

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

June 16, 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 05/15/2025 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:** 04/29/2026
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

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 28 **Waking Staff:** 21

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/15/2025

Inspection Dates and Department Representative

05/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38 **Residents Served:** 23

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: 5 **Have Physical Disability:** 0

Inspections / Reviews

05/15/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/30/2025

06/03/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/13/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/06/2025

Inspections / Reviews *(continued)*

06/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/13/2025

06/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 – 10225.707) and 6 Pa. Code § 15.21 – 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [REDACTED] and resident [REDACTED], and proceeded to verbally scold resident [REDACTED]. The incident from the early morning was reported by resident [REDACTED] to direct care staff person B at approximately 5:00 p.m. on [REDACTED]. However, the incident of alleged verbal abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to the Department of Aging at all.

Plan of Correction

Directed [REDACTED] - 06/10/2025)

On 4/20/25 at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [REDACTED] and resident [REDACTED], and proceeded to verbally scold resident [REDACTED]. The incident from the early morning was reported by resident [REDACTED] to direct care staff person B at approximately 5:00 p.m. on 4/20/25. However, the incident of alleged verbal abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to the Department of Aging at all.

The administrator was informed of this matter Monday morning on 4/21/25 by staff. The administrator started an investigation immediately. The administrator interviewed resident [REDACTED] and [REDACTED], and then called staff A. After an in house investigation a staff person A was suspended and an incident report was submitted to the DHS the morning of 4/21/25. Staff person A returned to work under supervision doing maintenance work only. Staff person A is no longer doing direct care with any resident. Documentation will be kept.

Training: All staff were educated on regulation 2600. 15.a (any abuse allegation shall be reported right away by calling Department of Aging, then sending an incident report to DHS and Department of Aging) during a staff training (training source- RCG handout) Stating held on 5/7/25 by the administrator. Documentation will be kept.

Moving forward the administrator will monitor all staff behavior by conducting weekly interviews with residents to ensure dignity and respect are given. The behavior monitoring will begin on 6/2/25 for 30 days by the administrator, after the 30 days the administrator or designee will continue to monitor monthly. The administrator also initiated a new dignity and respect policy for all staff and residents. Documentation of monitoring will be kept.

Proposed Overall Completion Date: 06/06/2025

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall audit all reports of abuse to ensure all reports of abuse are reported in accordance with Regulation 2600.15(a). [REDACTED] 6/10/25

Directed Completion Date: 06/11/2025

15a Resident Abuse Report (continued)

Implemented [redacted] - 06/16/2025)

15b Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [redacted] and resident [redacted] and proceeded to verbally scold resident [redacted]. The incident from the early morning was reported by resident [redacted] to direct care staff person B at approximately 5:00 p.m. on [redacted]. However, direct care staff person A was immediately suspended, but returned to work on [redacted] under a plan of supervision that was not approved by the Department.

Plan of Correction

Directed [redacted] - 06/10/2025)

On 4/20/25 at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [redacted] and resident [redacted] and proceeded to verbally scold resident [redacted]. The incident from the early morning was reported by resident [redacted] to direct care staff person B at approximately 5:00 p.m. on 4/20/25. However, direct care staff person A was immediately suspended, but returned to work on 4/24/25 under a plan of supervision that was not approved by the Department.

The administrator was informed of this matter Monday morning on 4/21/25 by staff. The administrator started an investigation immediately. The administrator interviewed resident [redacted] and [redacted] and then called staff A. After an in house investigation an staff person A was suspended and an incident report was submitted to the DHS the morning of 4/21/25. Staff person A returned to work under supervision doing maintenance work only. Staff person A is no longer doing direct care with any resident. Documentation will be kept.

Training: All staff were educated on regulation 2600. 15.b (any abuse allegation shall be reported right away by calling Department of Aging, then sending an incident report to DHS and Department of Aging) during a staff training (training source- RCG handout) Stating held on 5/7/25 by the administrator. Documentation will be kept.

Moving forward the administrator will monitor all staff behavior by conducting weekly interviews with residents to ensure dignity and respect are given. The behavior monitoring will begin on 6/2/25 for 30 days by the administrator, after the 30 days the administrator or designee will continue to monitor monthly. The administrator also initiated a new dignity and respect policy for all staff and residents. Documentation of monitoring will be kept.

