pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **VICTORIA MANOR LIVING LLC**
LEGAL ENTITY

To operate **VICTORIA MANOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **100 ROSE COURT, OAKDALE, PA 15071**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **38** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 29, 2025** until **April 29, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455980**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: APRIL 29, 2025

VICTORIA MANOR LIVING LLC

RE: VICTORIA MANOR LIVING 100 ROSE COURT OAKDALE, PA, 15071
LICENSE/CO#: 45598

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on 11/21/2024, 11/22/2024, 12/12/2024, and 2/24/25 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

April 23, 2025

[REDACTED]
VICTORIA MANOR LIVING LLC
[REDACTED]
[REDACTED]

RE: VICTORIA MANOR LIVING
100 ROSE COURT
OAKDALE, PA, 15071
LICENSE/COC#: 45598

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2024, 11/22/2024, 12/12/2024 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: *VICTORIA MANOR LIVING* **License #**: *45598* **License Expiration**: *01/31/2025*

Address: *100 ROSE COURT, OAKDALE, PA 15071*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name:

Legal Entity

Name: *VICTORIA MANOR LIVING LLC*

Address: *100 ROSE COURT, OAKDALE, PA, 15071*

Phone:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/17/1997* **Issued By**: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *36* **Waking Staff**: *27*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Provisional, Incident* **Exit Conference Date**: *12/12/2024*

Inspection Dates and Department Representative

11/21/2024 - On-Site:

11/22/2024 - On-Site:

12/12/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *25*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

11/21/2024 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/23/2025*

Inspections / Reviews *(continued)*

01/27/2025 - POC Submission

Submitted By [redacted]
Reviewer: [redacted]
Date Submitted: *02/03/2025*
Follow-Up Type: *Document Submission* **Follow-Up Date**: *02/03/2025*

04/23/2025 - Document Submission

Submitted By: [redacted]
Reviewer: [redacted]
Date Submitted: *02/03/2025*
Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the home on 22. The resident's contract was completed on 9/1/24. However, the new legal entity/new license began 7/31/24.

Plan of Correction ***Accept (01/27/2025)***

The new administrator found that under the old entity some of the resident contracts were missing. The new administrator made a new contract for resident #1 on 9/1/24.

Training: The administrator and all staff will be educated on regulation 25.a during our quarterly QA meeting being held on 1/31/25. This training will be held by the administrator. Documentation for this education/training will be kept.

Moving forward: The administrator or designee will audit all resident contracts, the audit will be completed by 1/29/25. The administrator or designee will then audit resident contracts once monthly for 3 months to ensure all contracts are completed and documented correctly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented - 04/23/2025)

85b - Infestation

2. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 10/21/24, there was an infestation of more than 30 gnat-like insects on the shower curtain in room

On 11/22/24, there was a large amount of gnats at the dining room sink and juice machine.

Plan of Correction ***Accept (- 01/27/2025)***

On 10/21/24 and 11/22/24 gnats were spotted in the bathroom of room and also in the common dining area. On 11/25/24 both areas were cleaned and sanitized and after were treated with insect spray by the housekeeper.

Training: All staff will be educated on regulation 85.b during a QA meeting being held by the administrator on 1/31/25. Documentation will be kept of this education/training.

Moving forward: The administrator or designee will complete a check of the entire building including each bathroom, this will be completed by 1/29/25. Documentation will be kept. The administrator or designee will then check the building once each week for 30 days to ensure there are no insect infestation in the building. These checks will start on 02/03/25 by the administrator or designee. Documentation will be kept of these checks.

85b - Infestation (continued)

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (█ - 04/23/2025)

89b - Hot Water Temperature

3. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/22/24, the temperature of the water at the sink in the dining room measured 140.6 degrees Fahrenheit.

Plan of Correction ***Accept (█ - 01/27/2025)***

On 11/22/24 the dining room sink water was 140.6 degrees and should not have been over 120.0. The administrator immediately on 11/22/24 checked the temperature of the water in all areas. One of the hot water tanks was elevated so she fixed it.

Training: The administrator will educated all staff on this regulation 89.b during a QA meeting being held on 1/31/25 by the administrator. Documentation of this training will be kept.

