be returned to the physician for completion. - [REDACTED] 10/6/21

Completion Date: 09/29/2021

Document Submission**Implemented**

pictures of completed documents with correct dates and filled in information.

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

There were 2 bottles of [REDACTED], belonging to a staff person unlocked, unattended, and accessible on top of the microwave in the kitchen.

183b - Meds and Syringes Locked (*continued*)**Plan of Correction****Accept**

Pepto bismol was removed and locked in medication room. Administrator held a staff meeting 09/28/2021 to retain on the storage of medications.

The administrator or a designee will monitor the home daily to ensure all medications, including OTC medication, is locked. [REDACTED] 10/6/21

Completion Date: 09/28/2021

Document Submission**Implemented**

picture of sign in sheet for medication storage training.