



DEC 03 2013

Mr. Thomas H. Luffey, Administrator  
Rivercliff Terrace, Inc.  
120 Allegheny Avenue  
Kittanning, Pennsylvania 16201

RE: Rivercliff Terrace  
License #: 426610

Dear Mr. Luffey:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 3, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period November 16, 2013 to November 16, 2014 was issued on August 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". To the right of the signature, there are initials "JRP" written in a similar ink.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary



Violation Report: 42881 - 09/03/2013 - Cutter, Jan  
 PCH Name: RIVERCLIFF TERRACE

NOV 18 2013

**1. REGULATION 65 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.

WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A, hired 7/8/2013, does not have a high school diploma, GED diploma, or active registration 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 - No longer works at Rivercliff Terrace.

Administrator aware of regulation 2600.54 (a)

Any new person hired will be required to supply high school diploma prior to first day working.

12-20-13 The administrator will review all current staff records to ensure all staff persons meet the qualifications. JHP 11-18-13

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Thomas H. Luffey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Thomas H. Luffey Administrator*      Date 10-28-2013

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

The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <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
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Violation Report: 42861 - 09/03/2013 - Cutter, Jan  
PCH Name: RIVERCLIFF TERRACE

NOV 18 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.132(c) - A written fire drill record must include the date, time of day for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs do not indicate the exact evacuation time for each drill. The time is rounded off to whole or half minutes.

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 researched 2600.132 (c) further.

A stop watch will be used on all further monthly fire drills for exact timing.

12-2013 The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132(c) including the time of the drill in minutes and seconds. JLP 11-18-13

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Date 10-28-2013

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(Date)

Plan of correction implementation status as of 11-18-13  
(Date)

The above plan of correction was approved by

JLP  
(initials)

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

**FIRE DRILL RECORDS**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

<b>PCH Name: RIVERCLIFF TERRACE</b>	<b>Number: 426810</b>
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<u>Date</u>	<u>Time</u>	<u>Evac Time</u>	<u>Supervised by Fire Safety Expert</u>
08/08/2013	10:30 AM	4.5	
07/08/2013	12:00 PM	3.0	
06/20/2013	12:00 PM	3.5	
05/28/2013	03:00 PM	2.5	
04/14/2013	08:00 AM	4.5 minutes	
03/08/2013	12:00 PM	3 minutes	
02/19/2013	08:00 AM	2.5 minutes	
01/15/2013	05:30 AM	5 minutes	
12/10/2012	12:30 PM	2.5	
11/27/2012	08:00 AM	4.0	
10/18/2012	12:00 AM	2.0	
09/21/2012	05:30 AM	2.5 minutes	

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NOV 18 2013

**WEST REGION OFFICE**  
**Human Services Licensing**

Violation Report: 42661 - 09/03/2013 - Cutter, Jan  
 PCH Name: RIVERCLIFF TERRACE

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NOV 18 2013

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The last fire drill held during sleeping hours was conducted on 1/15/2013 at 5:30 AM.

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.

After Technical Assistance from Licensing Representative, it was explained that  
 Sleeping fire drills were to be held every six (6) months, not twice yearly.

In the future - Sleeping hour fire drills will be held within six months of eachother.

The administrator will conduct a sleeping hour's  
 fire drill for the months of December 2013 and  
 January 2014. Documentation will be kept.

12-20-13 All staff persons will be educated on the  
 requirements of sleeping hour's fire drills.  
 Documentation will be kept. JHP 11-18-13

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date 10-28-2013

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Violation Report: 42661 - 09/03/2013 - Cutter, Jan  
 PCH Name: RIVERCLIFF TERRACE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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NOV 18 2013

**WEST REGION FIELD OFFICE  
 Human Services Licensing**

**2a. DESCRIPTION OF VIOLATION**

The label on Resident #2's Novolog Flexpen reads - Inject 10 units twice daily with lunch or dinner. However, Resident #2's medication administration record (MAR) indicates to Inject 5 units two times a day as directed at 12 PM and 5 PM. Staff indicate the order written on the medication administration record is correct.

**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.*

Doctor was immediately notified. The Doctor then notified the pharmacy which in turn delivered a new label, adjusting the medication's administration instructions to exactly match the MAR.

Staff was trained by Medication Train The Trainer on the importance of the label matching MAR for proper medication administration.

Upon any discrepancy Staff will notify administrator immediately so the residents doctor can be notified, and proper instructions can be implicated.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
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Violation Report: 42881 - 09/03/2013 - Cutter, Jan  
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The home has not completed an initial assessment for Resident #1, admitted 6/26/2013.

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 after Licensing Inspection an initial assessment for Resident #1 was completed. - 09-03-2013

Upon admission, administrator will make a log entry <sup>which</sup> ~~with~~ is checked daily, making sure to have initial assessment done within (15) days after admission.

10-20-13 The administrator or designated staff person will review all current resident assessments to ensure they have been completed in a timely manner.  
JHP 11-18-13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/17/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas H. Luttrell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas H. Luttrell Administrator

Date 10-28-2013

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Violation Report: 42661 - 09/03/2013 - Cutter, Jan  
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.227(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

The home has not developed an initial support plan for Resident #1, admitted 6/26/2013.

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 after Licensing Inspection an initial support plan for Resident #1 was completed. - 09-03-2013

Upon admission, administrator will make a log entry which is checked daily, making sure to have initial assessment done within ~~(15)~~ days after admission.

Support plan (30) JPP 11-18-13

12-20-13 the administrator or designated staff person will review all current resident support plans to ensure they have been completed in a timely manner. JPP 11-18-13

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/17/2012

Signature of Legal Entity Representative  
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Thomas H. Luffey Administrator

Date 10-28-2013

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