Moving forward the administrator has checked all temperatures on 11/22/24. A daily check was started on 11/25/24 by the administrator, these checks will last for 30 days by the administrator or designee. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (█ - 04/23/2025)

92 - Windows

4. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The screen in room Annex B is not secured to the window. There was approximately an 8" gap between the window and the screen.

Plan of Correction ***Accept (█ - 01/27/2025)***

The screen in room Annex B was not the correct screen for the window. The administrator had the handyman replace the window screen on 12/04/24.

Training: All staff will be educated on this regulation 92. during our QA meeting being held on 1/31/25. Documentation will be kept of this training.

Moving forward the administrator will inspect the home weekly for 30 days to ensure all furniture and equipment is clean and in good repair and free of hazards. These checks started on 12/4/24. After the weekly checks the administrator or designee will check monthly to ensure the home is in good repair and free of hazards.

92 - Windows (continued)

Documentation will be kept of the inspection of the home.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (04/23/2025)

95 - Furniture and Equipment

5. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/21/24 at approximately 1:00 p.m., the lint screen in the white Roper dryer in the home's laundry room was rusted and torn at the end that enters the screen compartment. The tear was approximately 3 inches long which precluded the lint screen from efficiently catching lint.

Plan of Correction ***Accept (01/27/2025)***

On 11/21/24 it was discovered that the lint screen had a small hole in it, the administrator notified the owner of the property and was told he would take care of it. On 12/9/24 the home was provided with a brand new dryer. The old dryer was thrown away.

Training: All staff will be educated on this regulation 95. during a QA meeting being held on 1/31/25 by the administrator. Documentation will be kept.

Moving forward the administrator will check monthly to ensure the dryer lint screen is not damaged and free of lint. These checks started 12/10/24 by the administrator. The administrator will do these checks monthly for 3 months. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (04/23/2025)

100b - Removal Snow/Obstructions

6. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 12/12/24 at 11:55 a.m., there was a thin coating of ice along back emergency egress sidewalk. It had not snowed since prior to licensing representatives arriving on site at 9:00 a.m.

Plan of Correction ***Accept (- 01/27/2025)***

On 12/12/24 there was a thin coating of ice on the back patio. The snow removal company had not showed to treat our walkways yet. The administrator had staff remove the ice and add salt to the area.

Training: All staff will be educated on this regulation 100.b during our QA meeting held by the administrator on 1/31/25. Documentation will be kept of this training.

Moving forward the administrator or designee will check daily to ensure all side walks are clear and free from any

100b - Removal Snow/Obstructions (continued)

hazards. These checks have started already on 12/13/24 by the administrator and designee due to winter weather conditions. Documentation is kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented ███- 04/23/2025)

101j1 - Mattress Fire Retardant

7. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 12/12/24, the mattress for the bed in resident room Annex B was sunken and did not adequately support resident #1.

Plan of Correction ***Accept ███- 01/27/2025)***

On 12/12/24 it was discovered that in room annex b the mattress was not firm and sunken in the middle. The administrator immediately had the mattress removed and the resident was given a different one.

Training: All staff will be educated on this regulation 101.j by the administrator during a QA meeting held on 1/31/25. Documentation will be kept.

Moving forward the administrator will inspect the home weekly for 30 days to ensure all furniture and equipment is clean and in good repair and free of hazards. These checks started on 12/4/24. After the weekly checks the administrator or designee will check monthly to ensure the home is in good repair and free of hazards. Documentation will be kept of the inspection of the home.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented ███ 04/23/2025)

101j2 - Bedroom Chairs

8. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

On 11/21/24 at approximately 1:15 p.m., there was no chair in resident room Annex B.

Plan of Correction ***Accept ███- 01/27/2025)***

On 12/12/24 it was discovered that in room annex b the chair had been removed by the resident. The administrator immediately had the chair put back in the room.

Training: All staff will be educated on this regulation 101.j2 by the administrator during a QA meeting held on

101j2 - Bedroom Chairs (continued)

1/31/25. Documentation will be kept.

Moving forward the administrator will inspect the home weekly for 30 days to ensure all furniture and equipment is clean and in good repair and free of hazards. These checks started on 12/4/24. After the weekly checks the administrator or designee will check monthly to ensure the home is in good repair and free of hazards. Documentation will be kept of the inspection of the home.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented ██ 04/23/2025)

102k - No Common Towel

9. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

On 11/21/24 at approximately 12:50 p.m., there was only one towel hanging on an unlabeled towel ring in the shared resident bathroom in resident room ██

Plan of Correction ***Accept ██ 01/27/2025)***

On 11/21/24 it was discovered that in room ██ only one the the towel racks was labeled. the administrator immediately had the rack labeled on 11/21/24.

