



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 21 2014

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 (Department) licensing inspection on September 9, 2013 and September 17, 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.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino". The signature is written in a cursive, flowing style.

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: PLEASANT RIDGE MATURE LIVING		License Number: 42940
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: 369 BETHEL ROAD, NORTH HUNTINGDON, PA 15642		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
09/09/2013: Cutter, Jan; Marini, Michael		
09/17/2013: Cutter, Jan		
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: 50	Receive Supplemental Security Income: 11	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 48	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 16	
Number of Current Hospice Residents: 18	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 29		

OCT 18 2013

Violation Report: 42940 - 09/09/2013 - Cutter, Jan
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Staff routinely perform blood glucose finger stick blood tests on residents in the diningroom in the presence of other residents.

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, all residents are aware they can receive their medical procedures in private. In addition, all residents sign that they have acknowledged this at the time of admission. The home is aware and follows the request for the residents who prefer privacy for their medical procedures. The home will continue to ask each current resident and future residents where the resident prefers to have medical procedures completed. Documentation of this shall be kept. This concludes the homes statement, anything else added is not a part of PRML Plan of Correction.

2-28-14
Staff will ensure residents in the home that are not having blood glucose finger stick blood tests are comfortable with the testing performed in the dining room. The home will stop this practice if a resident requests the procedure be done elsewhere. JSP 1-21-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristy Johnson* Date *10/14/2013*

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

The above plan of correction is approved as of <u>1-21-14</u> (Date)	Plan of correction implementation status as of <u>1-21-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 18 2013

Violation Report: 42940 - 09/09/2013 - Cutter, Jan
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 was admitted on 2/13/13. The resident's medical evaluation was completed on 11/15/12.
Resident #2 was admitted on 11/1/2012. The resident's medical evaluation was completed on 8/23/2012.
Resident #2 was admitted to Key Care Hospice on 7/22/2013; however, a new medical evaluation was not completed.
Resident #3 was admitted on 6/28/2013. The resident's medical evaluation was completed on 3/26/2013.

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.

Resident #1 admitted on February 13, 2013 and the DME was completed on March, 15 2013. Please see attached.
Resident #2 discharged on October 29, 2012 and was re-admitted on November 1, 2012, and the DME was completed November 5, 2012. Please see attached.
Resident #2 was evaluated by MD on 7/22/2013 and admitted to Key Care Hospice on 7/22/2013. The new DME was completed on 8/6/2013. Please see attached.
Resident #3 admitted on June 28, 2013 and the DME was completed on July 9, 2013. Please see attached.

The home misinterpreted this regulation and did not realize the resident physically needed to be seen by a physician, physician assistant, or certified registered nurse practitioner 60 days prior or 30 days after admission. The home was completing the forms in the correct time frame according to the dates 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 new 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 a part of PRML Plan of Correction.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristy Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristy Johnson* Date *10/14/2013*

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The above plan of correction was approved by [Signature] (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress *[Signature]*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42940 - 09/09/2013 - Cutter, Jan
 PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 7/23/13, indicates that the resident needs assistance of one to transfer in and out of bed or chair; however, the home has assessed this resident as being mobile.

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 meeting with DPW the process in determining the mobility needs of a resident has been changed to meet the desired outcome of the department. Re-assessments of all residents are being conducted and will be assessed according to the departments' standards. The staffing for those residents needs will be adjusted as needed. All future admissions, assessments, and re-assessments alike will be conducted in this matter.

2-28-14 Ccc staff persons completing assessments will be educated regarding the completion and accuracy of the document - including the documentation of mobility needs. Documentation of the training will be kept. JJP 1-21-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Date 1-13-14

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 (Date)

Plan of correction implementation status as of 1-21-14
 (Date)

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

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

OCT 18 2013

Violation Report: 42940 - 09/09/2013 - Cutter, Jan
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(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 is receiving services from Horizon Hospice; however, the resident's support plan does not identify the specific duties to be provided or the frequency of the services.

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 support plans of residents who are currently on an outside agency's service have been audited and corrected by administration. The Director of Resident Care was re-trained on this regulation. The Director of Resident Care will notify administration when any resident starts or stops receiving services from outside sources. The administrator will review all support plans of these residents to ensure the specific duties and frequency of the services are identified. A new 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 correct completion of the support plans. 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.

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