



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 09 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Craig T. Luffey, Administrator
Rivercliff Terrace, Inc.
120 Allegheny Avenue
Kittanning, Pennsylvania 16201

RE: Rivercliff Terrace Annex
322 North McKean Street
Kittanning, Pennsylvania 16201

Dear Mr. Luffey:

As a result of the Department of Public Welfare's licensing inspection on December 9, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

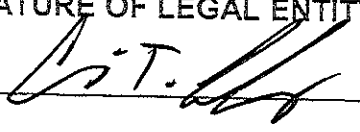
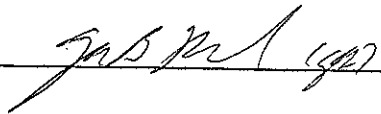
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600



NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		Adult Residential License #	CURRENT LICENSE NUMBER 426930
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-9-10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents did not indicate the methods used to prevent reportable incidents from occurring, how reportable incidents will be reported to the administrator, who is responsible for notification to the Department, investigative methods, and how reportable incidents will be tracked, recorded, and stored.	COMPLETED 1-2-10	- ADMINISTRATOR WILL REVIEW REGULATIONS SET FORTH IN 16b AND ENSURE THE CONSISTENCY WITH CURRENT POLICY. ANY CHANGES IN THE REGULATION ADMINISTRATOR WILL UPDATE POLICY	1-25-10 - gpc
		1-2-10	- ADMINISTRATOR REVISED POLICY TO INCLUDE WHO IS RESPONSIBLE FOR NOTIFICATION TO DPW, INVESTIGATIVE METHODS, AND HOW REPORTABLE INCIDENTS WILL BE TRACKED, RECORDED, AND STORED	

2-28-10 The Administrator will monitor all reportable incidents to ensure the home's policy is followed. 1-25-10 gpc

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

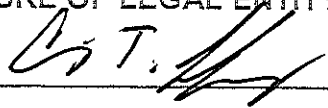
Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER 426930	
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Residential Licensing Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE  1-25-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>A pre-admission screening has not been completed for resident #2 (admitted 9/1/09).</p>	<p>COMPLETED</p> <p>1-2-10</p> <p>1-2-10</p> <p>2-28-10</p>	<p>ADMINISTRATOR WILL ENSURE ALL NEW RESIDENTS HAVE A COMPLETED PRE-ADMISSION SCREENING DONE 30 DAYS PRIOR TO OR ADAYS THE DAY OF ADMISSION</p> <p>A new resident document tracking checklist was developed and implemented by the administrator to ensure all pre admission screening forms are completed prior to resident admission, 1-25-10 gssc</p> <p>The administrator will monitor all new resident admissions to ensure all resident pre admission screening forms are completed prior to admission 1-25-10 gssc</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-25-10 </p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JAN 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		Adult Residential	CURRENT LICENSE NUMBER 426938inc
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-25-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	An assessment has not been completed for resident #2 (admitted 9/1/09).	<p>COMPLETED 1-2-10</p> <p>12-10-09</p> <p>1-2-10</p> <p>2-25-10</p>	<p>ADMINISTRATOR WILL ENSURE ALL NEW RESIDENTS WILL HAVE AN INITIAL ASSESSMENT WITHIN 15 DAYS OF ADMISSION AND THEN ANNUALLY THREE AFTER - UNLESS SIGNIFICANT CHANGE IN STATUS OCCURS</p> <p>A personal care home assessment was completed for resident #2.</p> <p>A new resident admission check list has been developed and implemented to insure personal care home assessments are completed within the required time frame.</p> <p>The administrator or designated staff person will monitor all new resident documents to ensure the personal care home assessment is completed within the required time frame. 1-25-10 gk</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-25-10 gk</p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Jan 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		Adult Residential	CURRENT LICENSE NUMBER 426930
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>CIT. [Signature]</i>	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-25-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a 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.</p>	<p>A support plan has not been completed for resident #2 (admitted 9/1/09).</p>	<p>COMPLETED 1-2-10</p> <p>12-10-9</p> <p>1-2-10</p>	<p>ADMINISTRATOR WILL ENSURE ALL NEW RESIDENTS WILL HAVE AN INITIAL SUPPORT PLAN DEVELOPED AND IMPLEMENTED WITHIN 30 DAYS AFTER ADMISSION.</p> <p>Resident #2's support plan was completed. 1-25-10 jfk</p> <p>A new resident tracking checklist was developed and implemented to ensure resident initial support plans are completed within the required time frame. 1-25-10 jfk</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-25-10 <i>JK</i></p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

2-19-2010

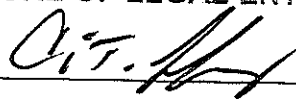
NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street , Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER 426930	
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-25-10


