



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

DEC 29 2010

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

RE: Rivercliff Terrace
120 Allegheny Avenue
Kittanning, Pennsylvania 16201

Rivercliff Terrace Annex
322 North McKean Street
Kittanning, Pennsylvania 16201

Dear Mr. Luffey:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.190(b) (relating to medication administration training) regarding five residents with low H & H Blood levels.

Your request for waiver is being returned for additional information. The following details must be included in the waiver request:

- Name of each resident affected by the waiver request.
- The support plan, assessment, medical evaluation (including prescription information), and medication administration record (MAR) for each resident who has a diagnosis by a physician of low H & H Blood levels.
- Full names, special qualifications, and medical training of each staff person who is being proposed to administer the Procrit Sub-Q injections.
- Training documentation for any staff member employed by the home who has successfully completed the Department-approved medication administration course. Please also indicate if any of these staff members are currently responsible for administering insulin to any residents of the home.

Mr. Thomas Luffey

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- Documentation of nursing oversight or management provided by an LPN or RN.
- Documentation that you provided the affected resident(s) and designated person(s) with the name, address, and telephone number of the Department staff person to submit comments and documentation that you offered assistance to resident(s) who wished to submit comments. The letter to the residents must be dated and addressed to the resident.

If you have any questions regarding the waiver process, please contact Ms. Tara Pride, Director of Policy, at telephone number (717) 783-3670.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky,
Acting Director