

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

May 8, 2023

[REDACTED], PCH ADMINISTRATOR
DALLASTOWN OPERATING, INC.
621 EAST MAIN STREET
DALLASTOWN, PA, 17313

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 02/01/2023, 02/01/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: VICTORIAN VILLA **License #:** 32000 **License Expiration:** 09/18/2023
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:** Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 24 **Waking Staff:** 18

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/02/2023

Inspection Dates and Department Representative

02/01/2023 - On-Site: [REDACTED]
 02/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 20
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 4

Inspections / Reviews

02/01/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/23/2023

Inspections / Reviews (*continued*)

02/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/06/2023

03/14/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/21/2023

05/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], the York Area Agency on Aging (AAA) reported an allegation of abuse to the home concerning Resident 1 indicating Resident 1 was not being properly cared for. However, the home did not complete the Mandatory ACT 13 Form.

Plan of Correction

Directed ([REDACTED] - 03/07/2023)

The mandatory ACT 13 form was completed by administrator [REDACTED] on [REDACTED] and faxed. The DHS form was also completed and faxed on [REDACTED]. Administrator to ensure that any suspicion of abuse or any reports by family, AAA, or staff is reported immediately to DHS and or ACT 13 form is completed. Ensure that any reports are documented and audited for completion. The administrator will audit state reportable reports once a month via the State Reportable binder for 12 months.

(Directed)

- The Mandatory Abuse ACT 13 Form was completed by the administrator on 2/9/23.
- The Mandatory Abuse ACT 13 Form was faxed to DHS on 2/9/23
- Beginning 2/9/23, the administrator will complete Mandatory Abuse ACT 13 Forms in accordance with DHS regulations.
- Beginning 2/9/23, the administrator will audit incidents and reportables monthly. The administrator will create and audit checklist to document the results.

Directed Completion Date: 03/06/2023

Implemented ([REDACTED] - 04/06/2023)

16c - Written Incident Report

2. 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 [REDACTED], the York Area Agency on Aging (AAA) reported an allegation of abuse to the home concerning Resident 1 indicating resident was not being properly cared for. However, the home did not report the allegation to the Department of Human Services.

Plan of Correction

Directed ([REDACTED] - 03/07/2023)

A state reportable incident reporting form was completed on [REDACTED] for resident 1 and faxed to DHS by [REDACTED], LPN/PCHA. Administrator to ensure that any suspicion of abuse or any reports by family, AAA, or staff is reported immediately to DHS. Ensure that any reports are documented and audited for completion. The administrator will audit state reportable reports once a month via the State Reportable binder for 12 months.

(Directed)

16c - Written Incident Report (continued)

- The Incident and Reportable Form was completed by the administrator 2/8/23.
- The Incident and Reportable Form was faxed to DHS 2/8/23.
- Beginning 2/9/23, the administrator will complete the Incident and Reportable Form in accordance with DHS regulations.
- Beginning 2/9/23, the administrator will audit incident and reportables monthly. The administrator will create and audit checklist documenting the results.

Directed Completion Date: 03/06/2023

Implemented [REDACTED] - 04/06/2023)

65a - FS Orientation 1st Day**3. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member A whose first date of work is [REDACTED], and Staff Member B whose first day of work is [REDACTED] did not receive orientation training on the following topics:

1. Evacuation procedures
2. Staff duties & responsibilities -fire drills
3. Designated meeting place outside/interior fire safe area
4. Smoking safety procedures/policy
5. Location & use of fire extinguishers
6. Smoke detectors & fire alarms
7. Telephone use and notification of emergency services

Plan of Correction

Directed [REDACTED] - 03/07/2023)

Orientation was completed with Staff Member A and Staff Member B on 02/08/2023 by Administrator [REDACTED]. Orientation will be completed with staff prior to being on the floor. Administrator to complete and audit mandatory training for position. Administrator to audit once a month for the next 6 months. Form has been added to onboarding paperwork to ensure it is completed.

