

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
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 16, 2011 until November 16, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426610

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

DEC 14 2011

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

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

Dear Mr. Luffey:

As a result of the Department of Public Welfare's licensing inspection on October 28, 2011 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.

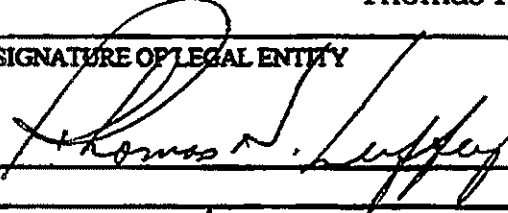

Sincerely,


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

Ronald Melusky
Director

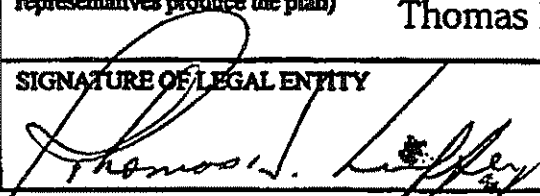

Enclosures
License
Violation Report

**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) 10/28/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Janine Wenzig	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Thomas H. Luffey			
SIGNATURE OF LEGAL ENTITY 	DATE 12-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-5-11

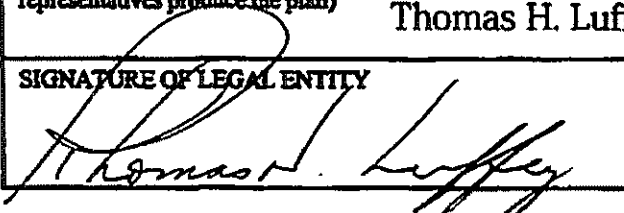

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 10/28/11 the home's most current violation report was not posted in a conspicuous and public place in the home. <p align="center">Western Region DEC 5 2011</p>	12-5-11	Violation Report will be posted as per paragraph's one and two of LML. Paragraph two stated the violation report can be removed with verification. Unfortunately, we assumed receipt of Rivercliff's License was a verification of violation satisfaction. In the future, no assumptions will be made and the report will remain posted (See Attachment 1 of Photo showing posting.)	 12/5/11



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42a A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The home utilizes video recording that is activated by motion activation throughout the home, including in hallways and living room. Western Region DEC 5 2011	11-3-11 12/5/11	Video recording in common areas was shut off. A waiver was requested on 11-3-11 and 11-23-11 to allow recording. Awaiting results from the State. (See attachment 2 Waiver Request). Video recording of interior of home will remain off unless waiver is granted. J 12/5/11	J 12/5/11

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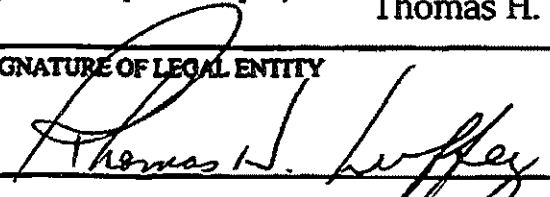

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of bleach, with a manufacturer's label indicating "Contact Poison Control Center", was unlocked and accessible to residents on a shelf in the laundry room. Residents of the home have not been assessed capable of recognizing and using poisons safely. Western Region DEC 5 2011 Pennsylvania Department of Public Welfare Division of Residential Licensing		All poisonous materials will be locked. In the future, the administrator will have the PCP state that the Resident, in their next Medical Evaluation, can safely avoid poisonous material. See above Comment for Plan of Correction <i>All staff persons will be reeducated on this requirement.</i>  12-5-11	 12/5/11

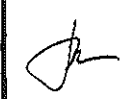
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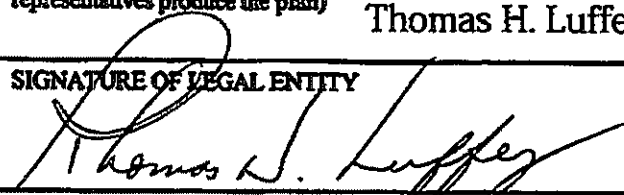

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130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable. Western Region DEC 5 2011 Pennsylvania Residential Licensing	<i>WITHDRAWN</i>	Rivercliff adopted an Emergency Preparedness Plan and on the second page at the top (see attachment 3) this procedure was adopted 5 years ago.	