Proposed Overall Completion Date: 06/06/2025

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall audit all reports of abuse of a resident involving a home's staff person to ensure the home immediately developed and implemented a plan of supervision approved by the Department or suspended the staff person involved in the alleged incident. [redacted] 6/10/25

Directed Completion Date: 06/11/2025

Implemented [redacted] - 06/16/2025)

15c Supervision

3. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted] at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [redacted] and resident [redacted] and proceeded to verbally scold resident [redacted]. The incident from the early morning was reported by resident [redacted] to direct care staff person B at approximately 5:00 p.m. on [redacted]. However, the home did not submit to the Department's regional office or the Area Agency on Aging a plan of supervision or notice of suspension of the affected staff person, and direct care staff person A returned to work on [redacted] and continued to work on a plan of supervision not approved by the Department until [redacted]

Plan of Correction

Directed [redacted] - 06/10/2025)

On 4/20/25 at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [redacted] and resident [redacted], and proceeded to verbally scold resident [redacted]. The incident from the early morning was reported by resident [redacted] to direct care staff person B at approximately 5:00 p.m. on 4/20/25. However, the home did not submit to the Department's regional office or the Area Agency on Aging a plan of supervision or notice of suspension of the affected staff person, and direct care staff person A returned to work on 4/24/25 and continued to work on a plan of supervision not approved by the Department until 5/15/25.

The administrator was informed of this matter Monday morning on 4/21/25 by staff. The administrator started an investigation immediately. The administrator interviewed resident [redacted] and [redacted], and then called staff A. After an in house investigation an staff person A was suspended and an incident report was submitted to the DHS the morning of 4/21/25. Staff person A returned to work under supervision doing maintenance work only. Staff person A is no longer doing direct care with any resident. Documentation will be kept.

Training: All staff were educated on regulation 2600. 15.c (any abuse allegation shall be reported right away by calling Department of Aging, then sending an incident report to DHS and Department of Aging) during a staff training (training source- RCG handout) Stating held on 5/7/25 by the administrator. Documentation will be kept.

Moving forward the administrator will monitor all staff behavior by conducting weekly interviews with residents to ensure dignity and respect are given. The behavior monitoring will begin on 6/2/25 for 30 days by the administrator, after the 30 days the administrator or designee will continue to monitor monthly. The administrator also initiated a new dignity and respect policy for all staff and residents. Documentation of monitoring will be kept.

Proposed Overall Completion Date: 06/06/2025

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall audit all reports of abuse of a resident involving a home's staff person to ensure the home immediately developed and implemented a plan of supervision approved by the Department or suspended the staff person involved in the alleged incident. [redacted] 6/10/25

Directed Completion Date: 06/11/2025

Implemented [redacted] - 06/16/2025)

16c Written Incident Report

4. 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 [REDACTED], direct care staff person B was made aware of allegations of verbal and physical abuse against direct care staff person A by resident [REDACTED]. These allegations were reported to the home's administrator, direct care staff person C. However, the incident was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until [REDACTED] at approximately 11:40 a.m.

Plan of Correction

Directed [REDACTED] - 06/10/2025)

On 4/20/25, direct care staff person B was made aware of allegations of verbal and physical abuse against direct care staff person A by resident [REDACTED]. These allegations were reported to the home's administrator, direct care staff person C. However, the incident was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until 5/15/25 at approximately 11:40 a.m.

The administrator was informed of this matter Monday morning on 4/21/25 by staff. The administrator started an investigation immediately. The administrator interviewed resident [REDACTED] and [REDACTED], and then called staff A. After an in house investigation an staff person A was suspended and an incident report was submitted to the DHS the morning of 4/21/25. Staff person A returned to work under supervision doing maintenance work only. Staff person A is no longer doing direct care with any resident. Documentation will be kept.

Training: All staff were educated on regulation 2600. 16.c. (any abuse allegation shall be reported right away by calling Department of Aging, then sending an incident report to DHS and Department of Aging) during a staff training (training source- RCG handout) Stating held on 5/7/25 by the administrator. Documentation will be kept.

Moving forward the administrator will monitor all staff behavior by conducting weekly interviews with residents to ensure dignity and respect are given. The behavior monitoring will begin on 6/2/25 for 30 days by the administrator, after the 30 days the administrator or designee will continue to monitor monthly. The administrator also initiated a new dignity and respect policy for all staff and residents. Documentation of monitoring will be kept.

Proposed Overall Completion Date: 06/06/2025

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall audit all reportable incidents and conditions to ensure all reportable incidents and conditions are reported in accordance with Regulation 2600.16(c), [REDACTED] 6/10/25

Directed Completion Date: 06/11/2025

Implemented [REDACTED] - 06/16/2025)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

42c Treatment of Residents (continued)

Description of Violation

On [redacted] at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [redacted] and resident [redacted] and proceeded to verbally scold resident [redacted]. Resident [redacted] witnessed the incident and stated "It was so disrespectful, if it was me I would have been throwing hands" and resident [redacted] indicated, "I felt incredibly disrespected. I just feel like [redacted] has no respect for me the way [redacted] did that. I was wrong, sure, but I don't deserve that."

