

Department of Human Services
Bureau of Human Service Licensing

July 6, 2022

[REDACTED] OWNER

521 PARK AVENUE
SCOTTDALE, PA, 15683

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 04/20/2022 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

Facility Information

Name: *LEAH'S VICTORIAN COTTAGE I* License #: *42935* License Expiration: *12/02/2022*
Address: *511 PARK AVENUE, SCOTSDALE, PA 15683*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *LEAH C ILGENFRITZ*
Address: *521 PARK AVENUE, SCOTSDALE, PA, 15683*
Phone: [REDACTED] Email: [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 Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/02/2022*

Inspection Dates and Department Representative

04/20/2022 - 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: *11*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/20/2022 - Partial

Lead In pector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/02/2022*

06/08/2022 POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2022*

06/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/20/2022*

07/06/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

223a - Description of Service

1. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

2. The criteria for admission and discharge.

Description of Violation

The home does not have a current written description of services that the home provides that includes the criteria for admission and discharge.

Plan of Correction

Accept

Home has description of services and activities in policy and procedure folder and the contract also contains criteria for admissions and discharge. Paperwork was not brought to inspector's attention at the time of inspection.

Completion Date: 06/06/2022

Document Submission

Implemented

Home has description of services and activities in policy and procedure folder and the contract also contains criteria for admissions and discharge. Paperwork was not brought to inspector's attention at the time of inspection.

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 has an assessed need for [redacted]. However, the resident's support plan, dated [redacted]/21, does not indicate a description of service need, a plan to meet the service need, the frequency, and the responsible party, those areas are left blank. [redacted]

[redacted] However, the resident's support plan, dated 6/20/21, indicates the resident has a need for "verbal reminders" related to personal hygiene and the frequency and responsible party sections have been left blank.

Plan of Correction

Do Not Accept

[redacted]

Completion Date: [redacted]

Plan of Correction

Accept

Resident #1 [redacted] a folder was placed in [redacted] room all staff was informed of the care resident#1 required to meet [redacted] needs. A list of daily task was attached to [redacted] folder and staff had to document [redacted] care. [redacted] RASP was updated to include direct care services. Administrator will monitor ([redacted])

Administrator held a meeting 4/28/22 with staff explaining on updating RASP.

Completion Date: 05/28/2022

Document Submission

Implemented

Resident #1 [redacted] a folder was placed in [redacted] room all staff was informed of the care resident#1 required to meet [redacted] needs. A list of daily task was

227c - Support Plan Revision (continued)

attached to [REDACTED] folder and staff had to document [REDACTED] care. [REDACTED] RASP was updated to include direct care services.
Administrator will monitor ([REDACTED])
Administrator held a meeting 4/28/22 with staff explaining on updating RASP.