Training: All staff will be educated on this regulation 102.k by the administrator during a QA meeting held on 1/31/25. Documentation will be kept.

Moving forward the administrator will inspect the home weekly for 30 days to ensure all furniture and equipment is clean and in good repair and free of hazards. These checks started on 12/4/24. After the weekly checks the administrator or designee will check monthly to ensure the home is in good repair and free of hazards. Documentation will be kept of the inspection of the home.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented ██ - 04/23/2025)

103f - Refrigerator/Freezer Temps

10. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/21/24 at 10:54 a.m., there were four bottles of Great Value Mustard and one bottle of Great Value Ketchup setting out on the tables in the dining room. Directions on all the bottles indicate that the items are to be refrigerated after opening.

103f - Refrigerator/Freezer Temps *(continued)*

Plan of Correction ***Accept ██ 01/27/2025)***

On 11/21/24 four mustard and one ketchup bottle were on the dining room table. On 11/21/24 all four bottles of mustard and one bottle of ketchup were thrown away by the administrator.

Training: All staff will be educated on this regulation 103.f by the administrator during a QA meeting held by the administrator. Documentation will be kept.

Moving forward all mustard and ketchup bottles will be put in the refrigerator after each use. Also the administrator or designee will check daily to ensure all refrigerated condiments are kept in the refrigerator and not left in the dining room. These checks will start on 12/2/24 by the administrator. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented ██ 04/23/2025)

121a - Unobstructed Egress

11. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 11/21/24 at 9:20 a.m., the shed door along the sidewalk to the right of the home was opened. There was a wheelchair and a shed door setting on the sidewalk blocking the emergency egress route from the rear exit to the front of the building.

Plan of Correction ***Accept ██- 01/27/2025)***

On 11/21/24 the shed door was blown off causing it to lay on the ground across the walkway. The shed door was moved on 11/21/24 upon inspection by the administrator.

Training: All staff will be educated on this regulation 121.a during our QA meeting held by the administrator on 1/31/25. Documentation will be kept of this training.

Moving forward the administrator or designee will check daily to ensure all side walks are clear and free from any hazards. These checks have started already on 12/13/24 by the administrator and/or designee and will be done for 30 days due to winter weather conditions. Documentation is kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (██04/23/2025)

162c - Menus Posted

12. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 11/21/24, the menus posted in the home only indicated "Week 1" and "Week 4." There was no way to determine

162c - Menus Posted (continued)

the effective dates of the menus.

Plan of Correction ***Accept [redacted] - 01/27/2025)***

On 11/21/24, the menus posted in the home only indicated "Week 1" and "Week 4." There was no way to determine the effective dates of the menus. The menus were dated immediately by the administrator on 11/21/24.

Training: All staff will be educated on this regulation 162.c. during a QA meeting being held on 1/31/25 by the administrator. Documentation will be kept.

Moving forward the administrator will check weekly to ensure the menu is up and current with dates. These checks started 12/10/24 by the administrator. The administrator will do these checks monthly for 3 months. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented [redacted] - 04/23/2025)

183e - Storing Medications

13. 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 #2 is prescribed Olopatadine drop 0.1% instill 1 drop into affected eye(s) twice a day as needed for allergies. There were two opened bottles of this medication in the home's medication cart. Both bottles were marked as opened on 5/21/24. However, according to manufacturer's directions, the medication is to be discarded 4 weeks after opening.

Plan of Correction ***Accept [redacted] 01/27/2025)***

Resident #2 is prescribed Olopatadine drop 0.1% instill 1 drop into affected eye(s) twice a day as needed for allergies. There were two opened bottles of this medication in the home's medication cart. Both bottles were marked as opened on 5/21/24. However, according to manufacturer's directions, the medication is to be discarded 4 weeks after opening.

Training: The administrator and all staff will be educated on regulation 183.e during our quarterly QA meeting being held on 1/31/25. This training will be held by the administrator. Documentation for this education/training will be kept.

