

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

April 21, 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 03/25/2025 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: 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: 21	Waking Staff: 16

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint	Exit Conference Date: 03/25/2025	

Inspection Dates and Department Representative	
03/25/2025 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 40		Residents Served: 14	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 14	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 7		Have Physical Disability: 0	

Inspections / Reviews		
03/25/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/10/2025
04/08/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/20/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/14/2025

Inspections / Reviews *(continued)*

04/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/18/2025

04/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a Staff/Support Plan

1. 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 [redacted], and [redacted], there was one staff scheduled from 10:00PM-6:00AM. During these shifts, Resident [redacted], who is diagnosed with spastic right-side hemiplegia, was found on the floor, at which time staff from the adjacent skilled nursing center needed to be called to assist the resident. Per the resident's most current assessment and support plan dated [redacted] the resident requires a two-person assist for transfers and toileting.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 04/09/2025)

- Immediate Action:
 - The Administrator initiated a revision effective 4/8/2025 of the overnight staffing schedule to bring it into compliance with two-person coverage
- Identification of Those Affected:
 - All residents requiring two-person assistance during overnight hours were at potential risk due to prior staffing patterns.
- Corrective Action:
 - The Personal Care Home overnight schedule was revised to include two regularly scheduled staff members for every 10:00PM-6:00AM shift. The new schedule ensures consistent two-person coverage to meet the needs of residents whose support plans require multiple staff for safe care provision.
- Monitoring to Ensure Compliance:
 - The Campus Director will audit nightshift staffing schedules and actual attendance records weekly for four weeks starting 4/8/2025 through 05/05/2025 to confirm two-person coverage on third shift. An audit of all other residents' needs for lifts/transfers/assistance will be completed by the administrator or designee by 4/18/2025. Findings will be discussed at the QA meeting on 05/12/2025.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented [redacted] 04/21/2025)

187b Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The home's Progress Note dated [redacted] for Resident [redacted] documents that Nystatin powder was applied for rash symptoms reported by the resident. However, the administration was not documented on the resident's February 2025 Medication Administration Record. The Administrator confirmed that the [redacted] is applied every time after the resident is cleaned. Per the resident's February and March 2025 Medication Administration Records, the only application of [redacted] documented was on [redacted]

187b Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] 04/09/2025)

- Immediate Action:
 - It was confirmed that [REDACTED] was being applied to Resident [REDACTED] but not consistently documented on the MAR. The omission was addressed with direct care staff on 3/27/2025 by the administrator, and documentation procedures were reviewed.
- Identification of Those Affected:
 - Any resident receiving topical or PRN medications had the potential to be affected by inconsistent documentation.
- Corrective Action:
 - The direct care staff were re educated by the administrator on 3/27/2025 on the requirement to document medication administration at the time it is given. The Medication Administration Policy was reviewed and reinforced to prevent recurrence of omissions, especially for topical treatments.
- Monitoring to Ensure Compliance:
 - The Administrator or designee will conduct daily audits of MARs for 30 days starting on 3/28/2025 to ensure accurate and timely documentation. Results will be reviewed at the QA meeting on 05/12/2025.

Licensee's Proposed Overall Completion Date: 04/09/2025

Implemented [REDACTED] - 04/21/2025)

225a - Assessment 15 Days

3. 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 [REDACTED] most current assessment, dated [REDACTED] indicates that the resident needs some physical assistance with toileting and prompting/cueing with bladder management related to urinary incontinence. Per the home's Progress Notes dated [REDACTED], the resident slept in the second floor lounge that night and refused to get up and change out of soiled clothing. On [REDACTED], the resident urinated on his/herself several times, was very difficult to get changed and redirect and refused PM care. On [REDACTED], and [REDACTED] the resident refused PM care. On [REDACTED], the resident refused to be changed and was walking around in urine soaked clothing. On [REDACTED], the resident refused personal care assistance and was reported to have a full Depends with urine leaking down the leg. Resident [REDACTED] assessment indicates that the resident is independent with bowel management. The home's Progress Note dated [REDACTED] indicates the resident was discovered sitting in the lobby with feces on the floor and on their slippers. The resident refused multiple times to get up, take a shower, and stand up to be cleaned. The resident's assessment does not accurately reflect the resident's current service needs, especially pertaining to refusals, in these areas.

Plan of Correction

Accept [REDACTED] - 04/09/2025)

225a - Assessment 15 Days (continued)

- **Immediate Action:**
 - Resident [REDACTED] assessment was updated on 03/26/2025 by the resident care coordinator to accurately reflect current needs, including toileting assistance and refusal behaviors.
- **Identification of Those Affected:**
 - Any resident with changes in continence or care compliance could have been impacted by delayed assessment updates.
- **Corrective Action:**
 - On 3/28/2025 the Administrator reviewed residents with similar behavioral patterns or incontinence concerns to ensure assessments are accurate. A protocol was also implemented requiring prompt reassessment of residents with three or more days of documented refusals of care. This protocol was implemented on 3/28/2025. The new protocol will be monitored by the medication technicians and reviews will be completed by the administrator or designee.
- **Monitoring to Ensure Compliance:**
 - Weekly audits of assessments will be conducted starting on 3/28/2025 for a period of 4 weeks to ensure care needs and refusals are properly documented. The administrator or designee will complete these audits. QA review will occur at the meeting on 05/12/2025. The direct care staff will be educated on documenting resident needs appropriately on 4/9/2025. This education will be completed by the administrator. Training for the new protocol occurred on 3/28/2025 by the administrator and further training will be completed as needed by the administrator or designee.

Licensee's Proposed Overall Completion Date: 04/09/2025

Implemented ([REDACTED] - 04/21/2025)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] has a half length bedrail attached to their bed. The resident's current assessment and support plan, dated [REDACTED], indicates that the resident requires total physical assistance with transferring in/out of bed/chair and turning and positioning in bed/chair. The plan does not include the resident's use of a half length bedrail, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines.

Resident [REDACTED] most current assessment, dated [REDACTED], indicates that the resident requires total physical assistance for ambulating and that the resident utilizes a wheelchair. The support plan does not indicate the support needed to propel his/her wheelchair.

Repeated Violation [REDACTED] et al

227d Support Plan Medical/Dental (continued)

Plan of Correction**Accept (█ - 04/09/2025)**

- *Immediate Action:*
 - *Resident █ was reassessed on 03/26/2025. Based on clinical review and observation, it was determined that the enabler bar was no longer being used appropriately or effectively. On 3/26/2025, the bars were removed and the resident's support plan was updated by the resident care coordinator to reflect current transfer and mobility support needs.*
- *Identification of Those Affected:*
 - *All residents using assistive devices had the potential to be affected if not accurately reflected in support plans.*
- *Corrective Action:*
 - *The administrator completed a full audit of residents utilizing assistive devices on 4/8/2025 to ensure that support plans accurately reflect usage, safety, and clinical justification. Updated documentation will reflect resident specific needs and physician input when applicable.*
- *Monitoring to Ensure Compliance:*
 - *Support plans will be reviewed monthly for a period of three months beginning 03/28/2025, with monitoring dates in April, May, and June. This will be completed by the administrator or designee. The administrator will educate direct care staff on proper documentation of resident needs and supports on 4/9/2025. Results will be discussed during QAPI meetings to ensure compliance.*

Licensee's Proposed Overall Completion Date: 04/09/2025**Implemented (█ - 04/21/2025)**