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

October 21, 2025

[REDACTED], OWNER/ADMINISTRATOR
SUSAN JONES
111 HYDRANGEA LANE
MT. PLEASANT, PA, 15666

RE: SUSAN'S VICTORIAN COTTAGE
111 HYDRANGEA LANE
MT. PLEASANT, PA, 15666
LICENSE/COC#: 42890

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2025 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: *SUSAN'S VICTORIAN COTTAGE* **License #**: *42890* **License Expiration**: *06/08/2026*

Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA 15666*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *SUSAN JONES*

Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA, 15666*

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/03/1969* **Issued By**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *16* **Waking Staff**: *12*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/10/2025*

Inspection Dates and Department Representative

06/10/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* **Are 60 Years of Age or Older**: *13*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

06/10/2025 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/04/2025*

07/18/2025 - POC Submission

Submitted By: **Date Submitted**: *10/13/2025*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/25/2025*

Inspections / Reviews *(continued)*

09/06/2025 - POC Submission

Submitted By: [redacted]
Date Submitted: *10/13/2025*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date:** *10/03/2025*

10/09/2025 - Document Submission

Submitted By: [redacted]
Date Submitted: *10/13/2025*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date:** *10/13/2025*

10/21/2025 - Document Submission

Submitted By: [redacted]
Date Submitted: *10/13/2025*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

25c4 - Payment Responsibility

1. Requirements

2600.
25.c. At a minimum, the contract must specify the following:
4. The party responsible for payment.

Description of Violation

The resident-home contract, dated [redacted] for resident #1 does not specify the party responsible for payment.

Plan of Correction ***Directed ([redacted] - 09/06/2025)***

The resident-home contract was updated on 07/03/25 by the administrator and the residents Rep Payee information was added to the contract. The contracts will be checked in January of every year by the administrator to ensure all information is updated and accurate.

Proposed Overall Completion Date: 07/24/2025

Directed:
By 9/30/25, the administrator or designee will audit all current resident-home contracts to ensure the party responsible for payment is specified. Documentation will be kept.
[redacted] ***9/6/25***

Directed Completion Date: *09/30/2025*

Implemented ([redacted] - 10/21/2025)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

[redacted] the home's administrator, was hired [redacted] however, the home completed a PA state police criminal history background check on [redacted]

Staff person B was hired on [redacted]; however, the home completed a PA state police criminal background history check on [redacted]

Plan of Correction ***Directed ([redacted] - 09/06/2025)***

Both [redacted] and person B renewed their PA state police criminal background history check. [redacted] was renewed on 06/10/25 and staff person B was renewed on 06/20/25. All current staff will have their background checks checked by the administrator to ensure they are up to date on a yearly basis and any future staff will have their background checks done [redacted]-[redacted] ***9/6/25***

Proposed Overall Completion Date: 07/24/2025

51 - Criminal Background Check (continued)

Directed:
By 9/30/25, the administrator or designee will audit all current staff files, to ensure a PA state police criminal background history check was completed within 1 year prior to the staff person's date of hire, and is present in the staff file. Documentation will be kept.
9/6/25

Directed:
By 9/8/25 and ongoing, the administrator or designee will ensure all new staff persons who have not have a PA state police criminal history background check completed within the past year, will have a PA state police criminal background history check completed on or before the staff person's date of hire. Documentation will be kept.
9/6/25

Directed Completion Date: *09/30/2025*

Implemented (- 10/21/2025)

65e - 12 Hours Annual Training

3. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff person C, hired did not complete 12 hours of annual training during the 1/1/24 to 12/31/24 training year.

Plan of Correction ***Directed (- 09/06/2025)***

All staff will complete the 12 hours of annual training for the current year. Staff person C will complete the missed training for 2024 by 08/12/25. All staff will complete the annual training for 2025 on a monthly basis and the administrator will sign off on each training topic once complete.

Proposed Overall Completion Date: 07/24/2025

Directed:
By 9/30/25 and monthly thereafter, the administrator or designee will audit current staff training files to verify staff trainings are completed in accordance with 2600.65(f), 2600.65(g), and the home's 2025 training plan, and to ensure staff complete at least 12 hours of annual training relating to their job duties by 12/31/25. Documentation will be kept.
9/6/25

Directed Completion Date: *09/30/2025*

Implemented (- 10/09/2025)

65f - Training Topics

4. Requirements

65f - Training Topics *(continued)*

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff person C did not receive training in any of the required training topics in accordance with 2600.65(f) during the 1/1/24 to 12/31/24 training year.

