pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **RIVERTON OPERATOR LLC**
LEGAL ENTITY

To operate **RIVERTON ENHANCED SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **803 NORTH WAHNETA STREET, ALLENTOWN, PA 18109**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **90**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 24, 2022** until **January 24, 2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **230440**

ISSUING OFFICER

Jamie L. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: January 25, 2022

[redacted]
Riverton Operator LLC
[redacted]

RE: Riverton Enhanced Senior Living
803 North Wahneta Street
Allentown, Pennsylvania 18109
License #: 230440

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 10, 2021, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Jamie L. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *WESTMINSTER VILLAGE* **License #:** *21646* **License Expiration:** *12/03/2022*

Address: *803 NORTH WAHNETA STREET, ALLENTOWN, PA 18109*

County: *LEHIGH* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: [redacted]
Address: [redacted]
Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *06/25/1993* **Issued By:** *L&I*
Type: *C-2 LP* **Date:** *12/15/2004* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *2* **Total Daily Staff:** *34* **Waking Staff:** *26*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *11/10/2021*

Inspection Dates and Department Representative

11/10/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served:** *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *30*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *2* **Have Physical Disability:** *0*

Inspections / Reviews

11/10/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/03/2022*

Inspection Dates and Department Representative *(continued)*

01/04/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/11/2022*

01/10/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/14/2022*

01/12/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summary dated 12/23/19 was not posted in a public conspicuous area of the home.

Plan of Correction ***Accept***

Personal Care Home Administrator had been posting annual inspection summaries only. Upon learning from inspector that any most recent inspection summary needed to be posted, PCHA posted the licensing inspection summary that had been completed on 5/4/2021 for a partial inspection due to an incident. On the inspection date of 11/10/2021, the inspector had found the summary dated 12/23/2019 as the most recent one but there had been additional ones since then. Personal Care Home Administrator to monitor ongoing compliance.

Update: *01/04/2022*

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, a photo of the posted document WITHOUT the Privacy Coding shall be submitted to verify compliance.

Documentation should be sent in the Portal.
AG, 1-4-22

Document Submission ***Implemented***

The attached picture shows that the most recent survey, prior to 11/10/21, is posted in a public location without resident information.

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The privacy coding document was attached to the licensing inspection summary dated 10/30/19 that was posted in the Atrium near the first floor elevator. The privacy coding document exposes confidential information of the residents.

The MARS, controlled substance book and empty blister packs of medications were left on top of the medication cart unlocked and unattended near the 2nd floor atrium elevator. These items contain confidential information of the residents.

The PC TAR book was left on top of the medication cart unlocked and unattended next to Room #46. This item contains confidential information of the residents.

Plan of Correction ***Accept***

The privacy coding document was removed by the Personal Care Home Administrator prior to posting the most recent licensing inspection summary from 5/4/2021.

17 - Record Confidentiality (continued)

On 11/11/2021, an education was given to Med Techs regarding the importance of not leaving the MAR and TAR books or medication labels visible on the cart to prevent potential hipaa breaches (see attachment). PCHA and RN complete rounds on all three shifts to monitor for ongoing compliance.

Document Submission ***Implemented***

Please see the attached survey result without resident information.

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff member A hired [redacted]21 did not have a high school diploma, GED or active status on the Pennsylvania nurse aide registry.

Plan of Correction ***Do Not Accept***

On 11/11/2021, the DHS regulation for educational requirements was shared by PCHA with Human Resources personnel. The two HR employees provided acknowledgment of receipt (see attachment). PCHA to monitor ongoing compliance.

Update: *01/04/2022*

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Home shall detail the outcome of the employment status of the two (2) employees in question. Were weavers submitted or other arrangements made to come into compliance, were the employees reassigned within the Home or were they terminated?

Documentation should be sent in the Portal.
AG, 1-4-22

Plan of Correction ***Accept***

Clarification: only one employee was missing GED. GED was obtained post-survey.

Document Submission ***Implemented***

The GED for [redacted] was received on 1/5/2021.

