

Department of Human Services
Bureau of Human Service Licensing

October 22, 2021

[REDACTED]
LAFFEY HEALTH CARE SERVICES LLC
[REDACTED]

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 review on 09/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *VICTORIA MANOR PERSONAL CARE HOME* License #: *44642* License Expiration Date: *05/10/2022*
Address: *100 ROSE COURT, OAKDALE, PA 15071*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7246938325* 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: *09/17/1997* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/09/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *28*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *4*

Number of Residents Who:

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

Inspections / Reviews

09/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/23/2021*

10/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/18/2021*

10/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 8/4/21 at approximately 12:30 p.m., the North Fayette Police Department responded to a report that a family member of resident #1 was shouting at the home's staff, scaring residents, and refusing to leave the property. However, the home did not report this incident to the Department until 9/9/21 at approximately 2 p.m.

Plan of Correction**Accept**

The incident report was sent on 9/9/21. On 8/4/21 The building was on COVID lock down with many of the staff members including the administrator and the designee out due to being positive with COVID. This was an isolated incident due to the staff and residents all being sick. There were agency workers in and out and no one in the building who knows the incident report protocol. Administrator did a training with several other people identified as designees on 10/12/21 to make sure there are enough people in the building who know how to write and send an incident report. there will be quarterly trainings to make sure there are always enough people in the building to do the trainings. The administrator will over see that this happens. There will always be a minimum of 5 people in the building who will know how to write incident reports and submit them.

Completion Date: 10/12/2021

Document Submission**Implemented**

Training was completed on 10/15/21 with 5 staff identified.