Plan of Correction ***Directed (- 09/06/2025)***

All staff will receive training on all required training topics within the current year. Staff person C will complete training for 2024 by 08/12/25. The administrator will ensure all staff receive training on the required topics on a monthly basis and track each employee with a sign off sheet and dated for the day of the month that its completed.

Proposed Overall Completion Date: 07/24/2025

Directed:

By 9/30/25 and monthly thereafter, the administrator or designee will audit current staff training files to verify staff trainings are completed in accordance with 2600.65(f), 2600.65(g), and the home's 2025 training plan, and to ensure staff complete at least 12 hours of annual training relating to their job duties by 12/31/25. Documentation will be kept.

9/6/25

Directed Completion Date: *09/30/2025*

Implemented (- 10/21/2025)

65g - Annual Training Content

5. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in any of the required training topics in accordance with 2600.65(g) during the

65g - Annual Training Content (continued)

1/1/24 to 12/31/24 training year.

Plan of Correction ***Directed (█ - 09/06/2025)***

All staff will receive training in all of the required training topics in the current year.
Staff person C will complete training for 2024 by 08/12/25 for all required topics. The administrator will monitor each employee on a monthly basis to ensure all required training topics are completed and that each month there is a specific topic addressed.

Proposed Overall Completion Date: 07/24/2025

Directed:
By 9/30/25 and monthly thereafter, the administrator or designee will audit current staff training files to verify staff trainings are completed in accordance with 2600.65(f), 2600.65(g), and the home's 2025 training plan, and to ensure staff complete at least 12 hours of annual training relating to their job duties by 12/31/25. Documentation will be kept.
█ ***9/6/25***

Directed Completion Date: *09/30/2025*

Implemented (█ - 10/21/2025)

66a - Staff Training Plan

6. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for training year 1/1/25 to 12/31/25.

Plan of Correction ***Directed (█ - 09/06/2025)***

The Administrator has implemented a staff training program for 2025 as of 07/01/25 and staff have been trained in several of the required topics monthly to ensure all staff are up to date on the training. The administrator will monitor monthly and keep the documentation that the staff have signed off as complete.

Proposed Overall Completion Date: 07/24/2025

Directed:
By 9/30/25 and monthly thereafter, the administrator or designee will audit current staff training files to verify staff trainings are completed in accordance with 2600.65(f), 2600.65(g), and the home's 2025 training plan, and to ensure staff complete at least 12 hours of annual training relating to their job duties by 12/31/25. Documentation will be kept.
█ ***9/6/25***

Directed Completion Date: *09/30/2025*

Implemented (█ - 10/21/2025)

92 - Windows

7. 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

There was a 6" X 4" hole in the bottom center of the screen in the dining room window.

Plan of Correction ***Accept (- 09/06/2025)***

The hole in the screen has been repaired and reinstalled on the window on 07/01/25 by Services and outside inspections will be done on the 1st of each month to ensure all screens are safe and free from any rips or tears.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented (- 10/21/2025)

95 - Furniture and Equipment

8. Requirements

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

Description of Violation

At 11:20 a.m. there was an approximate 2' X 4' pool of water on the floor at the base of the kitchen sink, and the P trap under the sink was not connected to the bottom of the sink.

Plan of Correction ***Accept (- 09/06/2025)***

The water was cleaned up by a staff member and she also fixed the leak while the inspector was still there. The pipe had come loose and was shifted from under the sink. A staff member will check all sinks for any leaks or potential leaks from loose pipes on a weekly basis to prevent and injuries from water pooling on the floor.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented (- 10/21/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

9. Requirements

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 11:15 a.m. there is no grab bar, handrail or assist bar near the toilet in the bathroom across from bedroom #2.

Plan of Correction ***Accept (- 09/06/2025)***

A grab bar was installed on the wall near the toilet in this bathroom for residents to use for safety on 07/01/25 by Services. Staff members will check grab bar daily to ensure that it is secure and safe to use during their daily cleaning of the bathroom.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented (- 10/21/2025)

141a - Medical Evaluation

10. 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.

Description of Violation

Resident #1 was admitted on [redacted] however, the resident's initial medial evaluation was not completed until [redacted]

Plan of Correction ***Directed ([redacted] - 09/06/2025)***

All future admissions of residents will have their DME completed within the 30 day time frame requirement. The administrator will check all resident charts within their first 30 days and have their DME up to date and on a yearly basis.

