

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

January 8, 2025

[REDACTED]
DALLASTOWN OPERATING, INC.
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2024 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:** 09/18/2025
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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 14 **Waking Staff:** 11

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 11/19/2024

Inspection Dates and Department Representative

11/19/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 13

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 13
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

11/19/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/14/2024

Inspections / Reviews (*continued*)

12/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/24/2024

12/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/30/2024

01/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

56 Admin 20 Hours/Week

1. Requirements

2600.

56. Administrator Staffing The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

From [redacted] through [redacted], the home did not have a qualified Administrator present in the home.

Plan of Correction

Accept [redacted] - 12/20/2024)

Immediate Action:

The community is unable to backdate compliance for this concern, but will determine compliance going forward.

Identification of Those Effected:

All residents had the potential to be affected.

Corrective Action:

Starting [redacted], a new Personal Care Home Administrator, who is currently licensed as a PCHA in Pennsylvania has been hired for Victorian Villa Personal Care Home.

Monitoring To Ensure Compliance:

The Campus Director will monitor to ensure that the Personal Care Home Administrator provides the necessary coverage per requirement §2600.56. Monitoring will occur on a weekly basis for 4 weeks. This monitoring has already begun and is effective starting [redacted] and will end on [redacted]. The results of this audit will be discussed in the next QAPI meeting on [redacted].

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 01/08/2025)

60a Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On the following dates, during the 10:00pm to the 6:00am overnight shift the only staff members scheduled to work in the home were not certified or trained to pass medications. Several residents in the home are prescribed PRN (as needed) medications.

- On [redacted] Staff Member A worked 10:00pm to 2:00am and Staff Member B worked 2:00am to 6:00am.
- On [redacted], Staff Member C worked 10:00pm to 6:00am.
- On [redacted] and [redacted] Staff Member D worked 10:00pm to 6:00am.

60a - Staff/Support Plan (continued)

Plan of Correction

Accept [REDACTED] - 12/20/2024)

*Immediate Action:**The community is unable to backdate compliance for this concern, but will determine compliance going forward.**Identification of Those Effected:**All residents who have PRN medications ordered had the potential to be affected.**Corrective Action:**To ensure compliance with §2600.60.a, a qualified staff member will be added to the Personal Care Home (PCH) schedule for the 10:00 pm to 6:00 am overnight shift to provide coverage for PRN medication administration.**Monitoring To Ensure Compliance:**The Campus Director will ensure that the Personal Care Home Administrator provides the necessary coverage per requirements. Monitoring will occur weekly for 4 weeks starting on [REDACTED] and will end on [REDACTED]. The results of the audit will be discussed in the next QAPI meeting on [REDACTED].***Licensee's Proposed Overall Completion Date: 12/18/2024**

Implemented [REDACTED] - 01/08/2025)

132b - Safety Inspection/Fire Drill

3. 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 home has not had a fire safety inspection and fire drill conducted by a fire safety expert within the last year.***Plan of Correction**

Accept [REDACTED] - 12/20/2024)

- *Immediate Action:*
 - *The community is unable to backdate compliance for this concern.*
- *Identification of Those Effected:*
 - *All residents had the potential to be affected.*
- *Corrective Action:*
 - *The community has engaged Keystone Fire and Security as the new fire service company. Keystone Fire and Security or a another qualified fire safety expert will complete the required fire safety inspection and drill. The community has adopted new documentation forms available through DHS resources to enhance the accuracy and organization of fire safety inspection and drill records.*

132b - Safety Inspection/Fire Drill (continued)

- **Monitoring To Ensure Compliance:**
 - A new tracking system for monitoring fire safety inspections and drills has been created via TELS, a regulatory maintenance tracking software. The Campus Director, or designee, will monitor TELS on a monthly basis to ensure ongoing compliance with §2600.132.b. The Maintenance Director will receive in-service training on the requirements of §2600.132.b by 12/13/2024. Information regarding fire safety inspections and drills will be reviewed during QA meetings for a period of 60 days to verify compliance and address any issues that arise. The QA dates that this will be reviewed are [REDACTED] and [REDACTED].

