



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 06 2014

Ms. Jacqueline Dancho, CFO  
Albright Care Services  
90 Maplewood Drive  
Lewisburg, Pennsylvania 17837

RE: Riverview Manor  
3201 River Road  
Lewisburg, Pennsylvania 17837  
License #: 202980

Dear Ms. Dancho:

As a result of the Department of Public Welfare's licensing inspection on March 18, 2014, 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 May 19, 2014 to May 19, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: RIVERVIEW MANOR		License Number: 202980
Address: 3201 RIVER ROAD, LEWISBURG, PA 17837		County: Union
Administrator: Melissa Bowersox		Region: NORTHEAST
Legal Entity Name: ALBRIGHT CARE SERVICES		
Legal Entity Address: 90 MAPLEWOOD DRIVE, LEWISBURG, PA 17837		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 07/10/1991 L&I	5B/A2 12/13/2013 Central Keystone	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/18/2014: Novak, Ryan; Yellenic, Cindy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 48 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 48 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20298 - 03/18/2014 - Novak, Ryan  
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600,103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

In the walk-in refrigerator, there were 3 opened trays of danish with 6 pastries left in each tray. The trays were not dated when they were opened.

In the freezer, were bags of french fries, tater tots, pizza shells, and cinnamon buns that had been opened and not dated.

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 3 opened trays of Danishes were disposed of that day.
- The French Fries, Tater Tots, Pizza Shells, and Cinnamon buns, that were opened at noon on 3/18/14 were labeled & Dated immediately.
- Food service Director will do <sup>(a)</sup>daily checks of All refrigerators and freezers to ensure that all food items are properly dated as to when the food items were opened.
- Administrator will check all food storage areas monthly to ensure food items are dated.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Melissa Bowersox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Bowersox Date 4-5-14

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

The above plan of correction is approved as of 4-8-14  
 (Date)

Plan of correction implementation status as of 4-8-14  
 (Date)

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

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

Violation Report: 20298 - 03/18/2014 - Novak, Ryan

PCH Name: RIVERVIEW MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

The Frigidaire dryer closest to the wall had lint covering half of the lint trap. The dryer was empty and cold.

**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.

- RVM Nursing Staff will check all Dryer lint traps every 4 hours between the hours of 8 AM + 8 PM every day. (See Attached)
- All Dryers are labeled with reminder to clean Lint traps after each use.
- Memo sent to All resident's reminding them to clean Lint traps after each use.
- Administrator will monitor to ensure compliance

\* Recommended at least one check between 8 pm and 8 am to minimize risk of fire during the overnight hours.  
*of*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa Bowersox</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Melissa Bowersox</i>	4/5/14

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Violation Report: 20298 - 03/18/2014 - Novak, Ryan  
 FCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 The fire extinguisher located in the community room has not been inspected by a fire safety expert since December 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.

- An Audit of all Fire Extinguishers was conducted on inspection day to ensure compliance.
- Out dated Fire extinguisher in community room was replaced that day.
- Environmental Service Director will do monthly Preventative Maintenance inspections on all Fire Extinguishers.
- Administrator will monitor for continued compliance

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


Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox*      Date *4/5/14*

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Violation Report: 20298 - 03/18/2014 - Novak, Ryan  
 PCH Name: RIVERVIEW MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A completed the initial medication administration course on 9/13/11. The most recent annual practicum was completed on 5/1/13.

Direct care staff person B's most recent annual practicum was completed on 2/5/14. The previous annual practicum was completed on 1/14/13.

Direct care staff person C's most recent annual practicum was completed on 4/3/13. The previous annual practicum was completed on 3/11/12.

The annual practicums were not completed within the annual timeframe.

**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 development coordinator/Qualified Medication Administration Trainer will be responsible to ensure timely annual trainings are being done.
- Staff not trained timely will be prohibited from performing medication administration.
- Administrator will monitor to ensure Annual trainings are completed within the Annual Time Frame.

\*Past observations and passes must be made up in order to bring staff person up to date w/ all requirements based on their original pass date. O.P. 4-8-14

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Violation Report: 20298 - 03/18/2014 - Novak, Ryan  
 PCH Name: RIVERVIEW MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The following residents' pre admission screening forms did not have indicate that the home could meet the resident's needs: #1, DOA 3/8/14; #2, DOA 4/11/12; and #3 DOA 3/7/14.

**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.*

- An Audit was completed on all resident charts to ensure completion of all Preadmission Screenings.
- Clinical Coordinator reeducated to preadmission form and importance of completing in its entirety.
- Clinical Coordinator will be responsible to ensure forms completed.
- Administrator will monitor for ongoing compliance.

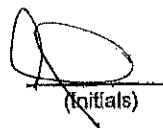
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