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141a 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.	Resident #1 was admitted on 4/10/11. A medical evaluation has not been completed for the resident. Western Region. DEC 5 2011 Pennsylvania Department of Public Welfare Residential Licensing	11/29/11 12/5/11 12/31/11	A Medical Evaluation was requested from the PCP and not received in 30 days of admission. See Attachment 4 Medical Evaluation. In the future, contracts will state that a required Medical Evaluations must be received from the PCP in 30 days of admission. or the Resident must leave immediately If resident is unwilling to have medical evaluation, a 30-day notice may be given. Administrator will ensure that each resident has a medical evaluation form completed 60 days prior to or within 30 days after admission. JK 12-5-11	 12/5/11

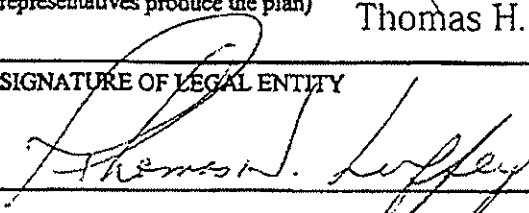

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	There is no documentation indicating that residents have been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. Western Region DEC 5 2011 Pennsylvania Licensing	12-5-11	See attachment 5 that is an example of Residents Rights that were part of the Residents Contract until June, 2010. At that time, the rights were modified as a result of a bulletin received from the department. In the future, these rights will be made again part of all Residents Contracts. Attached contract addendum's were made for resident contracts who did not include appropriate Rights.	 12/5/11

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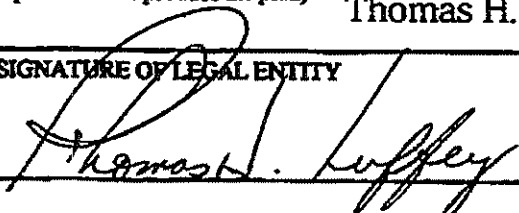

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<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ul style="list-style-type: none"> (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special 	<p>The medication administration record indicates Resident #1 is ordered Dicyclomine 10mg, one capsule three times daily. However, the label on the blister pack indicates the medication is to be given every six hours as needed.</p> <p>The medication administration record indicates Resident #1 is ordered Triam/HCTZ 37.5/25, one tablet as needed. The label on the blister pack indicates the medication is to be given daily, however, "PRN" is written on the top of the blister pack.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">DEC 5 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	<p>10/28/11</p>	<p>While Regional Representative was monitoring Medications, a new label was delivered from the Drug Store (see attachment 6). In the future, the Administrator will require a copy of the PCP order be attached to the Blister Pack and thus eliminate any confusion of the order until a new label is received.</p> <p>A new label was received for the Triam/HCTZ Blister Pack later the day of inspection. (See attachment 7). As stated above, the Administrator will required a copy of the PCP order be attached to the Blister Pack and thus eliminate any confusion of the order until a new label is received.</p>	<p> 12/1/11</p>

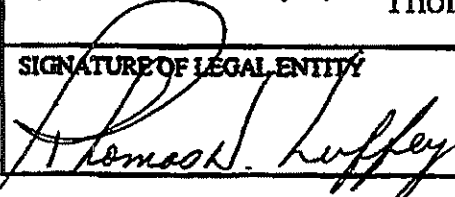

See page 8




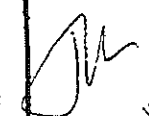
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Western Region DEC 5 2011	12/31/11 12/31/11	All staff persons who administer medications will be reeducated on matching the MAR to the medication label. The administrator or designated staff person will complete a medication audit at least monthly to ensure medication labels match the MAR. JH 12-5-11	

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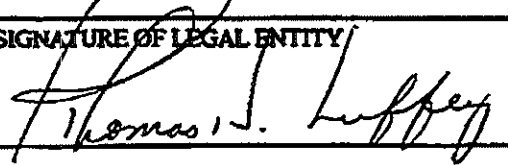

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #1 is ordered Premarin Vaginal Cream, instill one applicatorful vaginally twice weekly. Staff has initialed the medication administration record as having given the medication 10/1/11 -10/27/11 at 8:00pm. However, the resident indicated the medication has not been available for over a month. The medication was not available in the home on 10/28/11. Western Region DEC 5 2011 Pennsylvania Licensing	12-5-11 12/31/11	The order stated the cream be applied twice weekly and this was done by the Resident who would not allow staff to insert. Staff did not know when to have Resident apply so they offered it daily. Resident insists  take  cream weekly to  daughters house. That is where the cream is kept. To avoid any questions concerning the medications, Rivercliff reordered the cream and label (See attachment 8). This cream will not be permitted to leave the building and offered on Tuesday and Saturdays only. Staff will be reeducated w/ ^{5M} on MAR documentation and not to initial any	 12-5-11

medication as given when staff has not personally administered.

