

Department of Human Services
Bureau of Human Service Licensing

October 26, 2021

[REDACTED]
LAFHEY 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 licensing inspections on 10/05/2021, 10/07/2021 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: *05/10/2022*
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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/07/2021*

Inspection Dates and Department Representative

10/05/2021 - On-Site: [REDACTED]
10/07/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

10/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/21/2021*

10/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/25/2021*

10/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/25/2021*

10/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/28/2021*

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 Repeat Violation

Some time during the week of 9/27/21, resident #1 misplaced [REDACTED] cell phone. Staff member A found the cell phone in the home's living room. Without resident #1's knowledge or consent, staff member A viewed photographs on resident #1's cell phone before giving it to staff member B. Staff member B viewed and deleted numerous photographs from resident #1's cell phone without resident #1's knowledge or consent, before returning the cell phone to the resident.

REPEAT VIOLATION: 4/16/2021

Plan of Correction**Accept**

The cell phone was returned to the resident. Not many residents have ever had a cell phone so staff were not aware they could not go in to delete pictures of other residents that did not want their picture taken. Staff members now know after state inspector explained to them, that although the resident took pictures of others without their consent a staff member can't invade the resident privacy of self and possessions without resident's consent regardless circumstances. A training was done on privacy and resident's rights 10-11-21. (attached). Moving forward during orientation when staff are trained on privacy and resident rights cell phones privacy will be addressed. Also during orientation with residents cell phone privacy will be discussed to ensure resident know they cannot take random pictures of other residents without consent due to HIPPA violation. After the training is done the Administrator will oversee to make sure all residents and staff are trained in privacy and resident's rights. In the current building and upon hire and intake.

Completion Date: 10/12/2021

162c - Menu Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 10/5/21, the only menu posted in the home was dated 10/8/21 through 10/11/21.

Plan of Correction**Accept**

A current schedule and the following week was immediately posted to make sure a two week schedule was posted in a public place. Moving forward the administrator or designee will ensure the two week schedule and left overs are only used as an additional option without replacing the menu that was posted. The administrator or designee will check 3 times a week for 2 months then weekly after to make sure that the menu is posted and the food that is on the menu is being prepared.

Completion Date: 10/07/2021

162e - Menu Changes

1. Requirements

162e - Menu Changes (continued)

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 10/5/21, soup and salad were listed on the menu for the lunch meal; however, spaghetti and bread was served instead. No notice of the meal substitution was provided to the residents in advance of the meal.

Plan of Correction**Accept**

A current schedule and the following week was immediately posted to make sure a two week schedule was posted in a public place. Moving forward the administrator or designee will ensure the two week schedule and left overs are only used as an additional option without replacing the menu that was posted. The administrator or designee will check 3 times a week for 2 months then weekly after to make sure that the menu is posted and the food is on the menu is being prepared.

Completion Date: 10/12/2021

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED] does not include a determination of the level of supervision needed for the resident, the resident's ability to self-administer medications and the resident's ability to safely use and avoid poisonous materials. These sections of the preadmission screening form are blank.

Plan of Correction**Directed**

The preadmission screening was immediately fixed for resident #1. When the [REDACTED] submitted it and printed it out [REDACTED] thought the information was marked because [REDACTED] marked it on the software. All residents preadmissions screening will be checked to make sure they are all filled out with all boxes filled out. This will be done by 10/18/21. A training will be done by 10/28/21 to go over pre-screens what they are used for and when they are to be completed. (DIRECTED: Documentation of the training shall be kept in accordance with 2600.65i. LM 10/26/21). 5 people have be identified to learn about pre-screens and one of these 5 people will use the new admission sheet that has been created (attached) to check and make sure each residents pre-screen is completed before arrival along with the Administrator or designee to ensure two people have checked the pre-screening and Checked off on them. Administrator will check weekly to make sure all all pre-screening are filled out. (attached). Moving forward we will also do quarterly audits of all files to make sure all paperwork is completed and nothing is missing.

Completion Date: 10/28/2021

225a - Assessment 15 Days**1. Requirements**

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 assessment, dated [REDACTED] does not include an assessment of the resident's supervision needs or medication needs. These sections of the assessment are blank.

