

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RIVERCLIFF TERRACE, INC.

LEGAL ENTITY

To operate RIVERCLIFF TERRACE

NAME OF FACILITY OR AGENCY

Located at 120 ALLEGHENY AVENUE, KITTANNING, PA 16201

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 34

34

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 November 15,

2010

until November 15,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426610

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

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.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

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

NOV 22 2010

Mr. Thomas H. Luffey, Owner/Administrator  
Rivercliff Terrace, Inc.  
Rivercliff Terrace  
120 Allegheny Avenue  
Kittanning, Pennsylvania 16201

Dear Mr. Luffey:

As a result of the Department of Public Welfare's licensing inspection on October 5, 2010 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, 120 ALLEGHENY AVENUE KITTANNING, PA 16201		CURRENT LICENSE NUMBER 426610	
INSPECTION DATES (Include all dates of the inspection) 10/05/2010		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Thomas H. Luffey</i>			
SIGNATURE OF LEGAL ENTITY <i>Thomas H. Luffey</i>	DATE 10-30-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Vamberger (JPD)</i>	DATE 11-9-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person A, hired on 05/14/10, provides unsupervised ADL services and has not completed the online Direct Care staff training.  <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">Western Region</div> <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">NOV 2 2010</div> Adult Residential Licensing	10-5-10 See attached  10-5-10  11-30-10	This requirement was made a part of orientation to avoid neglect of requirement in future.  Staff person A completed the department approved online Direct Care Staff Training 11-5-10  The administrator of designated staff person will check all staff person records to assure any staff person providing unsupervised ADL services has completed the department approved on-line Direct Care Staff Training and the documentation is in the staff records 11-5-10	Steps have been taken to correct violation; full compliance is not verifiable 11-8-10 Date <span style="float: right;">Initials JPV</span>

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual				

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.	Western Region  NOV 2 2010  Adult Residential Licensing			

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		DATE <i>11-8-10</i>	

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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			DATE 11-8-10

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94b Interior stairs, exterior steps and ramps shall have nonskid surfaces.	The wooden ramp and the two sets of wooden steps, leading from the back of the facility, do not have a non-skid surfaces. The surfaces were observed to be wet and slippery on 10/05/10.	10-28-10	3 M Outdoor Tred purchased and placed on surfaces. Periodic cks. will be made to repair any detachments of tape. (see attached photo)	11-8-10 g
<p>Western Region</p> <p>40V 2 2010</p> <p>Adult Residential Licensing</p>				

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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The first floor exterior dryer vent had approximately 1/4 inch of lint accumulation.	10-5-10          11-20-10	<p><i>Lint removed on exterior Vent seam will be checked monthly as well as after heavy use for any accumulation</i></p> <p><i>All staff persons will be educated on the hazards of lint build-up and the policy and procedure for lint removal. 11-5-10g</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>11-8-10</i></p> <p>Date <i>11-8-10</i> Initials <i>DPW</i></p>

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<i>Thomas Luffey</i>			<i>gf</i> 11-8-10

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141a The medical evaluation shall 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	Resident #1's medical evaluation, dated 5/14/10, did not include a medication regimen.	10-6-10  11-30-10	Physicians/Secret/Workers at local hospital informed that all medication lists must be attached to Medical Form (Not paper clipped). Administration will assure all attachments are stapled.  The Administrator or designated staff person will review all current and newly completed medical evaluations to ensure accuracy and completion including medication regimen <i>11-8-10</i>	11-8-10 <i>gf</i>

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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.	Western Region  NOV 2 2010  Adult Residential Licensing			

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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.	Resident #1 was admitted to the home on 05/17/10. The home has not developed a support plan for the resident.  Western Region  NOV 2 2010  Adult Residential Licensing	N/A  11-30-10	Support Plan was developed on 5-17-10. At time of inspection, could not locate. (see attached)  The administrator or designated staff person will review all resident records to ensure each resident has a current individualized support plan completed and the support plan is accessible to all staff and the Department upon request 11-5-10/	Steps have been taken to correct violation; full compliance is not verifiable 11-5-10 Date Initials (DPW)