Proposed Overall Completion Date: 07/24/2025

Directed:

By 9/30/25, the administrator or designee will audit all resident records to ensure an initial medical evaluation is completed within 60 days prior or within 30 days after admission, and ensure all required information is present and accurate on the medical evaluation. Documentation will be kept.

[redacted] 9/6/25

Directed Completion Date: *09/30/2025*

Implemented ([redacted] - 10/21/2025)

141b1 - Annual Medical Evaluation

11. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted]

Plan of Correction ***Directed ([redacted] - 09/06/2025)***

All future annual RASP forms will be completed within the current year for that particular resident. The Administrator will complete each residents RASP form on a yearly basis in the month that it is due. A list of due dates will be kept on a calendar to ensure none are missed in the future.

Proposed Overall Completion Date: 07/24/2025

Directed:

By 9/30/25, the administrator or designee will ensure resident #2 is scheduled to have a document of medical evaluation completed. Documentation will be kept.

[redacted] 9/6/25

Directed:

By 9/30/25, the administrator or designee will audit all resident records to verify a current annual medical

141b1 - Annual Medical Evaluation (continued)

evaluation is present, completed, and accurate. Documentation will be kept.
9/6/25

Directed Completion Date: *09/30/2025*

Implemented (- 10/21/2025)

190a - Completion Medication Course

12. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C completed the initial Department-approved medication administration course on ; however, did not successfully complete the annual practicums in 2024 in accordance with the Department-approved medication administration course. Staff person C administered multiple medications to multiple residents on multiple dates/times, to include the following:

Resident #3, Metformin HCL 1000mg tablet - 6/2/25 at 8:00 a.m.

Plan of Correction ***Accept (- 09/06/2025)***

All staff will have a current medication administration course completed and competency tests up to date to safely administer medication to residents. Staff person C completed the course on and will have observation by a medication administration trainer on 08/05/25 as well as all other staff. It has taken the administrator 2 months to find a trainer from another facility to come and observe staff on medication administration. The administrator will ensure all staff are observed on a yearly basis in the same month so no one is out of date.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented (- 10/21/2025)

191 - Resident Right to Refuse

13. 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

Resident #1, admitted has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept (- 09/06/2025)***

Each resident has information added to their resident-home contract that states they have been educated on their right to refuse medication on 07/03/25. Each resident has signed the form stating their understanding of it on 07/03/25. This information has been added to all future resident-home contracts and the administrator will provide this information in verbal and written form when the resident is admitted.

Licensee's Proposed Overall Completion Date: *07/24/2025*

191 - Resident Right to Refuse *(continued)*

Implemented (█ - 10/21/2025)

225c - Additional Assessment

14. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2's most recent assessment was completed on █

Plan of Correction ***Directed (█ - 09/06/2025)***

All residents will have an annual assessment within the year from their initial assessment upon admission. Resident #2 new assessment was completed on 06/12/25 and will be updated again on or before 06/12/26. The administrator will ensure all assessment forms are completed on a yearly basis and will be monitored on a calendar to prevent any of being missed.

Proposed Overall Completion Date: 07/24/2025

Directed:

By 9/30/25, the administrator or designee will audit all resident records to verify all resident assessments are present, completed within the required time frame, and are accurate. Documentation will be kept.

█ 9/6/25

Directed Completion Date: *09/30/2025*

Implemented (█ - 10/21/2025)

251b - Record Entries Legible

15. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the 6/4/25 blood glucose reading on residents #3's documentation of blood glucose reading sheet.

Plan of Correction ***Directed (█ - 09/06/2025)***

All staff is aware that there is to be no white-out used on any resident record. All staff were verbally trained on 06/11/25 by the administrator as not to use any type of correction fluid on any resident record or document. All correction fluid was removed from staff use as of 06/11/25.

Proposed Overall Completion Date: 07/24/2025

Directed:

By 9/30/25, the administrator or designee will retrain all staff that a line should be drawn through errors or

251b - Record Entries Legible (continued)

changes in resident records, such that the original entry is still legible. Documentation will be kept.
9/6/25

Directed Completion Date: *09/30/2025*

Implemented (- 10/21/2025)

251c - Standardized Forms

16. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's preadmission screening form, completed was not completed on the Department's current standardize form.

Plan of Correction ***Accept (- 09/06/2025)***

The administrator is aware that all forms need to be completed on the current standardized DHS forms from the website. The administrator printed off the most recent forms to ensure that all future resident forms are correct. The administrator will monitor any new updates from DHS on a monthly basis.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented (- 10/09/2025)