

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

November 25, 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 09/10/2025 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: 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:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 09/10/2025

Inspection Dates and Department Representative

09/10/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 20
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 15 **Have Physical Disability:** 1

Inspections / Reviews

09/10/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/29/2025

10/01/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/13/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/08/2025

Inspections / Reviews (*continued*)

10/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/29/2025

11/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/14/2025

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan dated [redacted] indicates that the resident requires assistance with bladder management and hygiene. On [redacted], the resident did not receive this assistance as evidenced by the pungent odor of urine about the resident and in the resident's bedroom.

Plan of Correction

Accept ([redacted] - 10/20/2025)

1. Resident [redacted] was immediately showered on 9/12/25 by the PC Director who had the room deep cleaned, staff removed excess furniture and left only furniture that could be cleaned as incontinence has increased and increased monitoring and housekeeping immediately enforced. Resident 1 plan of care updated 9/11/25 by Resident Care Coordinator (RCC) for a more frequent toileting program, housekeeping will be permanently in place twice daily, and care staff will additionally provide sanitation with incontinence care to include bed linens and laundry. If showers are refused, staff is to notify the management to arrange additional measures are taken as necessary and appropriate to ensure adequate care and sanitation are provided for frequent incontinence episodes with refusal of care and combativeness with care attempts. Physician notified to offer recommendations on possible medications that may assist with provision of care if resident's refusals and combative behaviors lead to lack of proper care.
2. Root cause of the citation is recent progression of disease process leading to increased episodes of incontinence and aggression without an updated RASP. Effective 9/29/2025 when there are significant changes in resident behavior and care needs, we enforce the system and process of updating resident assessment and service plan to include mitigation needs to ensure proper care and services are in place as necessary and appropriate for each resident. Survey of population will be completed to ensure RASPs reflect resident needs by the Resident Care Coordinator or designee.
3. Staff will be re-educated on the importance of identifying care concerns early, communication, timely updates of RASPs, and the current needs and expectations of incontinence care and sanitation for resident 1 on or before October 10, 2025 by the Personal Care Home Director or designee.
4. Audits will be conducted of effectiveness completed daily x 5 for 2 weeks, then weekly for 4 weeks by the Director of Personal Care with all responsible parties.
5. Audit results will be reported through the QM process monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([redacted] - 11/25/2025)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], there were 20 residents in the home, however, there were no staff with current CPR and first aid training working in the home from 10:00 PM to 6:00 AM.

Plan of Correction

Directed ([redacted] - 10/31/2025)

A LPN has always been on duty every night to be used for emergent needs and prn medication administration; This

63a First Aid/CPR Training (continued)

is not new, as it was already in place at the time of the survey as a licensed LPN (or RN if an LPN is unavailable) is on staff from 10pm 6am every day; however a plan was implemented to train all PC staff not currently CPR certified to be conducted by Danny Layane, certified CPR trainer on October 30th and 31st, 2025 in effort to satisfy this requirement.

(Directed)

Effective immediately, the administrator will ensure an LPN or a staff member who is certified in CPR and first aid is scheduled in the Victorian Villa PCH during the 10:00pm to 6:00am shift.

The administrator will ensure the LPN or staff member who is certified in CPR and first aid is scheduled on the Victorian Villa PCH staff schedule starting 11/1/25. The administrator will also ensure staff is adequately trained in CPR and first aid by 11/14/25.

The administrator will audit the Victorian Villa PCH staff schedule weekly for 4 weeks starting 11/7/25. The administrator will ensure documentation of staff schedules and audits are kept in the home.

Proposed Overall Completion Date: 10/31/2025

Directed Completion Date: 11/14/2025

Implemented [REDACTED] - 11/25/2025)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:20 AM, resident [REDACTED], the resident's bedroom, and the hallway outside of the bedroom smelled very strongly of urine.

Resident [REDACTED] is ordered to have blood sugar checks twice daily. A comparison of blood sugar readings stored in the resident's glucometer was made with readings documented on the medication administration records (MARs). On [REDACTED] at 7:44 PM, a reading of 166 is documented on resident [REDACTED] MARs, however, this reading is not stored in [REDACTED] glucometer but was stored in resident [REDACTED]'s glucometer indicating that the glucometer was shared to test the blood sugar of two residents.

