pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 2 3 2013

Mr. Craig I. Anlauf, Treasurer
Pleasant Ridge Mature Living, LLC
369 Bethel Road
North Huntingdon, Pennsylvania 15642

RE: Pleasant Ridge Mature Living
981 Pleasant Hill Road
Leechburg, Pennsylvania 15656

Dear Mr. Anlauf:

As a result of the Department of Public Welfare's licensing inspection on May 21, 2013, 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.

Your regular license for the period September 9, 2013 to September 9, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

Ronald Melusky
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: PLEASANT RIDGE MATURE LIVING	License Number: 420400
Address: 981 PLEASANT HILL ROAD, LEECHBURG, PA 15656	County: Westmoreland
Administrator: Kristy Johnson	Region: WEST
Legal Entity Name: PLEASANT RIDGE MATURE LIVING LLC	
Legal Entity Address: 389 BETHEL ROAD, NORTH HUNTINGDON, PA 15642	

Certificate(s) of Occupancy
C-2 LP
10/29/1998
Labor & Industry

Staffing Hours
Resident Support: 0 | Total Daily Staff: 63 | Waking Staff: 47

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site
05/21/2013: Glidden, Michelle; Mazza, Larry

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details
Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 75	Number of Residents who:
Number of Residents Served: 46	Receive Supplemental Security Income: 14
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 45
Area:	Have Mental Illness: 1
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 1
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 17
Number of Current Hospice Residents: 14	Have a Physical Disability: 4
Number of Hospice Residents in past year: 23	

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 5/11/13 at approximately 7:30 PM, after providing incontinence care to resident #1, staff person A shook resident #1's penis from side to side while exclaiming, "woo, woo." This incident occurred in resident #1's bedroom and was witnessed by staff person C. The situation caused the resident to feel uncomfortable. Charges of Indecent Assault and Disorderly Conduct have been filed against staff person A by the Allegheny Township Police.

On 5/11/13, staff person B was made aware of this incident; however, it was not reported to the Area Agency on Aging until 5/13/13.

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.

Staff B did report this to the administrator on 5/11/13 at approximately 7:30pm. 911 was contacted and Police were at the facility at approximately 8:30pm on 5/11/13. When administrator went to Area of Aging web site it states: "If you suspect abuse of an older person, you should report it by calling: Westmoreland County - Call 1 (800) 442-8000 between 8:30 am and 4:00 pm on weekdays. After hours, on weekends or holidays call 911 or the statewide toll-free Elder Abuse hotline, 1 (800) 490-8505. Your call will be confidential. Protective Services will investigate and follow-up with every appropriate action to assist the consumer. (Please see attached screen shot of their web site)

Also when you dial the number for Westmoreland County Area of Aging the automatic answering system states: "You have reached the Westmoreland County Area Agency on Aging. Our regular business hours are Monday through Friday from 8:30 a.m. until 4:00 p.m. If you are calling to report abuse please hang up and dial 911 and ask for the agency's after hours coordinator. If this is an extreme emergency hang up and dial 911. Otherwise please leave a message. Thank you. "

The home had no way of contacting a staff member at AAA until Monday morning since the incident happened on a Saturday evening. The home followed Westmoreland County Area Agency on Aging directions and made sure 911 was involved immediately. The home also did report to DPW within 24 hours and did report to AAA and Protective Services on Monday morning 5/13/13 at 9:20am. The home has no plan of correction in place since it followed instructions provided by Westmoreland County Area of Aging and all DPW regulations. During inspection, the administrator also made DPW inspectors aware of these steps. During the exit interview, State Inspector, [redacted] commented on the incident regarding Resident 1 by saying the following: The case is still ongoing and that they are going to keep interviewing. The home did everything correct including 30 minute checks, files were correct after the completion of DPW and/or Protective services. They also added that since the resident is under 60, Protective service would not be out. He said that he would suggest calling Police for Sexual Assault, Physical Contact or Violence; in a situation like this he would not. He said that removing the staff member (which was done upon completion of the police investigation) was the biggest thing.