Moving forward the administrator or designee will conduct an audit on all medication orders to ensure all orders match
medication in the medication cart. This audit will be completed by 1/31/25 by the administrator or designee. The administrator or designated person will do a medication audits once weekly for 30 days. These checks will start on 2/5/25 by the administrator or designee. The audits will include a review of each resident's MAR to ensure accuracy with medication and labels. Immediately following the weekly audits, the administrator shall review at least 6 different resident MAR's monthly to ensure all medication is current an not expired. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

183e - Storing Medications *(continued)*

Implemented (██ 04/23/2025)

191 - Resident Right to Refuse

14. 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 was no documentation that resident #1, admitted ██/22, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.

There is no documentation that resident #3, admitted ██/24, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.

There is no documentation that resident #2, admitted ██/23, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.

There is no documentation that resident #4, admitted ██23, was educated on the resident's right to question or refuse a medication if the resident believes there may be a medication error.

There is no documentation that resident #5, admitted ██/23, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction ***Accept██ 01/27/2025)***

There was no documentation that resident #1, admitted ██/22, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.
There is no documentation that resident #3, admitted ██/24, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.
There is no documentation that resident #2, admitted██3, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.
There is no documentation that resident #4, admitted ██/23, was educated on the resident's right to question or refuse a medication if the resident believes there may be a medication error.
There is no documentation that resident #5, admitted ██23, was educated on the resident' s right to question or refuse a medication if the resident believes there may be a medication error.
On 12/23/24 the administrator added an addendum to the homes contract that the resident will have to sign off on after being educated on this resident right.

Training: All staff will be educated on regulation 191 during a QA meeting held by the administrator on 1/31/25. Documentation will be kept.

Moving forward: The administrator or designee will audit all resident contracts, the audit will be completed by 1/29/25. The administrator or designee will then audit resident contracts once monthly for 3 months to ensure all contracts are completed and documented correctly. Documentation will be kept.

191 - Resident Right to Refuse (continued)

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (- 04/23/2025)

225a - Assessment 15 Days

15. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The medical evaluation (DME) completed 24 for resident #3, admitted /24, indicates diagnoses of age-related osteoporosis, and "reflex" as well as diagnoses related to prescribed medications to include HBP, anxiety/allergic, depression, angina, hypertension, nausea and vomiting, sleep disorder. However, the only diagnosis included on the resident's assessment completed 1/24 is "dementia/Alzheimer's."

Plan of Correction ***Accept (- 01/27/2025)***

The medical evaluation (DME) completed /24 for resident #3, admitted /24, indicates diagnoses of age-related osteoporosis, and "reflex" as well as diagnoses related to prescribed medications to include HBP, anxiety/allergic, depression, angina, hypertension, nausea and vomiting, sleep disorder. However, the only diagnosis included on the resident's assessment completed 24 is "dementia/Alzheimer's." The support plan was corrected on 1/20/25 by the administrator.

Training: All staff will be educated on regulation 225.a during a QA meeting held by the administrator on 1/31/25. Documentation will be kept.

Moving forward the administrator will check monthly to ensure all resident DME's are up to date and documented correctly. Theses checks will start on 1/27/24 by the administrator and will be done for 3 months. Documentation will be kept. The administrator shall develop and implement a tracking system which includes the names
of all residents and the dates of each resident's most recent DME. The tracking system shall
be reviewed and updated monthly by the administrator. Documentation of the tracking system shall be kept

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented (- 04/23/2025)

225c - Additional Assessment

16. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment *(continued)*

Description of Violation

Resident'#1's annual assessment completed [redacted]/24 indicates that the resident cannot manage finances and requires assistance. However, on [redacted]/24, resident's medical professional signed a note indicating that resident can handle [redacted] own finances. However, the resident's assessment was not updated regarding financial management needs. On [redacted]24 there was an incident involving resident #1 and resident #3. Resident #1's assessment dated [redacted]/24 was not updated to include the level of supervision needed to protect the resident and other resident's in the home.

On [redacted]/24 there was an incident involving resident #1 and resident #3. Resident #3's assessment dated [redacted]/24 was not updated to include the level of supervision needed to protect the resident and other resident's in the home.

