



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

Ms. Jacqueline D. Dancho, Treasurer/CFO
Albright Care Services
90 Maplewood Drive
Lewisburg, Pennsylvania 17837

RE: Riverview Manor
3201 River Road
Lewisburg, Pennsylvania 17837

Dear Ms. Dancho:

As a result of the Department of Public Welfare's licensing inspection on March 20, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period May 19, 2013 until May 19, 2014 was issued on February 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a prominent loop at the end.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 20298 - 03/20/2013 - Rushin, Julianne
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa. Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident # 1, date of admission - 3/16/12, while at the hospital, died unexpectedly. An incident report was not filed with the Department, nor was a Death Certificate obtained.

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.

- Immediately upon learning about the death of a resident Administrator/Designee will report the death within 24 hours.
- Administrator/Designee will include cause of death in report.
- Resident # 1 expired 01/19/13 at Evangelical Community Hospital
 Cause of death exacerbation of Chronic CHF.

The administrator will monitor and assure that incidents & conditions are reported to the Department in the required time frame.

The administrator shall be responsible for ongoing compliance.

M 4/18/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox DCHA* Date *4-1-2013*

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

The above plan of correction is approved as of 4/18/13
 (Date)

Plan of correction implementation status as of 4/18/13
 (Date)

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

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

Violation Report: 20298 - 03/20/2013 - Rushin, Julianne
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600
2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
Direct Care staff person A, hired on 1/16/13 does not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.

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.

- Direct Care Staff person (A) is no longer employed by the Personal Care Home.
- Administrator and Human Resource Director will audit all employee files annually and on hire to assure regulatory compliance.
- Administrator will add to Quality Management Plan.

* The Administrator will be responsible for ongoing Compliance.

M
4/18/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox POHA* Date *4/1/13*

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

The above plan of correction is approved as of <u>4/18/13</u> (Date)	Plan of correction implementation status as of <u>4/18/13</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20298 - 03/20/2013 - Rushin, Julianna
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The following medications were prescribed for Resident # 2, but were not available in the home on 3/20/13: Famofidine, 20mg.; Nitrostat 0.4mg.; and, Senna Laxative.

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.

- Clinical Coordinator will do weekly Medication Audits to Assure Compliance.
- Clinical Coordinator completed medication Audit 3/28/13. All residents have medications as prescribed.
- Administrator will do Audits every 6 months and add to Quality Management Plan.
- The Administrator will monitor for ongoing Compliance.

M
4/18/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Bowersox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Bowersox PCHA</i>	Date <i>4/1/13</i>
--	-----------------------

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

The above plan of correction is approved as of <u>4/18/13</u> (Date)	Plan of correction implementation status as of <u>4/18/13</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented