



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT

REQUESTED MAILING DATE: **DECEMBER 20, 2022**

Ms. Susan Jones, Owner
Susan Jones
111 Hydrangea Lane
Mt. Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage
111 Hydrangea Lane
Mt. Pleasant, Pennsylvania 15666
License/COC #: 428901

Dear Ms. Jones:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on May 24, 2022, May 25, 2022, and September 1, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby **REVOKES** your certificate of compliance (license number 428900) dated June 9, 2022 – June 9, 2023, and issues you a **FIRST PROVISIONAL** license to operate the above facility. A **FIRST PROVISIONAL** license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4); (relating to conditions for denial, nonrenewal or revocation). Your **FIRST PROVISIONAL** license is enclosed and is valid from December 20, 2022 to June 20, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
25(b)	II	15	\$5	\$75	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[Redacted]

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SUSAN'S VICTORIAN COTTAGE* License #: *42890* License Expiration: *06/09/2023*
Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA 15666*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244238706* Email: [REDACTED]

Legal Entity

Name: *SUSAN JONES*
Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA, 15666*
Phone: *7244238706* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/03/1969* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *09/01/2022*

Inspection Dates and Department Representative

09/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

09/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2022*

Inspections / Reviews (*continued*)

09/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/23/2022

10/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/13/2022

11/07/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Resident #1's record of financial transactions indicates a cash disbursement of \$25 on 8/15/22; however, the home did not obtain the resident's signature for the receipt of the disbursement.

POC Submission

Accept (████) 09/19/2022)

Resident #1 signed for █████ haircut cash disbursement. Staff has been instructed to always have the resident sign at the time of disbursement. Administrator will monitor Cash Box weekly to assure all entries are signed by the resident.

Licensee's Plan Completion Date: 09/09/2022

Implemented (████) 1/07/2022)

20b6 - Interest Bearing Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home holds money for resident #6, whose fund balance has not dropped below \$200 since 9/12/21; however, the resident was not notified and offered assistance in establishing an interest-bearing account in the resident's name.

POC Submission

Directed (████) - 10/06/2022)

Resident #6 is on Hospice and I plan to use █████ funds for █████ funeral expenses. There is no cooperation from her █████ in █████ PA and there is no other family. I plan to contact a Funeral Home as soon as possible and spend these funds to make funeral arrangements. The Administrator will complete a monthly audit of all resident accounts and offer any resident with a balance over \$200.00 assistance to open an interest bearing account in the resident's name at a Federally insured financial institution and documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall complete an initial and monthly audit of all residents accounts to ensure all residents who have more than \$200.00 for two consecutive months have been notified by the administrator and offered assistance establishing an interest bearing account in the resident's name with a local Federally-insured financial institution. Documentation shall be kept. 10/4/22 █████

Not Implemented (████) 11/07/2022)

Licensee's Proposed Overall Completion Date. 10/21/22

25b - Contract Signatures

3. 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

Resident #1's resident-home contract, dated 1/2/22, is not signed by the resident.

REPEAT VIOLATION: 4/26/2021 et al.

POC Submission**Accept (█ - 10/06/2022)**

Resident #1 has signed █ resident-home contract along with █ POA's signature. The Administrator is now aware that the resident must sign all admission documents even if signed by their POA or Guardian. All residents will sign all pages of their admission paperwork upon admission. The administrator has checked all paperwork and found all required paperwork has been signed by the residents.

Licensee's Plan Completion Date: 10/04/2022

Not Implemented (█ - 11/07/2022)**41e - Signed Statement****4. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

POC Submission**Accept (█ - 10/06/2022)**

Resident #1 has signed █ notification of resident rights and complaint procedures. The Administrator is now aware that the resident must sign all admission documents even if signed by their POA or Guardian. All residents will sign all their admission paperwork upon admission. The administrator has checked all paperwork and found all required paper has been signed by the residents.

Licensee's Plan Completion Date: 10/04/2022

Implemented (█ - 11/07/2022)**101j7 - Lighting/Operable Lamp****5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Multiple residents, including the following, did not have access to a source of light that could be turned on/off at bedside:

- *at 9:49 a.m., resident #2 had no source of light that could be turned on/off at bedside.*
- *at 9:55 a.m., resident #3's and resident #4's lamps on their bedside tables were not plugged in.*
- *at 9:56 a.m., resident #5 had no lamp in her room.*

101j7 - Lighting/Operable Lamp (continued)

- at 9:56 a.m., resident #6's lamp was more than 5 feet from her bed, with an armchair in between the bed and the bedside table.

POC Submission**Accept** [REDACTED] 10/06/2022)

An operable lamp is now on Resident #2's bedside table.

Resident #3 and #4's bedside lamps are plugged in and operable.

An operable lamp is now on Resident #5's bedside table.

Resident #6's room was rearranged to place [REDACTED] nightstand and lamp beside [REDACTED] bed. All our residents are independently mobile and with a small night light present or not, many residents never use their bedside lamps. The Administrator will check monthly to assure all bedside lamps are present, reachable and functional.

Licensee's Plan Completion Date: 10/04/2022

Not Implemented [REDACTED] 11/07/2022)**101r - Bedroom - shades/drapes/window covering****6. Requirements**

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom #2 had a small valance and did not cover the entire window.

The window in bedroom #6 was covered by sheer curtains which did not provide privacy when drawn.

The window in bedroom #9 was covered by sheer curtains which did not provide privacy when drawn.

POC Submission**Accept** [REDACTED] 10/06/2022)

A curtain is now covering the entire window in bedroom #2.

The window in bedroom #6 is now covered by a vinyl mini blind.

The sheer curtain in bedroom #9 was replaced by a non-see-through curtain.

The Administrator will check monthly to assure all bedroom windows are covered by acceptable coverings.

Licensee's Plan Completion Date: 10/04/2022

Not Implemented [REDACTED] 11/07/2022)**141b1 - Annual Medical Evaluation****7. Requirements**

2600.

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

Description of Violation

Resident #7's most recent medical evaluation, dated [REDACTED] does not include the resident's height and temperature. These areas of the form are blank.

REPEAT VIOLATION: 4/26/2021 et al.

141b1 - Annual Medical Evaluation (*continued*)**POC Submission**

Accept [REDACTED] 10/06/2022)

Resident #7's current height and temperature were added to this evaluation of 08/23/21. When these doctor signed forms are incomplete when received they will be returned to the doctor for completion. The Administrator has checked all DMEs and found them all to be complete. Future admission and yearly DMEs will always be checked for completeness monthly.

Licensee's Plan Completion Date: 10/04/2022

Implemented [REDACTED] 11/07/2022)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #8 is prescribed dorzolamide 2% drops- Instill one drop into each [REDACTED] twice daily. The medication was opened on 7/1/22 and expires 28 days after opening, in accordance with the manufacturer's instructions; however, the medication was present in the home's medication storage cabinet.

POC Submission

Accept [REDACTED] - 10/06/2022)

Staff meeting was held to review and discuss this problem. A new system was developed to include a large sticker with the expiration date to be placed on each rapidly expiring med at the time of opening the med for use. The pharmacy has been notified of this problem and instructed to send a new bottle before the 28 day expiration rather than the pharmacy's normal 30 day refills. Administrator will remind staff to always be aware of these eye drop expiration dates and will check compliance with the new large dated sticker plan. The Administrator will monitor all med expiration dates monthly.

Licensee's Plan Completion Date: 10/04/2022

Not Implemented ([REDACTED] - 11/07/2022)

191 - Resident Right to Refuse

9. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #1, admitted [REDACTED] has been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

POC Submission

Accept [REDACTED] 10/06/2022)

The right to question and refuse medication was signed by resident #1 and has been on [REDACTED] chart since [REDACTED] admission. The Administrator will check monthly to assure all residents have been educated and signed documentation that they have been instructed on the resident's right to always check meds being offered and their right to refuse medication if the resident believes that there may be a medication error.

Licensee's Plan Completion Date: 10/04/2022

191 - Resident Right to Refuse (*continued*)

Not Implemented (█ 11/07/2022)

224a - Preadmission Screen Form

10. 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 █ does not include the resident's diagnoses, ability to use and avoid poisonous materials, and a determination that the needs of the resident can be met by the services provided by the home. These areas of the form are blank.

POC Submission

Accept (█ 10/06/2022)

Resident #1's pre-admission screen was updated with █ diagnosis, ability to use and avoid hazardous materials and determined that █ needs can be met by the home. The Administrator has checked all pre-admission Screen pages and found them to be complete. Future pre-admission screens will be documented in their entirety with no blank items. The Administrator will check monthly to assure all Pre-admission Screens are complete.

Licensee's Plan Completion Date: 10/04/2022

Implemented (█ 11/07/2022)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #2's most recent assessment, dated █, does not include an assessment of the resident's supervision and medication needs.

POC Submission

Accept (█ 10/06/2022)

Resident #2's RASP was redone on █ and includes an assessment of █ supervision and medication needs. Care will be taken when doing RASPs to assure all blanks are addressed. The Administrator will check all RASPs monthly to assure completeness.

Licensee's Plan Completion Date: 10/04/2022

Not Implemented (█ 11/07/2022)

227a - Support Plan 30 Days

12. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days (continued)

Description of Violation

Resident #1's assessment, dated [REDACTED], indicates the resident cannot self-administer medications, and the resident's support plan, dated [REDACTED], indicates, "staff provides all medications"; however, the plan to meet this need indicates "NA" and the responsible party is blank. Also, the resident's assessment indicates the resident enjoys solitary activities such as reading and TV; however, the plan to meet the social and recreational need and frequency areas are blank. In addition, the Summary and Determination section of the form indicates "NA".

POC Submission

Accepted [REDACTED] 10/06/2022)

Resident #1's RASP was redone and all above identified issues were addressed. The software inserts "NA" where not intended. The entire RASP is attached as requested by inspector Amy Duncan. All RASP documentation will be checked by the Administrator monthly to be sure all areas addressed.

Licensee's Plan Completion Date: 10/04/2022

Implemented [REDACTED] 11/07/2022)

251b - Record Entries Legible

13. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #1's record of financial transactions on the following areas:

- on the first line dated 3/16/22, on the amount withdrawn column, and "91.00" was written over the correction fluid; and on the balance column, and "220.00" was written over the correction fluid.
- on the second line dated 3/16/22, on the amount withdrawn column, and "20.00" was written over the correction fluid; and on the balance column, and "200.00" was written over the correction fluid.
- on the line dated 3/17/22, on the amount deposited column, and "--" was written over the correction fluid.

Correction fluid was used on resident #9's record of financial transactions on the following areas:

- on the line dated 6/16/22, on the amount withdrawn column, and "106.00" was written over the correction fluid; and on the balance column, and "170.00" was written over the correction fluid.
- on the first line dated 6/17/22, on the amount deposited column; and on the withdrawn column, and "1.76" was written over the correction fluid.

POC Submission

Directed [REDACTED] 10/06/2022)

We all know that white out is not to be used on financial documents. Sometimes there isn't enough space on the line to make more than one correction by drawing a line through. When you buy [REDACTED] at Walmart on your credit card and you get paid the cost on the receipt by the resident, then later you get the credit card statement and it is a different amount, you need the amounts to be corrected. Resident #1 does owe me 6 cents but I don't want it because loose change in the money envelope makes the amounts harder to calculate which can cause math errors and the envelopes can tear more easily so any change can get lost.

Same thing with [REDACTED] for resident #9. The Walmart receipt doesn't show their delivery charge or price changes to be the same as the amount they bill to the credit card. And if I wait for the credit card statement to arrive I might forget that I bought the [REDACTED] and residents end up with free [REDACTED] because I forgot I bought them or assume the credit card charge was for groceries, etc. I need to record the amounts when I buy for residents but I sometimes

251b - Record Entries Legible (continued)

have to correct the amounts later. And what if a resident needs [REDACTED] or anything else but doesn't have enough cash and I need to loan them the cash to be repaid later? Note I always give loose change to the resident to avoid having it get lost or tear the envelope.

The inspector wanted me reduce resident #9's funds below 200 so on 09-01, I used \$293 of [REDACTED] cash to pay part of [REDACTED] rent to bring her balance down to \$200. I should have waited for [REDACTED] rent check to arrive because when [REDACTED] payee paid me the monthly check of \$1250, \$957 paid [REDACTED] rent balance and I owed the resident \$293 again. Then the next day [REDACTED] received her rebate supplement and had an additional \$227.50. I entered those 2 amounts on resident 9's financial record and phoned the resident's POA to visit ASAP to collect the extra funds. It is often difficult to NOT have over \$200. The allowable amount for resident's cash has been only \$200.00 for OVER 25 YEARS! It is way past time for this low allowable amount to be increased in the state regulations.

To avoid using white out, the Administrator will draw a line through any incorrect existing entries then start anew even if later transactions were already entered, then have the resident re-sign all the changed, incorrect and correct entries. The Administrator will check all resident cash balances monthly and make every effort to keep their cash on hand at \$200.00 or below ASAP.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all newly completed documents monthly to ensure compliance with Regulation 2600251(b). 10/6/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 10/21/22

Implemented [REDACTED] - 11/07/2022)