(Directed)

- The Administrator completed the 1st Day Orientation training for Staff Member A and Staff Member B on 02/08/2023.
- Beginning 2/8/23 the 1st Day Orientation Training will be completed with staff prior to staff starting on the floor.
- Beginning 2/8/23 the Administrator will audit staff records once a month for the next 6 months and document the results on an audit form.
- Beginning 2/9/23 an audit form has been added to onboarding paperwork to ensure training is completed.

Directed Completion Date: 03/27/2023

Implemented [REDACTED] - 04/19/2023)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member A whose first date of work is [REDACTED], and Staff Member B whose first day of work is [REDACTED] did not receive Rights/Abuse 40 Hours training in the following topics:

1. Resident rights
2. Emergency medical plan
3. Mandatory reporting of abuse - OAPSA
4. Reporting reportable incidents and conditions

Plan of Correction

Directed [REDACTED] - 03/07/2023)

Staff Member A and Staff Member B Rights/Abuse training began on 2/11/2023 and was completed on 2/18/2023 by Administrator [REDACTED]. Orientation will be completed with staff prior to being on the floor. Administrator to complete and audit mandatory training for position. Administrator to audit once a month for the next 6 months. Form has been added to onboarding paperwork to ensure it is completed.

(Directed)

- Administrator completed the 40 Hours Rights/Abuse training on 2/18/2023 for Staff Member A and Staff Member B on 02/18/2023.
- Starting 2/18/23 the 40 Hours Rights/Abuse Training will be completed with staff prior to being on the floor.
- Beginning 2/18/23 the Administrator will audit staff records once a month for the next 6 months. and document the results on an audit form.
- Beginning 2/18/23 an audit form has been added to onboarding paperwork to ensure training is completed.

Directed Completion Date: 03/27/2023

Implemented [REDACTED] - 04/19/2023)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last Supervised Fire Drill observed by a fire safety expert was conducted on 10/31/19.

Plan of Correction

Directed [REDACTED] - 03/07/2023)

SAFER--Southern Area Fire and Emergency Rescue have been contacted on 2/9/23 for a scheduled timed fire drill. [REDACTED] --Fire Chief will complete on 4/17/2023. Maintenance Director to ensure timed fire drill is completed once a year along with monthly fire drills indefinitely. This will be recorded on the DHS fire drill log moving forward.

(Directed)

- The administrator contacted SAFER--Southern Area Fire and Emergency Rescue 2/9/23.
- The supervised fire drill and safety inspection is scheduled 4/17/23.
- Beginning 2/9/23, the administrator will ensure the maintenance director oversees the scheduling and

132b - Safety Inspection/Fire Drill (continued)

completion of annual supervised fire drill and safety inspections indefinitely.

- Beginning 2/9/23, the administrator will ensure the supervised fire drill and fire safety inspections are recorded based on DHS Regulatory Guidelines.

Directed Completion Date: 04/17/2023

Implemented (████) - 05/08/2023)

132d - Evacuation**6. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 10/31/19 a Supervised Fire Safety Inspection was completed specifying an evacuation time of 5 minutes and 57 seconds. The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert.

Plan of Correction

Directed (████) - 03/07/2023)

SAFER--Southern Area Fire and Emergency Rescue have been contacted on 2/9/23 for a scheduled timed fire drill. ██████ --Fire Chief will complete on 4/17/2023. Maintenance Director to ensure timed fire drill is completed once a year along with monthly fire drills indefinitely. This will be recorded on the DHS fire drill log moving forward.

(Directed)

- The administrator contacted SAFER--Southern Area Fire and Emergency Rescue 2/9/23.
- The supervised fire drill and safety inspection is scheduled 4/17/23.
- Beginning 2/9/23, the administrator will ensure the maintenance director oversees the scheduling and completion annual supervised fire drill and safety inspections indefinitely.
- Beginning 2/9/23, the administrator will ensure the supervised fire drill and fire safety inspections are recorded on the DHS Regulatory Forms or Format.

Directed Completion Date: 04/17/2023

Implemented (████) - 05/08/2023)

183b - Meds and Syringes Locked**7. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ██████ at ██████, a ██████ of ██████ Earwax Removal Aid, and a 0.1 oz bottle of ██████ for ██████ Eye Drops were observed on a side table resident 3's bedroom. The residents DME dated ██████ and RASP dated ██████ indicates the resident cannot self-administer medications.