Plan of Correction**Directed**

Resident # 1 was immediately fixed to make sure it included supervision needs and medication needs. All resident files will be checked by 10/25/21 to make sure there is nothing missing for assessments. A training will be done by 10/28/21 to go over Assessments what they are used for and when they are to be completed. (DIRECTED: Documentation of the training shall be kept in accordance with 2600.65i. LM 10/26/21). 5 people have been identified to learn about assessments and one of these 5 people will use the new admission sheet that has been created (attached) to check and make sure each resident's assessment is completed within 15 days of move in along with the Administrator or designee to ensure two people have checked the assessment and checked off on them. Administrator will check weekly to make sure all assessments are filled out. (attached). Moving forward we will also do quarterly audits of all files to make sure all paperwork is completed and nothing is missing.

Completion Date: 10/28/2021

228b - Discharge or Transfer**1. Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [REDACTED] the home discharged resident #1; however, did not provide a 30-day advance written notice to the resident or the resident's designated person citing the reason to discharge resident #1.

228b - Discharge or Transfer *(continued)***Plan of Correction****Directed**

Resident # 1 was already discharged on [REDACTED]. The reason for discharge was 228h #1 putting the resident's in danger. The local ombudsman was involved in the case. We had to call the police several times I called the police department and will get access to all the police reports, [REDACTED] set mulch on fire with a lighter was smoking in [REDACTED] bedroom after we gave [REDACTED] several warnings, punching and hitting staff members, threatening residents, stealing residents things from their rooms. These were just to name a few. The administrator did provide a 30-day notice twice. One was on 9/7/21. And the second notice was on 9/27/21 to provided more specifics. The resident and designated person were provided with both of the notices along with the state inspector. A Training will be completed by 10/28/21 on following the proper documentation and process to give someone a 30 day notice to make sure staff are documenting all issues and reporting to the Doctor. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 10/26/21). Moving forward when a discharge letter is written it will be writing to explain the reason for discharge. and reference a reason for discharge permitted by 2600.228(h). For the next year until we can become confident that they can understand 228 (h) they will contact DHS for all residents they are struggling with that could potentially lead to a 30 day notice and will get a doctors order that the resident should not be at the personal care home before a 30 day notice is issued. The home will call DHS for all residents that they feel there is grounds to give a 30day notice for and will not do so without the help of DHS. The Administrator or Owner will be the only two people to make the decision along with DHS to give a discharge.

Completion Date: 10/22/2021

228h - Grounds Discharge/Transfer

1. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

1. If a resident is a danger to himself or others.
2. If the legal entity chooses to voluntarily close the home, or a portion of the home.
3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
4. If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
5. If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
6. If closure of the home is initiated by the Department.
7. Documented, repeated violation of the home rules.

Description of Violation

On [REDACTED], the home discharged resident #1; however, the resident was not discharged in accordance with any of the grounds for discharge indicated in 2600.228h. Additionally, on 10/5/21, an agent of the Department notified staff member B, the home's administrator, that there were no grounds to discharge resident #1 in accordance with 2600.228h; however, the home still discharged resident #1 on [REDACTED]

228h - Grounds Discharge/Transfer (continued)

Plan of Correction**Directed**

Resident # 1 was already discharged on [REDACTED]. The reason for discharge was 228h #1 putting the resident's in danger. The local ombudsman was involved in the case. We had to call the police several times I called the police department and will get access to all the police reports, [REDACTED] set mulch on fire with a lighter was smoking in [REDACTED] bedroom after we gave her several warnings, punching and hitting staff members, threatening residents, stealing residents things from their rooms. These were just to name a few. The administrator did provide a 30-day notice twice. One was on 9/7/21. And the second notice was on 9/27/21 to provided more specifics. The resident and designated person were provided with both of the notices along with the state inspector. A Training will be completed by 10/28/21 on following the proper documentation and process to give someone a 30 day notice to make sure staff are documenting all issues and reporting to the Doctor. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 10/26/21). Moving forward when a discharge letter is written it will be writing to explain the reason for discharge. and reference a reason for discharge permitted by 2600.228(h). For the next year until we can become confident that they can understand 228 (h) they will contact DHS for all residents they are struggling with that could potentially lead to a 30 day notice and will get a doctors order that the resident should not be at the personal care home before a 30 day notice is issued. The home will call DHS for all residents that they feel there is grounds to give a 30day notice for and will not do so without the help of DHS. The Administrator or Owner will be the only two people to make the decision along with DHS to give a discharge.

Completion Date: 10/22/2021