60c - Housekeeping/Maintenance

1. Requirements

2600.
60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

Interviews with staff and residents indicated that the home was not utilizing the dining room for meals on a regular basis since August 1, 2021. Staff interviews indicated that while occasionally the dining room has been closed for infection control procedures the main reason it is not open consistently is because the home does not have an adequate amount of staff to open it. The home does not have an adequate amount of food service workers to open the dining room.

60c - Housekeeping/Maintenance *(continued)*

Plan of Correction ***Accept***

On 11/15/2021, the dining room opened for lunch Monday through Friday for Personal Care residents. Personal Care Aides and Dining Servers were able to assist residents in the dining room.
On 12/18/2021, the dining room opened for both breakfast and lunch seven days a week with Dining Servers staffing it.
The Culinary Department continues to work on recruitment of servers and hopes to open the dining room for all three meals in January of 2022.
PCHA to continue to work with Culinary Department to ensure ongoing use of dining room for meals.

Update: *01/04/2022*

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will include the current Dining Room Schedule as of the submission of Step 2. Continuing efforts shall be made to attain compliance.

Documentation should be sent in the Portal.
AG, 1-4-22

Document Submission ***Implemented***

The Commons dining room was opened for three meals/day on 1/3/2021.
See attached dining room information.

127a - Portable Space Heaters

1. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

A energy saver portable space heater was plugged in, in the bathroom of Room #1. Space heaters are prohibited.

Plan of Correction ***Accept***

The space heater was immediately removed upon discovery in Apartment 1 and picked up by family.
An education was done with all Personal Care staff on 11/11/2021 regarding the homes policy on space heaters and what to do if discovered.
Also on 11/11/2021, a memo was sent to all residents regarding the prohibition of portable space heaters.
PCHA to monitor for ongoing compliance.

Document Submission ***Implemented***

This information was previously submitted.
Please see attached space heater education.

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

184a - Labeling OTC/CAM *(continued)*

Description of Violation

Resident #1's MAR notes primidone 50mg 2 tablets daily at bedtime. The label to the medication notes 1 tablet daily at bedtime. The medication label is incorrect.

Plan of Correction ***Accept***

Upon discovery of the incorrect label, a sticker was placed on the blister card to alert staff of the order change. The sticker states, "Directions changed. Refer to chart."

Stickers were placed in a drawer of the medication cart for Med Techs to put on the blister packs of orders that have changed.

RN to monitor ongoing compliance.

Update: *01/04/2022*

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the Staff Training document and a copy of a sample sticker in use.
Documentation should be sent in the Portal.
AG, 1-4-21

Document Submission ***Implemented***

Please see attached education that was completed with staff on 11/1/2021.
Attached you will also find a picture of the sticker that staff are to use when an order has changed to prevent errors.

185a - Implement Storage Procedures

1. 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 #2's glucometer was not calibrated to the correct date and time.

Resident #2's PRN Miralax powder was not available.

Plan of Correction ***Accept***

RN calibrated glucometer to the correct date & time upon discovery on 11/10/21.
Moving forward, Med Techs will check glucometer calibrations when monthly cleaning of glucometer is completed.
Task written on MAR by RN. RN to monitor ongoing compliance.

PRN Miralax was discontinued by resident's PCP on 11/19/21 due to resident's nonuse (see attachment). Medication cart checks are completed on a monthly basis by night shift to ensure prescribed medications are available for each resident. RN to monitor ongoing compliance.

Update: *01/04/2022*

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, documentation of the calibration of glucometer training shall be included in the documentation of staff training. Also, please add that calibration of glucometers will be performed in between the monthly checks if there is any evidence of faulty readings, low battery indications,, or any other indications that cause concerns and warrant equipment checks in

185a - Implement Storage Procedures (continued)

between the monthly reviews of equipment.

Documentation should be sent in the Portal.
AG, 1-4-22

Document Submission ***Implemented***

Please see attached training for glucometer calibration. Items were added, as requested, by licensing in regards to their update on 1/4/21.
Please note that the calibration is done weekly, not monthly, as previously indicated.
MAR's are attached to show the calibration order.