

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

September 28, 2026

[REDACTED]
DALLASTOWN OPERATING INC
[REDACTED]
[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 08/25/2026, 08/26/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: VICTORIAN VILLA

License #: 32000

License Expiration: 09/18/2026

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: 54

Waking Staff: 41

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 08/26/2026

Inspection Dates and Department Representative

08/25/2026 - On-Site: [REDACTED]

08/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40

Residents Served: 33

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 33

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 0

Inspections / Reviews

08/25/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/10/2026

09/09/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2026

Inspections / Reviews (*continued*)

09/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [REDACTED] had a bedrail attached to [REDACTED] bed. The opening of the bedrail was 15 inches wide and 5 inches high. The bedrail was uncovered, posing an entrapment risk.

Plan of Correction

Accept [REDACTED] - 09/09/2026)

1.) Hospital bedrail covers were ordered from DSSI and installed by maintenance director on 9/5/2026.

2.) Root cause of this citation was PCHA not confirming that the bed and rails delivered by hospice provider met personal care regulatory requirements.

3.) PCHA re-educated self on 81b requirements on 8/28/2026.

4.) There is no audit for this citation as this resident is the only resident with a hospital bed utilizing bed rails in the community.

5.) Admin team to be updated on correction for this citation during monthly QAPI.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/28/2026)

141a 1-10 Medical Evaluation Information

2. 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. 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] initial medication evaluation, dated on [REDACTED] did not include pulse rate, blood pressure, temperature, a list of allergies, an immunization history, the resident's ability to self-administer medications and if the resident's needs could safely be met in the Personal Care Home.

Repeated Violation - [REDACTED]

141a 1 10 Medical Evaluation Information (continued)

Plan of Correction

Accept [REDACTED] - 09/09/2026)

- 1.) PCHA printed updated DME form and placed it on the chart when PCHA returned from leave on 8/31/2026.
- 2.) Root cause of this citation was clerical oversight by PCHA. New DME form was sent to PCHA via email by the family on 7/15/2026 and PCHA failed to place updated document on the chart.
- 3.) PCHA, Campus Director, and Resident Care Coordinator re educated on DME requirements on 9/7/2026 by PCHA.
- 4.) Audit of all DME forms for all current residents. completed by PCHA week of 8/31/2026.
- 5.) Audit results will be reported to team during monthly QAPI.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/28/2026)

227a - Support Plan 30 Days

3. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's initial support plan was not completed until [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/09/2026)

- 1) There is no retroactive correction for this citation. Admission date and RASP dates can not be retroactively changed.
- 2) Root cause of this citation was clerical error of new RCC. RASP was initiated and completed in PCC on 7/21/2026 but was not LOCKED until 8/21/2026 thus the completion date of RASP was showing as 8/21/2026. RCC did not know the date for regulatory purposes was the "lock date" in PCC.
- 3) Training completed with RCC week of 9/7/2026, by PCHA, on RASP requirements, including dates, and how the dates in PCC transfer to the RASP document.
- 4) An audit of all current resident RASPs completed by PCHA on 9/5/2026. New admission RASPs will be audited twice a month for completion within the required 30 day timeframe.
- 5) Results of audit will be reported during monthly QAPI

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] 09/28/2026)

227g -Support Plan Signatures

4. 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] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] 09/09/2026)

1) PCHA reviewed RASP form with resident on 9/3/2026 and obtained [REDACTED] signature.

2) Root cause of this citation was a new RCC still learning RASP requirements and managing the RASP form in PCC.

3) Training completed with RCC week of 9/7/2026, by PCHA, on RASP requirements, including dates, and how the dates in PCC transfer to the RASP document.

4) An audit of all current resident RASPs completed by PCHA on 9/5/2026. New admission RASPs will be audited twice a month for completion and signature within the required 30 day timeframe.

5) Results of audit will be reported during monthly QAPI.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] 09/28/2026)

251c - Standardized Forms

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED] current medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction

Accept [REDACTED] - 09/09/2026)

1) Correct PERSONAL CARE DME form was obtained from CRNP and placed on resident's chart on 9/6/2026.

2) Root cause of this citation was human error. Hospice CRNP completed the incorrect form utilizing an ASSISTED LIVING DME form.

3) PCHA, Campus Director and RCC educated by PCHA on the requirements for personal care DME forms week of 9/7/2026.

4) Audit of all DME forms for all current residents. completed by PCHA week of 8/31/2026.

5) Results of audit will be reported during monthly QAPI.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/28/2026)