

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 ANNEX  
NAME OF FACILITY OR AGENCY

Located at 322 NORTH MCKEAN STREET, 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 28  
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 December 3, 2012 until December 3, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426930

*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



OCT 16 2012

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 (Department) licensing inspection on September 18, 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 be "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 42693 - 09/18/2012 - Garrigan, Laurie

003 2012

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

Western Field Office  
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

Staff person A, administrator, hired 3/10/1999, only completed 20 hours of annual training in the 2011 training year.

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.

Administrator will complete an additional four (4) hours in year 2012 to supplement the twenty (20) hours of training.

Administrator will research and pre-register for classes to assure the required twenty four (24) hours are met.

See Attachment # 1

Staff person A, administrator, completed 5 hours of training on 10/5/12 to be used toward 2011 training year.  
ms 10/5/12

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) Craig T. 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 10/5/12  
(Date)

Verification of Legal Entity Representative Signature ms 10/5/12  
(Date)

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

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42693 - 09/18/2012 - Garrigan, Laurie

2012

**1. REGULATION 55 Pa.Code §2600**

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Western Field Office  
Adult Residential Licensing

**2. DESCRIPTION OF VIOLATION**

- Staff person B, hired 4/16/01, only completed 10 hours of annual training in training year 2011.
- Staff person C, hired 8/15/02, only completed 9 hours of annual training in training year 2011.
- Staff person D, hired 5/20/10, only completed 9 hours of annual training in training year 2011.

**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.*

Administrator will have direct care staff persons B, C, D, complete an additional three (3) hours of training in 2012 to supplement the needed hours in 2011.

*Staff persons B, C and D each completed 3 hours of training on 8/2/12 to be used for the 2011 training year. ms 10/5/12*

Administrator will ensure the Direct care staff training plan will include twelve (12) hours of training for the year.

See Attachment # 2

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
*(Required on EVERY Page)* 

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Craig T. Luffey - Administrator	Date 09-26-2012
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(Date)

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(Initials)

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Violation Report: 42693 - 09/18/2012 - Garrigan, Laurie

2012

**1. REGULATION 55 Pa.Code §2800**

2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F

Western Field Office  
Administrative Licensing

**2. DESCRIPTION OF VIOLATION**

- The hot water temperature was 127.2 degrees Fahrenheit in the bathroom of bedroom #206.
- The hot water temperature was 125.7 degrees Fahrenheit in the bathroom of bedroom #205.
- The hot water temperature was 125 degrees Fahrenheit in the bathroom of bedroom #203.
- The hot water temperature was 123.9 degrees Fahrenheit in the bathroom of bedroom #304.

**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.*

Hot water was adjusted to an acceptable temperature upon follow-up check by Licensing Agent.

Administrator will make a schedule to check (Hot) water temperatures monthly, ensuring temperature is not above 120 degrees Fahrenheit.

See Attachment # 3

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/28/2011	
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Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey - Administrator	Date 09-26-2012
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Violation Report: 42693 - 09/18/2012 - Garrigan, Laurie

2012

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Western Field Office  
Adult Residential

**2. DESCRIPTION OF VIOLATION**

The list of emergency phone numbers posted throughout the home did not include the current personal care home complaint hotline number including the list in bedrooms #203, #205, #206, #207 and #304 and near the phones in the 2nd and 3rd floor hallways.

Also, there were no emergency phone numbers posted on or by the phone in room #302.

**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.

Emergency phone numbers were updated to include the New complaint hotline number.

All phones within the home with an outside line have all required emergency phone numbers posted near the phone.

Administrator will educate direct care staff of regulation 2600.91. Direct care staff will have multiple copies of the Emergency phone numbers at their disposal, to add or replace as needed.

See Attachment # 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Craig T. Luffey - Administrator

Date 09-26-2012

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Violation Report: 42893 - 09/18/2012 - Garrigan, Laurie

2012

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) Western Field Office  
Adult Residential Licensing

**2. DESCRIPTION OF VIOLATION**

Resident #1's medical evaluation, dated 3/16/12, does not include diagnoses.

**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.*

Dr. [REDACTED] came to the home on 09-25-2012 to see his patient resident #1. After examination a discussion was held with doctor about required filling in of diagnoses' of DME. Proper additions were made to aforementioned DME.

Administrator will ensure proper documentation of all required information on DME is complete upon return from medical personnel. If not complete, Administrator will return to medical personnel and ensure proper completion of Documentation of Medical Examination.

See Attachment # 5

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/28/2011		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *C.T. Luffey*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Craig T. Luffey - Administrator Date 09-26-2012

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(Initials)

Verification of Legal Entity Representative Signature MS  
(Date)

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- Not Implemented



Violation Report: 42693 - 09/18/2012 - Garrigan, Laurie

**1. REGULATION 55 Pa.Code §2600**

Western Field Office  
Adult Residential Licensing

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.

**2. DESCRIPTION OF VIOLATION**

Resident #2, admitted 5/29/12, does not have an assessment.

**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.

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.

See Attachment # 6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey - Administrator	Date 09-26-2012
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Violation Report: 42893 - 09/18/2012 - Garrigan, Laurie

**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.

Western Field Office  
Adult Residential Licensing

**2. DESCRIPTION OF VIOLATION**

Resident #2, admitted 5/29/12, does not have a support plan.

**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.

See Attachment # 6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) 

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

Date 09-26-2012

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