



Pennsylvania
Department of Human Services

Sent via e-mail to: [REDACTED]

E-mailed on: 12/16/25

[REDACTED]

RE: Leah's Victorian Cottage I
511 Park Avenue
Scottsdale, PA 15683
LICENSE/COC #: 42935

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 7/24/25 et al. of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Suzey Quinn".

[REDACTED]
[REDACTED]

Enclosure

Licensing Inspection Summary

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

Facility Information

Name: *LEAH'S VICTORIAN COTTAGE I* License #: *42935* License Expiration: *12/02/2025*
Address: *511 PARK AVENUE, SCOTTDALE, PA 15683*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *LEAH C ILGENFRITZ*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/26/1995* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/02/2025*

Inspection Dates and Department Representative

07/24/2025 - On-Site: [REDACTED]
08/04/2025 - Off-Site: [REDACTED]
08/28/2025 - Off-Site: [REDACTED]
09/02/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/24/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

12/16/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: *12/16/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

85b - Infestation

1. Requirements

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

Description of Violation

On 7/24/25, at 10:49 a.m., there were actively crawling bed bugs in resident #'s bed.

Plan of Correction

Directed (█) - 10/28/2025)

By 11/7/25, the administrator will contact a professional exterminator to assess and treat the home for bed bugs. Documentation of the exterminator's visit, as well as remedial action taken, will be kept.

By 11/7/25, the administrator will train all staff on how to identify evidence of a bed bug infestation, to include immediately reporting to the administrator any evidence of bed bugs. Documentation of training will be kept.

By 10/31/25 and daily thereafter, the administrator or designee will inspect all resident bedrooms and common areas for evidence of bedbugs. Documentation of inspections will be kept.

Directed Completion Date: 11/07/2025

Not Implemented (█) -12/26/2025)

142b - Refusal-Medical Treatment

2. Requirements

- 2600.
- 142.b. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Description of Violation

Resident #1 was diagnosed with █ when the resident stopped going to treatments. The home did not document the refusal, nor any continued attempts to educate and inform the resident about the need for health care in the resident's record.

Plan of Correction

Directed (█) - 10/28/2025)

By 11/7/25, the administrator will educate all staff regarding the requirement that if a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record. Documentation of education will be kept.

By 11/7/25, weekly for 1 month and monthly thereafter, the administrator or designee qualified to administer medication will audit all resident records to ensure any resident refusal of routine medical or dental examination and the continued attempts to educate and inform the resident about the need for health care is documented in the resident's record. Documentation of the audits will be kept and reviewed at quality management plan review meetings.

Directed Completion Date: 11/07/2025

Not Implemented (█) -12/26/2025)

225c - Additional Assessment

3. Requirements

- 2600.

225c - Additional Assessment (continued)

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 #1's assessment, dated [REDACTED] did not include [REDACTED], receiving hospice services and the resident's decreased appetite.

Plan of Correction

Directed ([REDACTED] - 10/28/2025)

By 11/7/25, the administrator or designee will update resident #1's RASP to include [REDACTED] diagnosis, receiving hospice services and the resident's decreased appetite.

By 11/7/25 and monthly thereafter, the administrator or designated staff person will audit all resident records to ensure all resident assessments are present, current, and accurate, including all resident diagnoses. Documentation will be kept.

Directed Completion Date: 11/07/2025

Not Implemented ([REDACTED] -12/26/2025)

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: *LEAH'S VICTORIAN COTTAGE I*

License #: *42935*

License Expiration: *12/02/2025*

Address: *511 PARK AVENUE, SCOTTDALE, PA 15683*

Inspection Information

Start Date: *07/24/2025*

Type: *Partial*

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Resident Privacy Coding

Designation

Resident's Name

Resident 1

Daniel Mitchell