 12-5-11

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1876 The home shall follow the directions of the prescriber.	Resident #1 is ordered Premarin Vaginal Cream, instill one applicatorful vaginally twice weekly. The resident indicated the medication has not been available for over a month. The medication was not available in the home on 10/28/11. Western Region DEC 5 2011 Adult Residential Licensing	12-5-11 WITHDRAWN 12/3/11	The order stated the cream be applied twice weekly and this was done by the Resident who would not allow staff to insert. Staff did not know when to have Resident apply so they offered it daily. Resident insists take cream weekly to daughters house. That is where the cream is kept. To avoid any questions concerning the medications, Rivercliff reordered the cream and label (See attachment 8). This cream will not be permitted to leave the building and offered on Tuesday and Saturdays only. Administrator will ensure that all medications are available	12/5/11

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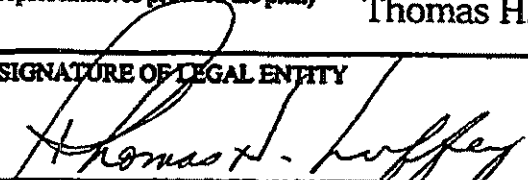

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The medical evaluation, completed 12/16/10, for Resident #2 indicates resident is ordered a 4gm sodium and low fat diet which are not indicated on the resident's assessment, completed 7/31/11.	12/5/11	Assessment modified to correspond to Medical Evaluation (See attached 9). Future Medical Evaluation will illustrate the Resident is capable of self administration of medications.	Steps have been taken to correct violation; full compliance is not verifiable 12/5/11 JM Date Initials (DPW)
	The medical evaluation, completed 8/17/11, for Resident #3 indicates resident has a diagnosis of OA, CVA, gerd and hypothyroidism which are not indicated on the resident's assessment, completed 7/31/11.	12/5/11	Assessment modified to correspond to Medical Evaluation (See attached 10). Future Medical Evaluation will illustrate the Resident is capable of self administration of medications.	
	The medical evaluation, completed 5/31/11, for Resident #4 indicates resident is ordered a low cholesterol diet and has a diagnosis of hyperlipidemia and carotid stenosis with stents which are not indicated on the resident's assessment, completed 7/31/11.	12/5/11	Assessment modified to correspond to Medical Evaluation (See attached 11). Future Medical Evaluation will illustrate the Resident is capable of self administration of medications.	
	The medical evaluation, completed 5/31/11, for Resident #4 indicates resident cannot self administer medications. However, the resident's assessment, completed 7/31/11, indicates the resident can self administer medications with assistance to store medications in a secure place, in remembering schedule, in offering medications at prescribed times and opening container or	12/5/11	Assessment modified to correspond to Medical Evaluation (See attached 12). Future Medical Evaluation will illustrate the Resident is capable of self administration of medications.	

Western Region

DEC 5 2011

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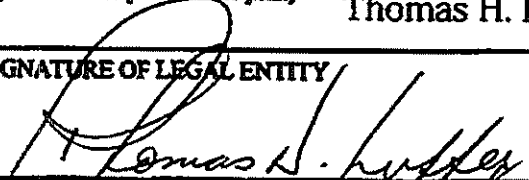

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	locked storage area. The medical evaluation, completed 1/18/11, for Resident #5 indicates resident is ordered a mechanical soft diet and has a diagnosis of hypothyroidism, gout, anemia, urethra stricture, anticoagulation therapy, BPH and a history of a kidney transplant which are not indicated on the resident's assessment, completed 7/31/11. The medical evaluation, completed 1/18/11, for Resident #5 indicates the resident cannot self administer medications. However, the resident's assessment, completed 7/31/11, indicates the resident can self administer medications with assistance to store medications in a secure place, in remembering schedule, in offering medications at prescribed times and opening container or locked storage area. The medical evaluation, completed 4/8/11, for Resident #6 indicates resident has a diagnosis of hypothyroidism which is not indicated on the resident's assessment, completed 7/31/11. The medical evaluation, completed 4/8/11, for	12/5/11 12/5/11 12/5/11	Assessment modified to correspond to Medical Evaluation (See attached 13). The administrator will be responsible to assure both documents agree. Assessment modified to correspond to Medical Evaluation (See attached 14). Future Medical Evaluation will illustrate the Resident is capable of self administration of medications. The Assessment modified to correspond to Medical Evaluation (See attached 15). Although the diagnosis was received from the PCP, no medication was given until PCP was alerted by Rivercliff. Unfortunately, administrator did not modify assessment. Future assessments will be revised when the PCP make additional diagnosis.	

Western Region

DEC 5 2011

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) 10/28/2011		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Janine Wenzig	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Thomas H. Luffey			
SIGNATURE OF LEGAL ENTITY 	DATE 12-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
	Resident #8 indicates resident cannot self administer medications. However, the resident's assessment, completed 7/31/11, indicates the resident can self administer medications with assistance to store medications in a secure place, in remembering schedule, in offering medications at prescribed times and opening container or locked storage area. Western Region DEC 3 2011 Adult Residential Licensing	12/31/11	Assessment modified to correspond to Medical Evaluation (See attached 16). Future Medical Evaluation will illustrate the Resident is capable of self administration of medications as long as the medications are offered at prescribed time, if physician orders. Administrator or designated staff person will review assessments of all residents to ensure they are accurate and reflect the information on the residents' medical evaluation. If there is any discrepancy between the home's assessment	

and that of the physician, the physician will be contacted for clarification.

JL 12-5-11