

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

April 29, 2025

[REDACTED]  
VICTORIA MANOR LIVING LLC  
[REDACTED]

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

[REDACTED],

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,  
[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: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: VICTORIA MANOR LIVING LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [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: [REDACTED]

Date Submitted: 04/21/2025

Reviewer: [REDACTED]

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

04/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2025

Reviewer: [REDACTED]

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 #6 did not latch when closed and remained opened 2.5"-3" when not being held shut precluding privacy.*

## Plan of Correction

Accept [REDACTED] - 03/31/2025)

*At approximately 4:30 p.m., the door to resident room [REDACTED] 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 [REDACTED] - 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 [REDACTED] measured 150.2 degrees Fahrenheit.*

*At approximately 10:45 a.m., the water temperature at the sink in the bathroom in resident room [REDACTED] measured 139.8 degrees Fahrenheit.*

*At approximately 11:00 a.m., the water temperature at the sink in the bathroom in resident room [REDACTED] measured 145.7 degrees Fahrenheit.*

## Plan of Correction

Accept [REDACTED] - 03/31/2025)

*At approximately 10:35 a.m., the water temperature at the sink in the bathroom of resident room [REDACTED] measured 150.2 degrees Fahrenheit.*

*At approximately 10:45 a.m., the water temperature at the sink in the bathroom in resident room [REDACTED] measured 139.8 degrees Fahrenheit. At approximately 11:00 a.m., the water temperature at the sink in the bathroom in resident room [REDACTED] 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 █ medical evaluation (DME) completed █ does not include whether or not the resident's immunizations are up to date.

Plan of Correction

Accept █ - 04/15/2025

Resident █ medical evaluation (DME) completed 11/6/24 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 █ DME was not updated due to █ having a VA doctor, the request was sent to the VA but never returned to the home. The resident was taken to the VA 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 [REDACTED] was not dated when opened.

## Plan of Correction

Accept [REDACTED] - 03/31/2025)

Resident [REDACTED] 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 [REDACTED] - 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 [REDACTED] is ordered [REDACTED] 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 [REDACTED] was in a box with resident's other insulin and diabetic supplies.

Resident [REDACTED] is ordered [REDACTED] - [REDACTED] sub-Q at bedtime. There was no pharmacy label on this medication. The [REDACTED] pen was in a box with other insulin and diabetic supplies.

184a Resident's Meds Labeled (*continued*)**Plan of Correction****Accept** [REDACTED] - 03/31/2025)

Resident [REDACTED] is ordered [REDACTED] 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 [REDACTED] is ordered [REDACTED] 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** [REDACTED] - 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 [REDACTED] is ordered [REDACTED] 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** [REDACTED] - 04/15/2025)

Resident [REDACTED] is ordered [REDACTED] 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 █, admitted █ 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 █, admitted █ 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 █ medical evaluation completed █ includes diagnoses of mechanical fall resulting in █ and █. However, these diagnoses are not addressed on the resident's assessment completed █

## 225a Assessment 15 Days (continued)

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

Resident █ medical evaluation completed █ includes diagnoses of mechanical fall resulting in █ and █.

However, these diagnoses are not addressed on the resident's assessment completed █.

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)**