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25c9 The contract shall specify the conditions under which the agreement may be terminated including home closure as specified in 228b (relating to notification of termination).	The home's contract did not specify that the agreement can be terminated if the resident has failed to pay after reasonable documented efforts by the home to obtain payment, and if there is documented repeated violation of the home's rules.	COMPLETED 12-10-10	ADMINISTRATOR REVISED THE ALL RESIDENT HOME CONTRACTS TO INCLUDE THE FOLLOWING STATEMENTS - IF THE RESIDENT HAS FAILED TO PAY AFTER REASONABLE DOCUMENTED EFFORTS BY THE HOME TO OBTAIN PAYMENT. - DOCUMENTED, REPEATED VIOLATION OF THE HOME RULES	1-25-10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Western Region

JAN 19 2010

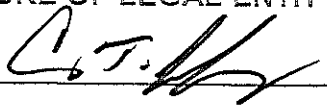
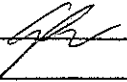
NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER 426930	
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-25-10

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The freezer located in home's stainless steel refrigerator closest to the side entrance of the kitchen had a temperature reading of 6 degrees Fahrenheit.	COMPLETED 12-9-9 12-9-9 12-9-9	THE FREEZER DOOR WAS CHECKED AND ADJUSTED SO THAT A PROPER SEAL IS CONSTANT. - KITCHEN STAFF WILL CHECK REFRIDGERATOR AND FREEZER TEMPERATURES DAILY, AND IMMEDIATELY REPORT TO ADMINISTRATOR IF EITHER HAS FALLCN BELOW DESIRED TEMPERATURE. The Administrator will monitor temperatures weekly to ensure the refrigerators are below 40°F and freezers are below 0°F.	1-25-10 

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Western Region

12-9-10

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER 426930	
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE  1-25-10


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<p>at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.</p>				


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER 426930
INSPECTION DATE(S) (Include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton
SIGNATURE OF LEGAL ENTITY <i>C.T.H.</i>	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 1-25-10

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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency preparedness plan and the emergency preparedness plan for the municipality were not posted.	<p>COMPLETED AT THE TIME OF INSPECTION 12-9-9</p> <p>12-9-9</p> <p>12-9-9</p>	<p>- ADMINISTRATOR HAS TRAINED STAFF TO ROUTINELY EXAMINE THE HOMES BULLETIN BOARD, TO ENSURE THE HOMES EMERGENCY PREPAREDNESS PLAN IS PROPERLY POSTED.</p> <p>- ADMINISTRATOR ISSUED STAFF BACK-UP COPIES OF THE EMERGENCY PREPAREDNESS PLAN TO POST IF NEEDED. Administrator monitors Bulletin board weekly to ensure both plans are posted. 1-25-10</p>	1-25-10 <i>gl</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER Adult Resident 426930	
INSPECTION DATE(S) (include all dates of the inspection) December 9, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY 	DATE 01-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-25-10

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The most recent fire safety inspection and drill conducted by a fire safety expert was completed on 11/24/2008.	01-31-10 2-28-10	FIRE AND SAFETY DRILL ^{with inspection} WAS CONDUCTED. ADMINISTRATOR IS CURRENTLY WORKING IN CONNECTION WITH KITTANNING FIRE CHIEF TO OBTAIN A PROPERLY DOCUMENTED LETTER OF COMPLIANCE. Administrator will schedule an annual fire inspection and drill with a fire safety expert annually.	1-26-10 

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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<p>227g Individuals who participate in the development of the support plan shall sign and date the support plan.</p> <p>227h 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.</p>	The initial support plan in the record of resident #3 (dated 9/11/09) was not signed by the resident nor was there documentation regarding the resident's inability or refusal to sign the document.	<p>COMPLETED AT THE TIME OF INSPECTION 12-9-9</p> <p>1-25-10</p> <p>2-28-10</p>	<p>ADMINISTRATOR WILL ENSURE ALL SUPPORT PLANS ARE SIGNED BY THE RESIDENT</p> <p>ADMINISTRATOR WILL IMMEDIATELY GET A SIGNATURE FROM A RESIDENT UPON CREATION OF A SUPPORT PLAN. Resident #3's support plan was signed.</p> <p>All resident support plans were checked for required signatures.</p> <p>The administrator or designated staff person will review all completed support plans for the required signatures.</p>	<p>compliance have been taken to correct violation; full compliance is not verifiable 1-25-10 <i>[Signature]</i> Initials (DPW)</p>

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Jan 19 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Rivercliff Terrace Annex, 322 North McKean Street, Kittanning, Pennsylvania 16201		CURRENT LICENSE NUMBER 426930	
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252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	The home's resident records do not indicate the residents' identifying marks.	COMPLETED 1-2-10 1-2-10	- ADMINISTRATOR REVISED ALL RESIDENT TRANSFER SHEETS TO INCLUDE ANY IDENTIFYING MARKS. - ADMINISTRATOR UPON COMPARISING ANY NEW TRANSFER SHEETS WILL ENSURE IDENTIFYING MARKS ARE ADDRESSED.	1-25-10 <i>[Signature]</i>