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] - 01/08/2025)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted on [REDACTED] and [REDACTED] do not include, the number of residents in the home and the number of residents who evacuated at the time of the fire drills.

Plan of Correction

Accept [REDACTED] - 12/20/2024)

- **Immediate Action:**
 - The community is unable to backdate compliance for this concern.
- **Identification of Those Affected:**
 - All residents had the potential to be affected.
- **Corrective Action:**
 - A new fire drill tracking form, received from DHS sources and meeting the criteria of §2600.132.c, was implemented on [REDACTED]. This form ensures that all required information is documented for each fire drill, including the number of residents in the home, the number of residents evacuated, and all other required details. The Maintenance Director has been in serviced to utilize this form for all future fire drills to ensure compliance.
- **Monitoring to Ensure Compliance:**
 - The Campus Director will review the fire drill records monthly for the next 60 days to ensure all required information is accurately documented. This monitoring will start 12/18/2024 and will finish on 1/1/2025. Results of these reviews will be discussed during every monthly QA meetings to ensure ongoing compliance. The next QA dates are [REDACTED] and [REDACTED].

132c Fire Drill Records (continued)

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [REDACTED] - 01/08/2025)

132d - Evacuation

5. 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

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- [REDACTED], 3:27pm to 3:33pm 6 Minutes
- [REDACTED], 2:51pm to 2:56pm 5 Minutes
- [REDACTED], 5:06am to 5:15am 9 Minutes
- [REDACTED], 1:08pm to 1:13pm 5 Minutes

Plan of Correction

Accept [REDACTED] 12/20/2024)

- Immediate Action:
 - The community is unable to backdate compliance for this concern.
- Identification of Those Effected:
 - All residents had the potential to be affected.
- Corrective Action:
 - The Maintenance Director will schedule a fire safety expert to complete an evacuation drill, specified in writing, by [REDACTED]. If the drill exceeds the specified time for evacuation, the Campus Director will review the evacuation process for areas of improvement. Additional drills will be scheduled as necessary until evacuations are completed within the specified time.
 - The Maintenance Director will be educated on the requirements of §2600.132.d by 12/15/2024.
 - By [REDACTED], the Maintenance Director will provide education to all staff on the evacuation timeframe and the importance of compliance to ensure all staff are knowledgeable of this requirement.
- Monitoring To Ensure Compliance:
 - Information surrounding this deficiency will be reviewed during QA meetings for a period of 60 days effective 12/15/2024. The next QA meetings where this will be reviewed are on [REDACTED] and [REDACTED]. The Campus Director will ensure ongoing compliance by reviewing documentation from the drills and any necessary follow up actions.

132d Evacuation (continued)

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented (█ - 01/08/2025)

224a - Preadmission Screen Form

6. 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 █ preadmission screening form, dated █, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (█ - 12/20/2024)

- Immediate Action:
 - Resident █ whose preadmission screening form was incomplete, discharged from the home on █
- Identification of Those Affected:
 - Resident █ was directly affected by the incomplete documentation. No adverse outcomes were identified prior to the resident's discharge.
- Corrective Action:
 - The Personal Care Home Administrator will re educate all staff responsible for completing these forms during an education session to be conducted by █. This education will emphasize the importance of documenting the determination that the needs of the resident can be met by the services provided by the home, in compliance with §2600.224.a.
- Monitoring to Ensure Compliance:
 - The Personal Care Home Administrator or designee will audit all preadmission screening forms weekly for the next 60 days to ensure they include the required determination. This audit will start █ and will finish on █. Results of these audits will be reviewed during QA meetings to identify any recurring issues and ensure compliance. The dates of these QA meetings are █ and █.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 01/08/2025)