Plan of Correction ***Accept [redacted] 01/27/2025)***

On [redacted]/24 there was an incident involving resident #1 and resident #3. Resident #3's assessment dated [redacted]/24 was not updated to include the level of supervision needed to protect the resident and other resident's in the home. On 12/6/24 both residents #1 and #4 were support plans were updated by the administrator.

Training: All staff will be educated on regulation 225.c during a QA meeting held by the administrator on [redacted]/25. Documentation will be kept.

Moving forward the administrator will check monthly to ensure all resident support plans are up to date and documented correctly. Theses checks will start on 1/27/24 by the administrator and will be done for 3 months. Documentation will be kept. The administrator shall develop and implement a tracking system which includes the names
of all residents and the dates of each resident's most recent assessment and support plan. The tracking system shall be reviewed and updated monthly by the administrator. Documentation of the tracking system shall be kept

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented [redacted] 04/23/2025)

252 - Record Content

17. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.

Description of Violation

Resident #4, admitted [redacted]/23, has been discharged from the home. However, the home does not have documentation of the reason for termination of services or transfer of the resident, the date of transfer and the destination.

Plan of Correction ***Accept [redacted] 01/27/2025)***

The home does have documentation on tabula pro and was never asked for a print out of it however, on 11/22/24 the administrator printed out a copy of resident #4's reason for transfer and where the resident was transferred to and added it to [redacted] file.

Training: All staff will be educated on regulation 252. during a QA meeting being held on 1/31/25 by the administrator.

252 - Record Content (continued)

The administrator will audit all residents that have been transferred in the last 90 days to ensure proper documentation is being documented and kept. This audit will be completed by 2/3/25 by the administrator. The administrator will then audit monthly each inactive resident that was discharged in the last 30 days to ensure documentation is being kept.

Licensee's Proposed Overall Completion Date: *01/23/2025*

Implemented [redacted] 04/23/2025)

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

April 23, 2025

VICTORIA MANOR LIVING LLC
100 ROSE COURT
OAKDALE, PA, 15071

RE: VICTORIA MANOR LIVING
100 ROSE COURT
OAKDALE, PA, 15071
LICENSE/COC#: 45598

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *VICTORIA MANOR LIVING* **License #**: *45598* **License Expiration**: *01/31/2025*

Address: *100 ROSE COURT, OAKDALE, PA 15071*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *VICTORIA MANOR LIVING LLC*

Address: *100 ROSE COURT, OAKDALE, PA, 15071*

Phone: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *32* **Waking Staff**: *24*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Interim* **Exit Conference Date**: *02/24/2025*

Inspection Dates and Department Representative

02/24/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *22*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

02/24/2025 - Partial

Lead Inspector [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/25/2025*

03/31/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/21/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/07/2025*

Inspections / Reviews *(continued)*

04/15/2025 - POC Submission

Submitted By

Reviewer:

Date Submitted: *04/21/2025*

Follow-Up Type: *Document Submission* **Follow-Up Date**: *04/21/2025*

04/23/2025 - Document Submission

Submitted By:

Reviewer:

Date Submitted: *04/21/2025*

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At approximately 4:30 p.m., the door to resident room ██ did not latch when closed and remained opened 2.5"-3" when not being held shut precluding privacy.

Plan of Correction ***Accept (██ - 03/31/2025)***

At approximately 4:30 p.m., the door to resident room #6 did not latch when closed and remained opened 2.5"-3" when not being held shut precluding privacy due to the door frame needing adjusted.

The owner contacted the contractor and the door will be fixed 04/04/25.

Training: All staff will be educated on 2600.42.s during a staff training/education on 03/28/25 held by the administrator. Documentation will be kept.

Going forward, the administrator or designated person will check daily all doors to ensure they close properly. These checks will start on 03/31/25 by the administrator or designated person. Documentation will be kept of these checks.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented (██ - 04/23/2025)

89b - Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 10:35 a.m., the water temperature at the sink in the bathroom of resident room #3 measured 150.2 degrees Fahrenheit.

At approximately 10:45 a.m., the water temperature at the sink in the bathroom in resident room #6 measured 139.8 degrees Fahrenheit.

At approximately 11:00 a.m., the water temperature at the sink in the bathroom in resident room #13 measured 145.7 degrees Fahrenheit.