Plan of Correction

Accept [REDACTED] 10/20/2025)

A. Director of personal care immediately cleaned the residents room implemented twice daily deep housekeeping of this room. Laundry tasks have been customized for this resident. Excess furniture has been removed from [REDACTED] room. We consulted with [REDACTED] physician for physical evaluation of any medical needs that may require address.

B. Resident [REDACTED] correction was implemented prior to the survey by having [REDACTED] own glucometer meter in house as of 8/30/2025.

A. Root cause of the citation is recent progression of disease process leading to increased episodes of incontinence

85a Sanitary Conditions (continued)

and aggression without an updated RASP. Effective 9/29/2025 when there are significant changes in resident behavior and care needs, we enforce the system and process of updating resident assessment and service plan to include mitigation needs to ensure proper care and services are in place as necessary and appropriate for each resident. A survey of population will be completed to ensure RASPs reflect resident needs by the Resident Care Coordinator or designee.

B. Root cause was not having glucometer in house prior to admission of resident; therefore, the admission process will ensure any required supplies are in house prior to admission.

A. Staff will be re educated on or before October 10, 2025 by the Personal Care Home Administrator or designee on the importance of identifying care concerns early, communication, timely updates of RASPs, and the current needs and expectations of incontinence care and sanitation for resident 1.

B. Director of Admissions was re educated on following safe admission practices by the Campus Director on September 12, 2025.

A. This plan of correction will be completed on or before October 31st, 2025 in full with audits of effectiveness completed daily x 5 for 2 weeks, then weekly for 4 weeks by the Director of Personal Care with all responsible parties. Audit results will be reported through the QM process monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (████) - 11/25/2025)

125a - Combustible Storage

4. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On █████, the area in close proximity to the hot water heater contained various items to include a cart with paint and flooring materials stored on the floor and touching the equipment.

Plan of Correction

Accept (████) - 10/20/2025)

The cardboard box was removed from the vicinity of the water heater immediately by the Director of Maintenance.

The Root Cause of this citation was failure to follow safety protocols by the Director of Maintenance.

The Director of Maintenance was re educated on the safety requirements by the NHA on 9/22/2025.

An audit of hazardous areas will be performed weekly by the NHA or designee for 8 weeks effective 9/15/2025.

Audit findings will be reported to QM.

Licensee's Proposed Overall Completion Date: 11/15/2025

Implemented (████) - 11/25/2025)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 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 [redacted] medical evaluation, dated [redacted] does not include immunizations or body positioning or movement.
 Resident [redacted] medical evaluation, dated [redacted], does not include body positioning or movement.

Plan of Correction

Accept [redacted] - 10/20/2025)

Resident [redacted] was discharged [redacted] Resident [redacted] medical evaluation form was reviewed and updated by PCP and Director of Personal Care as of 9/22/2025 to include body positioning and movement.
 Resident charts were audited to ensure compliance with requirements as of 9/29/2025 with no further discrepancies identified. The root cause of this oversight is deemed to be human error.
 Resident Care Coordinator re educated by Personal Care Director regarding medical evaluation requirements on 9/22/2025.
 New resident medical evaluations will be audited daily X 5 for 2 weeks then weekly x 4 weeks by the Personal Care Director or designee.
 Audit findings will be reported to QM monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/25/2025)

184b - Labeling OTC/CAM

6. Requirements

2600.
 184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident’s name.

Description of Violation

On [redacted], a bottle of CVS [redacted] tablets belonging to resident [redacted] was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 10/20/2025)

The bottle of CVS [redacted] tablets belonging to resident [redacted] was in the medication cart and was not labeled with the resident's name was immediately labeled by the Medication Technician.
 The medication cart was audited to ensure no additional unlabeled medications were present by the PC Director

184b Labeling OTC/CAM (continued)

on 9/10/2025, no other issues identified.

Medication Technicians and Resident Care Coordinator were re educated on the labeling and storage of medications policy and procedure by the PC Director on or before 9/29/2025.

Medication cart will be audited daily X 5 for 2 weeks, then weekly for 4 weeks. By the Resident Care Coordinator or Designee.

