



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCT 8 2013

Mr. Ronald G. Duez, Administrator
Partners in Senior Care, Inc.
Ridgewood at Shenango Valley
One Elston Way
Hermitage, Pennsylvania 16146

Dear Mr. Duez:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 28, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Maria Stepanovich".

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: RIDGEWOOD AT SHENANGO VALLEY		License Number: 40302
Address: ONE ELSTON WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: Ronald G. Duez		Region: WEST
Legal Entity Name: PARTNERS IN SENIOR CARE INC		
Legal Entity Address: ONE ELSTON WAY, HERMITAGE, PA 16148		RECEIVED
Certificate(s) of Occupancy C-2 LP 08/28/1998 Labor and Industry		OCT 04 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 43	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/28/2013: Garrigan, Laurie		
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: 52 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 40302 - 08/28/2013 - Garrigan, Laurie
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

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- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/23/13 at approximately 8:00 am, staff person A assisted resident #1 onto the toilet. Staff person A then left the resident alone and went to the closet to get the resident's clothes. Resident #1 fell when he/she independently tried to get off the toilet and sustained a hematoma to the forehead. The resident was sent to the hospital and was kept overnight for observation. Staff persons indicated resident #1 requires verbal cues and guidance for toileting. However, resident #1's assessment, dated 1/12/13, indicates the resident is independent in toileting.

Resident #1 uses a rollator walker and needs verbal cues to slow down when ambulating and needs reminders to use the walker, since he/she forgets to use it. However, the resident's assessment indicates the resident is independent in ambulating, has no problem with short or long term memory and has no problem with judgement.

Resident #1 wears bilateral hearing aides; however, the resident's assessment indicates the resident has no problems with hearing.

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.

Resident is independent with toileting. Resident does shower herself. We will make sure DCS checks on resident to make sure she is safe & able to continue as much independence as possible. Staff will make sure hearing aids are in resident's ears every morning. We will continue to remind resident to walk slowly with her walker.

Juanita Lynn

Resident #1's assessment has been revised this resident will be receiving physical therapy. ms 10/1/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>			Date
<i>Penning C. Jones</i>			<i>10/3/2013</i>

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

The above plan of correction is approved as of <u>10/2/13</u> (Date)	Plan of correction implementation status as of <u>10/2/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40302 - 08/28/2013 - Garrigan, Laurie

PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 uses a rollator walker and wears bilateral hearing aides; however, these devices are not included in the support plan, dated 1/12/13.

On 8/23/13 at approximately 8:00 am, staff person A assisted resident #1 onto the toilet. Staff person A then left the resident alone and went to the closet to get the resident's clothes. Resident #1 fell when he/she independently tried to get off the toilet and sustained a hematoma to the forehead. The resident was sent to the hospital and was kept overnight for observation.

Resident #1's assessment, dated 1/12/13, indicates the resident needs minimal supervision and needs attendance in unfamiliar places. However, this resident's support plan, dated 1/12/13, does not address how the home will assist the resident with supervision needs and the supervision section of the document is blank.

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.

Resident does have balance issues, will speak to physician about Physical Therapy to help with this problem. Resident does have hypertension & blood pressure will be monitored daily. DCS will check on resident each morning when she gets out of bed to make sure her bearings are in & batteries are working; and check OP at that time. We will continue to encourage resident to walk, please will make sure she always has her walker. Julia DeBartolo 10-2-13

Resident #1's support plan has been revised. this resident will be receiving physical therapy. MS 10/7/13

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)

Ronald G. Jones

Date 10/3/2013

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The above plan of correction is approved as of 10/7/13
(Date)

Plan of correction implementation status as of 10/7/13
(Date)

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

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