



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2013

Mr. Craig T. Luffey, Administrator
Rivercliff Terrace Inc.
120 Allegheny Avenue
Kittanning, Pennsylvania 16201

RE: Rivercliff Terrace Annex
322 North McKean Street
Kittanning, Pennsylvania 16201
License #: 426930

Dear Mr. Luffey:

As a result of the Department of Public Welfare's licensing inspection on September 23, 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.

Your regular license for the period December 3, 2013 to December 3, 2014 was issued on August 22, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 42693 - 09/23/2013 - Mandock, Nancy
 PCH Name: RIVERCLIFF TERRACE ANNEX

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired 3/18/13, did not receive orientation in emergency medical plan and reporting of reportable incidents and conditions until 9/24/13.

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.

- Immediately after inspection staff person A, received the required additional training to satisfy regulation 2600.65(b).
- Administrator has reviewed all regulations regarding Direct Care Staff Training and Qualifications.
- Administrator has implemented a checklist for new hires, which includes all necessary trainings and time frames to be completed.

1-10-14
 The administrator or designated staff person will review all staff person training records to ensure all staff personnel have completed the required training of 2600.65b.
 JSP 12-2-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 11-19-2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-2-13</u> (Date) The above plan of correction was approved by <u>JSP</u> (Initials)	Plan of correction implementation status as of <u>12-2-13</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JSP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42693 - 09/23/2013 - Mandock, Nancy
 PCH Name: RIVERCLIFF TERRACE ANNEX

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 3/18/13, provided unsupervised ADL services on 9/16/13. Staff person A did not complete the Department-approved direct care training course and pass the competency test until 8/24/13.

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.

- Immediately after inspection staff person A, received the required additional Direct Care Training Course satisfy regulation 2600.65(d2).
- Administrator has reviewed all regulations regarding Direct Care Staff Training and Qualifications.
- Administrator has implemented a checklist for new hires, which includes all necessary trainings and time frames to be completed. *7-10-14 the administrator or designated staff person will review all staff persons' training records to ensure all staff persons have completed the required training of 2600.65d. JTP 12-2-13*

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) **Craig T. Luffey**

Printed Name and Title of Legal Entity Representative *C.T. Luffey* Date **11-19-2013**

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Violation Report: 42693 - 09/23/2013 - Mandock, Nancy
 PCH Name: RIVERCLIFF TERRACE ANNEX

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 On 9/23/13, the bathroom in bedroom # 307 and bedroom # 211 did not have an operable window or ventilation fan.

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 inspection, the bathroom ventilation fans in rooms 307 and 211 were repaired.
- After inspection Administrator held a training specifically citing the importance of regulation 2600.86(b).
- Staff will immediately report any out of service bathroom ventilation fans to administrator so it can be addressed accordingly.
- Administrator will randomly inspect rooms to ensure compliance.
- See attachement 1 & 2

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>C. T. Luffey</u>	Date <u>11-19-2013</u>
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Violation Report: 42893 - 09/23/2013 - Mandock, Nancy
 PCH Name: RIVERCLIFF TERRACE ANNEX

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 9/23/13, the following frozen food items were outdated: a package of meat cubes, located in freezer #1 in the food storage area near the home's kitchen; and six loaves of bread, located in the freezer compartment of the refrigerator/freezer nearest the kitchen door.

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 inspection both of the above items were discarded into the trash.

- After inspection Administrator held a training specifically citing the importance of regulation 2600.103(i).

- All staff personnel will date any and all items.

- Administrator will do random checks to ensure compliance.

- See attachment # 3

1-10-14 A designated staff person will check all freezers and refrigerators daily to ensure all foods have been dated when stored. JTP 12-2-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) C. T. Luffey Date 11-19-2013

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 (Date)

Plan of correction implementation status as of 10-2-13
 (Date)

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 (Initials)

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- Partially Implemented - Adequate Progress JTP
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42693 - 09/23/2013 - Mandock, Nancy
 PCH Name: RIVERCLIFF TERRACE ANNEX

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Per the home's schedule and staff person B, the administrator, average staffing in the home between the hours of 10:00 PM and 4:30AM is 1 person. Per the home's fire drill records, none of the home's monthly fire drills conducted between 10/4/12 - 9/18/13 have had less than 2 staff persons participate in the drills.

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 has reviewed all regulations regarding Fire Drills.
- Any Nighttime fire drills will be held unannounced and only when the minimum amount of staff persons are present.
- A new Nighttime fire drill was held on 09-24-2013 with the minimum amount of staff working.
- See attachment # 4

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