183b - Meds and Syringes Locked (*continued*)**Plan of Correction**

Accept [REDACTED] - 03/07/2023)

Medications were removed from resident's room on 3/2/2023 by inspector--Resident Care Coordinator kept medications out of resident's room and destroyed via drug buster.. The resident and the administrator discussed the need for and importance of a doctor's order to ensure no contraindication happened with other meds on 2/10/2023. The resident's room will be audited weekly beginning on 2/13/2023---3/20/2023 for 6 weeks to ensure there are no OTC medications without a doctor's order. by Administrator. A monthly audit will occur after the 6 weeks until the end of the year.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 04/06/2023)

183f - Discontinued Medications

8. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On [REDACTED] at [REDACTED], a 0.5 oz bottle of [REDACTED] Earwax Removal Aid, was observed in Resident 3's bedroom showing an expiration date of [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/07/2023)

Medications were removed from resident's room on 3/2/2023 by inspector--Resident Care Coordinator kept medications out of resident's room and destroyed via drug buster. The resident and the administrator discussed the need for and importance of a doctor's order to ensure no contraindication happened with other meds on 2/10/2023. The resident's room will be audited weekly beginning on 2/13/2023---3/20/2023 for 6 weeks to ensure there are no OTC medications without a doctor's order. by Administrator. A monthly audit will occur after the 6 weeks until the end of the year.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 04/06/2023)

185a - Implement Storage Procedures

9. 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

Resident 2's MAR readings were compared to the Glucometer resulting in the following:

On [REDACTED] at [REDACTED] the MAR shows a reading of [REDACTED].

On [REDACTED] at [REDACTED] glucometer shows a reading of [REDACTED].

On [REDACTED] at [REDACTED] the MAR shows a reading of [REDACTED].

On [REDACTED] at [REDACTED] glucometer shows a reading of [REDACTED].

185a - Implement Storage Procedures (continued)

On [redacted] at [redacted] the MAR shows a reading of [redacted].
On [redacted] at [redacted] glucometer shows a reading of [redacted].

On [redacted] at [redacted] the MAR shows a reading of [redacted].
On [redacted] at [redacted] glucometer shows a reading of [redacted].

On [redacted] at [redacted] the MAR shows a reading of [redacted].
On [redacted] at [redacted] the glucometer shows a reading of [redacted].

The glucometer is not calibrated to the correct date and time.

Plan of Correction

Accept [redacted] - 03/07/2023)

The Glucometer battery was found to be faulty on 2/1/2023 by our maintenance director. Our Resident Care Coordinator ordered a new glucometer from the pharmacy on 2/1/2023, and it was replaced by the pharmacy on 2/09/2023. The correct time and date were placed on the glucometer of 2/09/2023 at 645 a.m. Glucometers will be checked on the first and second shifts beginning on 2/13/2023 by Med-Tech on duty once a shift for 6 weeks to ensure the correct date and time are recorded.

Licensee's Proposed Overall Completion Date: 03/27/2023

Implemented [redacted] - 04/24/2023)

190a - Completion Medication Course

10. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A's DOH [redacted] - most recent medication administration training was completed [redacted].

Staff Member B's DOH [redacted] - most recent medication administration training was completed [redacted].

Plan of Correction

Directed ([redacted] - 03/07/2023)

Medication ANNUAL PRACTICUM was completed for employees A and B immediately on their next scheduled shift by Administrator [redacted]. The annual practicum will be audited for each employee and completed quarterly beginning on 3/1/2023 and annually as required per the DHS form.

(Directed)

- The administrator completed the Medication administration training staff Member A and Staff Member B on 2/8/23.
- Beginning 3/1/2023, the administrator will conduct quarterly audits of the Medication Administration training for staff.
- The administrator will create a checklist by 3/17/23 to document audit results.
- Beginning 3/1/2023, the administrator will ensure annual practicums for Medication Administration trainings are completed by the corresponding due dates.

190a Completion Medication Course (*continued*)

Directed Completion Date: 06/01/2023

Implemented ([REDACTED] 04/28/2023)