Plan of Correction

Accept [redacted] - 06/03/2025)

On 4/20/25 at approximately 1:30 a.m., direct care staff person A came to the building off duty and entered the shared resident bedroom belonging to resident [redacted] and resident [redacted], and proceeded to verbally scold resident [redacted]. Resident [redacted] witnessed the incident and stated "It was so disrespectful, if it was me I would have been throwing hands" and resident [redacted] indicated, "I felt incredibly disrespected. I just feel like [redacted] has no respect for me the way [redacted] did that. I was wrong, sure, but I don't deserve that."

The administrator was informed of this matter Monday morning on 4/21/25 by staff. The administrator started an investigation immediately. The administrator interviewed resident [redacted] and [redacted], and then called staff A. After an in house investigation an staff person A was suspended and an incident report was submitted to the DHS the morning of 4/21/25. Staff person A returned to work under supervision doing maintenance work only. Staff person A is no longer doing direct care with any resident. Documentation will be kept.

Training: All staff were educated on regulation 2600. 42.c. during a staff training (any abuse allegation shall be reported right away by calling Department of Aging, then sending an incident report to DHS and Department of Aging)(training source RCG handout) held on 5/7/25 by the administrator. Documentation will be kept.

Moving forward the administrator will initiate weekly interviews with all residents to ensure dignity and respect will be given. These interviews will begin on 6/2/25 for 30 days by the administrator. The administrator also initiated a new dignity and respect policy for all staff and residents. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] 06/16/2025)

85b - Infestation

6. Requirements

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

Description of Violation

At approximately 3:10 p.m., there was an infestation of as many as sixty of what appeared to be fruit flies or gnats on the walls, floors, ceilings and door as well as shower curtain and towels of the shared resident bathroom of the resident room belonging to resident [redacted] and resident [redacted]

85b - Infestation (continued)

REPEAT VIOLATION ██████████ et. al.

Plan of Correction**Accept ██████████ - 06/03/2025)**

At approximately 3:10 p.m., there was an infestation of as many as sixty of what appeared to be fruit flies or gnats on the walls, floors, ceilings and door as well as shower curtain and towels of the shared resident bathroom of the resident room belonging to resident ██████████ and resident ██████████.

Training: All staff will be educated on this regulation 2600.85.b. during a staff education about insect infestation, if we see any insects or pest we should be reporting right away to ensure the problem is resolved as soon as possible. This education will be held on 06/06/25 by the administrator. This education will come from the RCG handout given by the administrator. Documentation will be kept.

Orkin was immediately scheduled and in the building taking an estimate on 05/28/25. A contract for service monthly was signed on 5/30/25, we are currently waiting on Orkin to schedule a treatment appointment. Documentation will be kept.

Moving forward: The administrator or designee will complete a check of each room including the bathrooms of each resident daily to ensure all insects are no longer in the building. This will be completed by 6/6/25 by the administrator or designee. These checks will be done 3 times a week for 3 months by the administrator or designee. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ██████████ - 06/16/2025)**225c - Additional Assessment****7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident ██████████ assessment, dated ██████████ indicated the resident is fully independent with Judgement and able to make decisions that are not harmful to self or others. However, multiple staff interviews indicated that resident ██████████ frequently makes inappropriate comments to ██████████ workers and residents of the personal care home and frequently makes staff and other residents uncomfortable with sexually inappropriate comments, and on 4/20/25 there was an incident provoked by the resident's questionable judgment and the assessment had not been updated to reflect the resident's behavioral concerns.

Plan of Correction**Accept ██████████ - 06/03/2025)**

Resident ██████████ assessment, dated 8/13/24, indicated the resident is fully independent with Judgement and able to make decisions that are not harmful to self or others. However, multiple staff interviews indicated that resident ██████████ frequently makes inappropriate comments to female workers and residents of the personal care home and frequently makes staff and other residents uncomfortable with sexually inappropriate comments, and on 4/20/25 there was an incident provoked by the resident's questionable judgment and the assessment had not been updated to reflect the resident's behavioral concerns.

225c Additional Assessment (continued)

All staff will be educated on this regulation 2600.225.c. (RCG handout) during a staff education being held by the administrator on 6/6/25. Documentation will be kept.

Resident [REDACTED]'s support plan was updated on 5/28/25 by the administrator. Documentation is kept.

Moving forward: The administrator will audit all support plans by 06/6/25. The administrator or designee will check monthly to ensure all resident support plans are up to date and documented correctly. These checks will start 6/11/25 by the administrator or designee and will be done for 3 months. Documentation will be kept. The administrator has developed and implemented 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 will be reviewed and updated monthly by the administrator to ensure any changes to the residents are properly documented. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/16/2025)