This concludes the homes statement, anything else added is not part of PRML Plan of Correction.

By 8/16/13- All direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from an outside source. Documentation will be kept. ms 7/16/13

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) Stephanie Brenner — Date 6/28/13

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

The above plan of correction is approved as of 7/16/13 (Date)

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

Plan of correction implementation status as of 7/16/13 (Date)

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

Violation Report: 42840 - 05/21/2013 - Glidden, Michelle
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.16(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/11/13 at approximately 7:30 PM, after providing incontinence care to resident #1, staff person A shook resident #1's penis from side-to-side while exclaiming, "woo, woo." This incident occurred in resident #1's bedroom and was witnessed by staff person C. The situation caused the resident to feel uncomfortable. Charges of Indecent Assault and Disorderly Conduct have been filed against staff person A by the Allegheny Township Police.

On 5/11/13 at approximately 7:30 PM, staff person B was made aware of this incident; however, staff person A worked unsupervised in the home until approximately 8:30 PM on 5/11/13.

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.

As explained to DPW inspectors, Staff person A was never unsupervised during the shift. When the incident was reported Staff person A was immediately removed from personal care aide work and was interviewed and questioned by both PRML supervisor (which is Staff person B) and Police to investigate the incident. Once the interviewing and questioning was completed by both PRML and Police, employee was immediately removed from facility premises and was also suspended until the completion of the investigation. Facility obviously dismissed Staff person A once the investigation was completed by all agencies. Police also informed administrator when he completed his questioning and stated the employee left the facility. There is no plan of correction because the employee was never unsupervised and was only in the home after the incident to be questioned and interviewed by PRML staff and Police after the incident took place.
During inspection, the administrator also made DPW inspectors aware of these steps. During the exit interview, State Inspector, [redacted] commented on the incident regarding Resident 1 by saying the following: The case is still ongoing and that they are going to keep interviewing. The home did everything correct including 30 minute checks, files were correct after the completion of DPW and/or Protective services. They also added that since the resident is under 60, Protective service would not be out. He said that he would suggest calling Police for Sexual Assault, Physical Contact or Violence; in a situation like this he would not. He said that removing the staff member (which was done upon completion of the police investigation) was the biggest thing.

This concludes the homes statement, anything else added is not part of PRML Plan of Correction.

Immediately - If any future allegations of abuse occur, the home will immediately Take the following steps: place the accused staff person on a plan of supervision which includes not having any access to any residents without the presence of another qualified direct care * see below

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* staff person or suspend the staff person(s) involved.
Report the alleged abuse to the Department.
Report the alleged abuse to the local Area Agency on Aging immediately
Report the alleged abuse to the resident's designated person, if any. MS 7/16/13

Violation Report: 42940 - 05/21/2013 - Glidden, Michelle
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5/11/13, at approximately 7:30 PM, after providing incontinence care to resident #1, staff person A shook resident #1's penis from side-to-side while exclaiming, "woo, woo." This incident occurred in resident #1's bedroom and was witnessed by staff person C. The situation caused the resident to feel uncomfortable. Charges of Indecent Assault and Disorderly Conduct have been filed against staff person A by the Allegheny Township Police.

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.

The home does not feel it has to add additional steps as it feels the policies and procedures in place are appropriate within DPW regulations.
Also after police completed their initial investigation, Chief [redacted] stated from the information he gathered at this time he believed it was a moment of bad judgment, however the resident still wanted to pursue charges. The hearing was scheduled for July 9, 2013 and rescheduled July 30, 2013. At this time Staff Person A has not been proven guilty of the charges filed.
In addition during the exit interview, State Inspector, [redacted] commented on the incident regarding Resident 1 by saying the following: The case is still ongoing and that they are going to keep interviewing. The home did everything correct including 30 minute checks, files were correct after the completion of DPW and/or Protective services. They also added that since the resident is under 60, Protective service would not be out. He said that he would suggest calling Police for Sexual Assault, Physical Contact or Violence; in a situation like this he would not. He said that removing the staff member (which was done upon completion of the police investigation) was the biggest thing.

