

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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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, 2012 until November 16, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426610

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 11 2012

Mr. Thomas H. Luffey, 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 (Department) licensing inspection on September 17, 2012 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 Human Services 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



RECEIVED

Violation Report: 42881 - 09/17/2012 - Pollock, Susan  
PCH Name: RIVERCLIFF TERRACE

OCT 3 2012

1. REGULATION 55 Pa.Code §2900  
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
The rear fire exit staircase does not have a secure non-skid surface.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

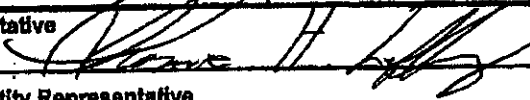
Non-Skid Surface has been securely applied to the rear fire exit staircase.  
Administrator will periodically check stairways to ensure the Non-Skid surface is securely in place.

See Attachment # 1

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Thomas H. Luffey - Administrator

Date 09-26-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-3-12  
(Date)

Plan of correction implementation status as of 10-3-12  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented 10-3-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 3 2012

Violation Report: 42881 - 09/17/2012 - Pollock, Susan  
PCH Name: RIVERCLIFF TERRACE :

1. REGULATION 55 Pa.Code §2600  
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.

Western Field Office  
Title: Access, security, distribution

2a. DESCRIPTION OF VIOLATION  
Resident #1 is prescribed Triamcinolone 1% cream apply a small amount topically to affected area two times a day as needed for rash. On 9/17/12 at 2:00 p.m. this medication was not available in the home for administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication was unavailable due to dis-continuation. Medication was not in the home, or on the Transfer Sheet. Pharmacy, which generates the MAR inadvertently left medication on. Administrator will upon receiving any dis-continuation order, fax pharmacy the order, with a reminder note to remove from the MAR.

Administrator will have staff immediately hand write the dis-continuation on the MAR and Transfer Sheet, then make note to examine the next month's MAR to assure accuracy.

*Immediately - A STAFF person qualified to Administer medications will complete an initial and monthly review of all resident MARs for accuracy and completion. 10-3-12*

See Attachment #2

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas H. Luffey - Administrator			Date 09-26-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10-3-12</u> (Date)	Plan of correction implementation status as of <u>10-3-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>10-3-12</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 42881 - 09/17/2012 - Pollock, Susan  
PCH Name: RIVERCLIFF TERRACE

OCT 3 2012

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 5/9/12. The home has not completed an initial assessment for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Assessment was immediately completed on Resident # 2 using the R.A.S.P. Form.

Administrator will ensure proper time frame completion of assessment form within 15 days by having a checklist for new residents reminding of the need for assessment to be completed. Also, upon admission of new residents, time frame will be added to schedule, which is looked at daily, to complete assessment.

*10-20-12 - The Administrator or designated staff person will review all resident records to ensure a current assessment is completed for all residents. 10-3-12g*

See Attachment # 3

Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/28/2011
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Thomas H. Luffey</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas H. Luffey - Administrator	09-26-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-3-12  
(Date)

The above plan of correction was approved by TL  
(Initials)

Plan of correction implementation status as of 10-3-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *10-3-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 3 2012

Violation Report: 42861 - 08/17/2012 - Pollock, Susan  
PCH Name: RIVERCLIFF TERRACE

1. REGULATION 55 Pa.Code §2600  
2600.227(a) - 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.

2a. DESCRIPTION OF VIOLATION  
Resident #2 was admitted to the home on 5/9/12. The home has not developed and implemented a support plan for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Support Plan was immediately completed on Resident #2 using R.A.S.P. form.

Administrator will ensure proper time frame completion of Support Plan form within 30 days by having a checklist for new residents reminding of the need for Support Plan to be completed. Also, upon admission of new residents, time frame will be added to schedule, which is looked at daily, to complete Support Plan.

*10-20-12 The administrator or designated state person will review all resident records to ensure a current support plan has been completed for all residents. 10-2-12*

See Attachment #3

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Thomas H. Luffey - Administrator

Date 09-26-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-3-12  
(Date)

Plan of correction implementation status as of 10-3-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *10-3-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by HL  
(Initials)