

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

October 5, 2023

[REDACTED]
SUSAN JONES
111 HYDRANGEA LANE
MT. PLEASANT, PA, 15666

RE: SUSAN'S VICTORIAN COTTAGE
111 HYDRANGEA LANE
MT. PLEASANT, PA, 15666
LICENSE/COC#: 42890

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2023 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: *SUSAN'S VICTORIAN COTTAGE* License #: *42890* License Expiration: *06/08/2024*
 Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA 15666*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/14/2023*

Inspection Dates and Department Representative

09/14/2023 - 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: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *8* 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

09/14/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2023*

10/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/05/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/11/2023*

Inspections / Reviews *(continued)*

10/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/12/2023

10/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. 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 the morning of 8/25/23, the home's power was out due to a storm and did not come back on until approximately 5:00 p.m. on 8/26/23. However, the home did not report this loss of electricity, resulting in implementation of the home's emergency plan, to the department until 9/14/23.

Plan of Correction

Directed () - 10/05/2023)

1. Specific correction to the violation: An Incident Report for the power outage was submitted to the Inspector on the day of () Inspection, 09-14-23, and again using SansWrite on 10-03-23 by the Administrator, ().
2. What correction was made: An Incident Report was submitted to the Inspector on the day of () Inspection, 09-14-23, by the Administrator, (), and again on 10-03-23 using SansWrite.
3. Who completed the correction: An Incident Report was submitted to the Inspector by the Administrator, () on the day of () Inspection, 09-14-23, when the Inspector notified the Administrator, () of the Violation. The Administrator, (), submitted a second Incident Report via SansWrite on 10-03-23.
4. Date corrective action was taken: Corrective action was taken on the day of the Inspection, 09-14-23 when the necessary Incident Report was given to the Inspector by the Administrator, (). () submitted a second Incident Report via SansWrite on 10-03-23.
5. Staff Education: On 09-14 and 09-15-2023, all staff was educated by the Administrator, (), on the requirement to notify DHS via an Incident Report submission within 24 hours of the incident of a power outage. All staff members are aware that the Administrator is responsible for making sure every required Incident Report is submitted. The Administrator and all staff are now aware of the DHS requirement to submit an Incident Report for each power outage that the home experiences. All staff have also been asked to please remind the Administrator to submit an Incident Report for each power outage that the home experiences.
6. Monitoring: A list of the dates and times of all power outages was created on 10-04-23 and will be kept and monitored. The list of monitored power outages will include the date the Incident Report was submitted and will be kept current with each power outage and monitored by the Administrator, (). () can list no frequency to monitor this list for when these unexpected power outages will probably occur again. Monitoring of this list by the Administrator, () will occur again with the next power outage.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall conduct a weekly audit all events of reportable incidents and conditions to ensure compliance with Regulation 2600.16(c). 10/5/23 ()

Directed Completion Date: 10/06/2023

Implemented () - 10/05/2023)