

Department of Human Services  
Bureau of Human Service Licensing

August 31, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: VICTORIAN VILLA  
621 EAST MAIN STREET  
DALLASTOWN, PA, 17313  
LICENSE/COC#: 32000

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2021, 10/07/2021 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  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *VICTORIAN VILLA* License #: *32000* License Expiration: *09/18/2021*  
Address: *621 EAST MAIN STREET, DALLASTOWN, PA 17313*  
County: *YORK* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *DALLASTOWN OPERATING, INC.*  
Address: *621 EAST MAIN STREET, DALLASTOWN, PA, 17313*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/15/1995* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *10/07/2021*

**Inspection Dates and Department Representative**

10/06/2021 - On-Site: [REDACTED]  
10/07/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *40* Residents Served: *23*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *9* Have Physical Disability: *0*

**Inspections / Reviews**

**10/06/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2021*

Inspections / Reviews (*continued*)

07/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/05/2022*

08/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2022*

08/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 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

*As per the Influenza Awareness Act (NH 1785), homes must post the required influenza information in a public place in the residence year-round. No such poster was found in the home.*

#### Plan of Correction

**Accept**

*Influenza poster was reposted on October 11th, 2021 in the atrium.*

*influenza poster was posted in additional locations to ensure it is always posted. Posted by the time clock--100 floor, posted on the second floor by the nurses' station.*

*Monitoring--PCHA to monitor postings remain in place. This is done weekly.*

**Completion Date:** 10/11/2021

#### Document Submission

**Implemented**

*Plan has been implemented*

## 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 payor.*

#### Plan of Correction

**Accept**

*Current contracts were audited by PCHA on 1 [REDACTED].*

*PCHA or NHA complete contracts and after audits--regulation was reviewed to ensure accuracy with contracts. We both reviewed the policy on 10/14/2021.*

*Contracts are completed by PCHA and are reviewed before going into the resident's chart. with every admission occurs, this is done to ensure the contract is completed.*

**Completion Date:** 10/15/2021

#### Document Submission

**Implemented**

*plan has been implemented*

## 63a - First Aid/CPR Training

### 1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

On [redacted] at [redacted] PM through [redacted] /21 at [redacted] AM, approximately 23 residents were present in the home. During this time, no staff persons were present in the home who were certified in CPR/First Aid.

On [redacted] /21 from [redacted] PM through [redacted] /21 at [redacted] AM, approximately 23 residents were present in the home. During this time, no staff persons were present in the home who were certified in CPR/First Aid.

On [redacted] /21 from [redacted] PM through [redacted] /21 at [redacted] AM, approximately 23 residents were present in the home. During this time, no staff persons were present in the home who were certified in CPR/First Aid.

Plan of Correction

Accept

CPR class completed with most staff 5/25/2022 and 5/29/2022.

PCHA CPR completion date-- 3/25/2022

Word document identifies completion date and validity of 2 years prior to recertification.

PCHA will audit this yearly--new staff members will be placed in class within 6 months of starting. PCHA to complete class.

Completion Date: 05/30/2022

Document Submission

Implemented

Plan has been implemented

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in Room [redacted] occupied by Resident #1, does not have an operable ventilation fan or a window.

The bathroom in Room [redacted], occupied by Resident #2, does not have an operable ventilation fan or a window.

Plan of Correction

Accept

Exhaust fans were ordered on 10/15/2021 and replaced on 11/22/2021 when received. Audit of all bathrooms done 11/25/2021. The monitoring step is completed by the maintenance director monthly when he goes room to room to ensure maintenance-related things such as lights, fans, exhausts, heat and ac are in working order

Completion Date: 06/01/2022

Document Submission

Implemented

plan has been implemented. Copy if invoice for exhaust fan is not present. picture of exhaust fan present attached.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There are no grab bars, hand rails or assist bars in the bathrooms located behind the nurse's stations on either the main or second floors. These bathrooms are for public use.

Plan of Correction

Accept

To correct this error bathroom behind the nurses' station is labeled STAFF USE ONLY and grab bar was installed on the third floor by maintenance on 10/10/2021. Maintenance director to audit this monthly.--This will be put in place effective 8/1/22.