This concludes the homes statement; anything else added is not part of PRML Plan of Correction.

By 7/16/13 - All staff providing services to residents will receive sensitivity training by an outside source. Documentation will be kept. MS 7/16/13

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Violation Report: 42940 - 05/21/2013 - Glidden, Michelle
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D, hired on 3/16/09, received fire safety training on 11/6/12; however, the training was not conducted by a fire safety expert or by a staff person trained by a fire safety expert.

Direct care staff person E, hired on 5/5/11, received fire safety training on 11/13/12; however, the training was not conducted by a fire safety expert or by a staff person trained by a fire safety expert.

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.

Retraining was completed by all staff for fire safety training with a fire safety expert on 6/21/2013. This will replace all fire safety training in 2012. The home will also repeat fire safety training with a fire safety expert in August/September to ensure compliance with 2013 Annual Staff Training. This will also become part of the home's QM to ensure compliance in the future.

This concludes the homes statement, anything else added is not part of PRML Plan of Correction.

By 7/16/13 - the administrator or designated staff person will review the annual training plan to ensure all required training topics in 2600.65(8), including fire safety training completed by a fire safety expert, are included. MS 7/16/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/25/2012		

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Violation Report: 42940 - 05/21/2013 - Glidden, Michelle
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted during August of 2012.

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.

As explained to the inspectors the home had an administrative change on September 7, 2012. During the week of September 10, 2012 the new Administrator discovered that there was no documentation for an August fire drill. The current administrator held a fire drill on September 12, 2012 and documented the results for the August fire drill. Another fire drill was conducted on 9/26/2012 and results were documented for the September fire drill. Since the change of administration, fire drills have been conducted and documented correctly according to regulation 2600.132(a).

The home will continue to conduct and document fire drills monthly as it has been in compliance since the administrative change.

This concludes the homes statement, anything else added is not part of PRML Plan of Correction.

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Violation Report: 42940 - 05/21/2013 - Glidden, Michelle
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
~~Resident #2 was admitted on 3/23/13. However, the resident's medical evaluation was not completed until 4/30/13.~~

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.

All medical evaluations have been audited by administration. The Director of Resident Care has completed retraining to ensure compliance with all medical evaluations. A tracking system has been put into place to assure compliance with all future admissions. The administrator will review all future admissions and monitor the Director of Resident Care to ensure completion within 60 days prior to or 30 days after an admission. Documentation of this will be kept and become part of the home's Quality Management Plan.

This concludes the homes statement, anything else added is not part of PRML Plan of Correction.

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Violation Report: 42940 - 05/21/2013 - Glidden, Michelle
PCH Name: PLEASANT RIDGE MATURE LIVING

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.

2a. DESCRIPTION OF VIOLATION

Resident #3's May 2013 medication administration record includes Ativan,1 mg- take 1 tab by mouth every six hours as needed. However, this medication was not available in the home.

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.

The Ativan was not re-ordered because the home was in the process of getting the order discontinued from the MD per hospice's request. The home did not administrator the PRN Ativan to Resident #3 in the year of 2013. Therefore the home did not want to create unnecessary expenses for the resident. The home received the D/C order on May 21, 2013 and a copy was given to the inspector at the time of inspection.
The Director of Resident Care has completed retraining on the procedures for the safe storage, access, security, distribution, and use of medications and medical equipment to ensure compliance. The administrator will conduct monthly cart reviews to ensure compliance. Documentation of this will be kept and become part of the home's Quality Management plan.

This concludes the homes statement, anything else added is not part of PRML Plan of Correction.

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