Plan of Correction ***Accept (██ - 03/31/2025)***

At approximately 10:35 a.m., the water temperature at the sink in the bathroom of resident room #3 measured 150.2 degrees Fahrenheit.
At approximately 10:45 a.m., the water temperature at the sink in the bathroom in resident room #6 measured 139.8 degrees Fahrenheit. At approximately 11:00 a.m., the water temperature at the sink in the bathroom in resident room #13 measured 145.7 degrees Fahrenheit.

The administrator immediately checked all hot water tanks and began to adjust and check the temperature for

89b - Hot Water Temperature (continued)

every 30 minutes until it was below 120F.

All staff will be re-educated on regulation 2600. 89.b during an education/training held by the administrator on 03/28/25. Documentation will be kept.

Going forward the administrator or designated person shall continue to check water temperatures in 4 different rooms daily for the first week, then weekly monitoring to ensure proper water temperatures in the building. These checks will started on 03/25/25 by the administrator/designated person. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented [redacted] 04/23/2025)

100b - Removal Snow/Obstructions

3. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:23 a.m., there was an approximately 1/4" coating of ice covering an area 2'X5' outside the exit door from the dining room. There was also approximately 1/4"-1/2" of snow along the entire length of the emergency egress sidewalks along the back of the building.

Plan of Correction ***Accept [redacted] - 03/31/2025)***

At 9:23 a.m., there was an approximately 1/4" coating of ice covering an area 2'X5' outside the exit door from the dining room. There was also approximately 1/4"-1/2" of snow along the entire length of the emergency egress sidewalks along the back of the building.

Immediate action was taken as of 03/25/25 all snow and obstructions have been kept cleared from all walkway, entrances and emergency exits. Ice melting agents have been applied as needed to prevent any icy conditions. Designated staff persons on each shift have been instructed to monitor outdoor areas regularly and document any concerns to the administrator.

A snow and obstruction removal policy has been implemented and reinforced with all staff by the administrator on 02/25/25.

Going forward shift supervisors will oversee compliance and document any issues. Documentation will be kept. The maintenance supervisor and administrator will conduct random audits during inclement weather to ensure adherence to the policy. Documentation is kept.

100b - Removal Snow/Obstructions (continued)

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented (- 04/23/2025)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation (DME) completed /24 does not include whether or not the resident's immunizations are up to date.

Plan of Correction ***Accept - 04/15/2025)***

Resident #1's medical evaluation (DME) completed /24 does not include whether or not the resident's immunizations are up to date.

All staff will be educated during a staff education training held by the administrator on regulation 2600.141.a. This training will be held on 3/28/25.

Resident #1's DME was not updated due to having a doctor, the request was sent to the but never returned to the home. The resident was taken to the hospital per family and transferred to a VA hospice facility.

Going forward to maintain compliance with this regulation, a resident shall have a medical evaluation at least annually, all medical evaluations will be checked for completion upon receipt from the physician immediately and monthly thereafter by the administrator or their designee. These checks will start on 4/1/25 by the administrator.

Licensee's Proposed Overall Completion Date: *04/07/2025*

Implemented 04/23/2025)

183e - Storing Medications

5. 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 #2's Novolog Flexpen was not dated when opened.

Plan of Correction ***Accept (03/31/2025)***

Resident #2's Novolog Flexpen was not dated when opened.

The pen was discarded immediately by the supervisor and a new one was replaced adding the date it was opened.

All med techs will be educated on 2600.183e by the administrator during a staff training on 3/28/25. Documentation will be kept.

Going forward the administrator or designee shall review all insulin pens for residents to ensure accurate and complete open dates are present on each pen in accordance with 2600 .183e. These checks will start on 4/1/25 by the administrator or designee and by done weekly for one month.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented (04/23/2025)

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is ordered Novolog Flexpen – inject 4 units SUB-Q 3 times a day and inject SUB-Q per sliding scale 3 times a day before meals: 0-200=6 units; 201-240=7 units; 241-280=8 units; >281=9 units. However, there was no pharmacy label on the medication. The Novolog Flexpen was in a box with resident's other insulin and diabetic supplies.

Resident #2 is ordered Lantus Solostar 100U/ML – inject 28 units sub-Q at bedtime. There was no pharmacy label on this medication. The Lantus Solostar pen was in a box with other insulin and diabetic supplies.

184a - Resident's Meds Labeled *(continued)*

Plan of Correction ***Accept █ - 03/31/2025)***

Resident #2 is ordered Novolog Flexpen – inject 4 units SUB-Q 3 times a day and inject SUB-Q per sliding scale 3 times a day before meals: 0-200=6 units; 201-240=7 units; 241-280=8 units; >281=9 units. However, there was no pharmacy label on the medication. The Novolog Flexpen was in a box with resident's other insulin and diabetic supplies.

Resident #2 is ordered Lantus Solostar 100U/ML – inject 28 units sub-Q at bedtime. There was no pharmacy label on this medication. The Lantus Solostar pen was in a box with other insulin and diabetic supplies.

Immediately on the day of inspection the supervisor called the pharmacy and requested a new label for the Novolog Flexpen and the Lantus Solostar which both were delivered to the home the same day. Documentation is kept.

All med techs will be educated on 2600. 184.a during a staff training held on 3/28/25 by the administrator.

Going forward the administrator or designee shall review all medications for residents to ensure accurate and complete pharmacy labels are present on each medication in accordance with 2600 .184a and accordance with current prescribers orders. These checks will start on 4/1/25 by the administrator or designee and by done weekly for one month.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented (█ 04/23/2025)

185a - Implement Storage Procedures

7. 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 is ordered Novolog Flexpen – inject 4 units SUB-Q 3 times a day and inject SUB-Q per sliding scale 3 times a day before meals: 0-200=6 units; 201-240=7 units; 241-280=8 units; >281=9 units. There was an uncapped pen of the medication in a box with the resident's Lantus Solostar and other diabetic supplies. The pen's membrane was exposed where the application needle is placed.

Plan of Correction ***Accept (█ 04/15/2025)***

Resident #2 is ordered Novolog Flexpen – inject 4 units SUB-Q 3 times a day and inject SUB-Q per sliding scale 3 times a day before meals: 0-200=6 units; 201-240=7 units; 241-280=8 units; >281=9 units. There was an uncapped pen of the medication in a box with the resident's Lantus Solostar and other diabetic supplies. The pen's membrane was exposed where the application needle is placed.

On 02/24/25 upon finding this, the supervisor immediately discarded the pen and pulled a new one out and dated it.

185a - Implement Storage Procedures (continued)

All med techs will be will be educated on this regulation during a staff meeting held by the administrator on 3/28/25. Documentation of the staff education shall be kept in accordance with 2600.185.a.

Going forward the administrator or designee shall review all current resident medications to ensure all prescribed medications are present in the home and available for administration. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/07/2025*

Implemented (- 04/23/2025)

191 - Resident Right to Refuse

8. 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 1 /24, was educated on the resident's right to question or refuse a medication if they believe there may be a medication error.

Plan of Correction ***Accept (- 03/31/2025)***

There is no documentation that resident #1, admitted 24, was educated on the resident's right to question or refuse a medication if they believe there may be a medication error.

The administrator educated and reviewed with all resident of this right by 3/25/25.

All staff will be educated on 2600.191 during a training held by the administrator on 3/28/25.

The administrator implemented the new agreement and obtain the proper signatures that were previously addressed in this violation report, including home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented (- 04/23/2025)

225a - Assessment 15 Days

9. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's medical evaluation completed 24 includes diagnoses of mechanical fall resulting in fractures, mildly displaced R L1/L2 transverse process fracture and non-displaced fracture right posterior 10th and 11th rib. However, these diagnoses are not addressed on the resident's assessment completed 11/11/24.

225a - Assessment 15 Days *(continued)*

Plan of Correction ***Accept ███ - 03/31/2025)***

Resident #1's medical evaluation completed 11/6/24 includes diagnoses of mechanical fall resulting in fractures, mildly displaced R L1/L2 transverse process fracture and non-displaced fracture right posterior 10th and 11th rib. However, these diagnoses are not addressed on the resident's assessment completed 11/11/24.

Immediately the physician was contacted on 2/25/25 by the supervisor to update the medical evaluation regarding the section noted as proper documentation. Documentation is kept.

Going forward all medical evaluations will be reviewed by the administrator to verify information is complete. Documentation will be kept. This review will be documented by an audit monthly for the next 3 months by the administrator or designee. These audits will start 4/1/25 by the administrator or designee.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented ███ - 04/23/2025)