Audit findings will be reported to QM monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] 11/25/2025)

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 to have blood sugar checks twice daily. A comparison of blood sugar readings stored in the resident's glucometer was made with readings documented on the medication administration records (MARs). The following discrepancies were noted:

- on [redacted] at 1:42 PM, a reading of [redacted] stored in the glucometer is not documented;
- on [redacted] at 7:27 PM, a reading of [redacted] stored in the glucometer is not documented;
- on [redacted] at 7:25 PM, a reading of [redacted] is documented on the MAR but is not stored in the glucometer.

Resident [redacted] is ordered to have blood sugar checks four times daily. A comparison of blood sugar readings stored in the resident's glucometer was made with readings documented on the MARs. The following discrepancies were noted:

- on [redacted] at 8:33 AM, a reading of [redacted] is stored in the glucometer but is not documented;
- on [redacted] at 12:02 PM, a reading of [redacted] is stored in the glucometer but is not documented;
- on [redacted] at 11:45 AM, a reading of [redacted] is stored in the glucometer but is not documented;
- on [redacted] at 4:07 PM, a reading of [redacted] is stored in the glucometer but is not documented.

Plan of Correction

Accept [redacted] - 10/20/2025)

Correction made to MARs for missing transfer of information from glucometers for Residents [redacted] and [redacted]. MARs for residents with orders for glucometers audited by the Resident Care Coordinator on or before 10/1/2025 with any additional errors identified corrected immediately.

The root cause of the violation was deemed to be human error.

Medication Technicians and Resident Care Coordinator re educated on proper documentation of glucometer readings on the MAR conducted by the PC Director/Designee on or before 10/15/2025 by the PC Director or designee.

MARs will be audited weekly for 4 weeks by the Resident Care Coordinator or Designee.

Audit findings will be reported to QM monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/25/2025)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident [redacted] is prescribed [redacted], give 2 by mouth twice a day for acute pain. The medication administration record states, "take 2 tablets [redacted] by mouth twice a day for acute pain."

Plan of Correction

Accept [redacted] - 10/20/2025)

Order in system for [redacted] was corrected on 9/12/25 by pharmacy provider. Root-cause identified the pharmacy order entered the system and sent to the facility for administration did not match the physician order; and it was not caught by any internal system of checks and balances. The correction is to ensure we follow a system and process for reconciliation between physician orders and pharmacy orders received. This process will be immediately implemented, and medication techs will be educated on or before 10/1/2025 on the process by the PC Director or designee. Orders (new or on admission) will be audited daily x 5 and then weekly x 4 weeks by the PC Director or designee effective 9/22/2025. Audit findings will be reported to QM monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/25/2025)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] and the resident's [redacted] participated in the development of [redacted] support plan on [redacted]. However, neither the resident nor [redacted] signed the support plan.

Plan of Correction

Accept [redacted] 10/20/2025)

Resident 6 care plan was signed as of 9/26/2025. An audit of care plans was conducted on 9/12/2025 with no other missing signatures identified by the Resident Care Coordinator and PC Director. Resident Care Coordinator and PC Director re-educated on requirement of care plan signatures and how to address refusals by the Campus Director on 9/22/2025. Care plans will be reviewed by PC Director or Designee weekly x 6 to ensure signatures in place for any new/revised care plans. Audit findings will be reported to QM monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/25/2025)

227h - Support Plan Refuse Sign

10. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. The resident did not sign the support plan and there is no notation regarding the resident's refusal or inability to sign.

Plan of Correction

Accept [redacted] - 10/20/2025)

Resident [redacted]'s care plan signature of refusal was documented of refusal/inability to sign on 9/22/2025.

An audit of care plans was conducted on 9/23/2025 with no other missing signatures identified by the PC Director and Resident Care Coordinator.

Resident Care Coordinator and PC Director re-educated on requirement of care plan signatures and how to address refusals by the Campus Director on 9/22/2025.

Care plans will be reviewed by PC Director or Designee weekly x 6 to ensure signatures in place for any new/revised care plans.

Audit findings will be reported to QM monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([redacted] - 11/25/2025)