Completion Date: 08/02/2022

Document Submission

Implemented

Plan has been implemented

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/06/2021, there was an accumulation of lint on the screen in the basement dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept

Lint trap was cleaned that day by our Resident Care Coordinator-- [redacted] immediately after it was found. Maintenance audits this every Friday and PCA's audit this daily.

Completion Date: 10/06/2022

Document Submission

Implemented

Plan has been implemented

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Resident #3 was found smoking outside of the 1st floor exit door, adjacent to the driveway. According to the home rules, smoking is not permitted on the property.

Plan of Correction

Accept

On [redacted]/21 resident was given a 30-day eviction notice for smoking. The resident was in [redacted] 30 days when the annual survey happened. The policy was reviewed with the resident on [redacted]/21 & [redacted]/21. The resident moved out

144c1 - Smoking Area Guidelines (continued)

of the facility on [REDACTED]/21 and went home.

Completion Date: 09/21/2021

Document Submission

Implemented

plan has been implemented

185a - Implement Storage Procedures

1. Requirements

2600.

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 glucometer for Resident #5 has no readings stored in the meter for [REDACTED] however, there are readings recorded on the blood sugar log of [REDACTED] for [REDACTED]

Plan of Correction

Accept

Glucometer was replaced on 10/9/21 by a family member. Glucometer checks are to be completed on each shift to ensure the accurate date, time, and data are in the glucometer by each MT. The audit was completed on 10/12/21 on all other glucometers and they were all in working order.

Completion Date: 10/09/2021

Document Submission

Implemented

Plan has been implemented

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.
- 8. Frequency of administration.
- 9. Administration times.
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3's [REDACTED], 1 tab was not marked as given on [REDACTED]/21 and [REDACTED]/21 [REDACTED] am. [REDACTED] was not marked as given on [REDACTED]/21 and [REDACTED]/21 at [REDACTED] am and [REDACTED] was not marked as given on [REDACTED]/21 at [REDACTED] am.

Resident #2's [REDACTED] four times daily, was not marked as given on [REDACTED]

Resident #4's [REDACTED] were not marked as given on [REDACTED] at [REDACTED] or on [REDACTED].

## 187a - Medication Record (continued)

**Plan of Correction****Accept**

MAR audit completed by PCHA. Issues within the software and the resident's role were corrected within 2 weeks by 10/25/2021. MAR audits are completed Monthly by Resident care coordinator

**Completion Date:** 10/25/2021

**Document Submission****Implemented**

plan has been implemented

## 227g -Support Plan Signatures

## 1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #2's most current support plan, completed [REDACTED], was not signed by either the resident nor the PCHA.

**Plan of Correction****Accept**

Support Plans were all audited by [REDACTED]. Resident care coordinator and PCHA went over the Support plan education on 10/26/2021. PCHA and RCC review Support Plans quarterly to ensure signatures are there.

**Completion Date:** 10/28/2021

**Document Submission****Implemented**

Support Plans were all audited by [REDACTED]. Resident care coordinator and PCHA went over the Support plan education on 10/26/2021. PCHA and RCC review Support Plans quarterly to ensure signatures are there.

## 227h - Support Plan Refuse Sign

## 1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

Resident #1's current support plan, completed [REDACTED] was not signed by the resident nor was there any indication of refusal or inability to sign.

**Plan of Correction****Directed**

RCC or PCHA will document the resident's refusal right on the support plan by marking the appropriate box. Current resident RASPS are audited for signature using a word document. This is completed Quarterly to ensure it's all signed.

(Directed)

Current resident RASPS have been audited by the PCHA and RCC for signatures by 8/1/22. PCHA will ensure that quarterly monitoring of RASPs occurs to verify that they are signed or that there is a notation of the resident's refusal or inability to sign. AS 8/5/22

**Completion Date:** 12/01/2021

227h - Support Plan Refuse Sign (*continued*)**Document Submission****Implemented***Plan has been implemented*

## 254a - Records Discharge/Active

**1. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

On [REDACTED] the office of Staff Person A was found unlocked and had filing cabinets containing unsecured medical records. These records were unlocked, unattended, and accessible.

**Plan of Correction****Accept**

Staff person's A office is audited every Friday. It was audited by PCHA every Friday effective [REDACTED]. Manager meeting [REDACTED] was discussed with all dept heads. Manager's office moved [REDACTED]

**Completion Date:** 01/10/2022**Document Submission****Implemented***plan has been implemented*