



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 22 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
License #: 429400

Dear Mr. Anlauf:

As a result of the Department of Public Welfare's licensing inspection on April 16, 2014 and April 21, 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 September 9, 2014 to September 9, 2015 was issued on June 19, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

SH

Enclosure
License 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 C-2 LP 10/29/1998 L & I		RECEIVED AUG 05 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours	Total Daily Staff: 61	Working Staff: 46
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/16/2014: McConnell, Deb; Marini, Michael 04/21/2014: McConnell, Deb		
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 Served: 43 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: 14 Number of Hospice Residents in past year: 27	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 43 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 1	

Violation Report: 42940 - 04/16/2014 - McConnell, Deb

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 1/22/14, was not signed by the resident.

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.

withdrawn

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

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

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AUG 13 2014

Violation Report: 42940 - 04/16/2014 - McConnell, Deb
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST MICHIGAN FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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
On 4/16/14, during the lunch meal, staff tested the blood glucose levels of residents #2 and #3 at the dining room table as lunch was served to 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.
Pleasant Ridge Mature Living understands the need to respect all residents rights in regards to "medical procedures". It will be the policy at Pleasant Ridge, to remove any resident in need of a "medical procedure", and provide them privacy within the resident's room or in the designated private procedure station. The Director of Resident Care will oversee this procedure, as well as administrator will conduct random monthly checks and interview residents at random during the monthly checks to ensure the procedure is being done in private. Re-education of this has been conducted, and the policy will be put into place August 11, 2014. This will become a part of the Quality Management and documentation of this will be kept and filed.
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 *8/11/2014*

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The above plan of correction is approved as of 8-11-14 (Date)

Plan of correction implementation status as of 8-11-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 42940 - 04/16/2014 - McConnell, Deb

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION

The home has served a minimum of 41 residents in the home in the past 6 months. During fire drill evaluations, residents evacuate to two separate designated fire safe areas outside of the home. The home does not have a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

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.

*Withdrawn
4*

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)

Date

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AUG 11 2014

Violation Report: 42940 - 04/16/2014 - McConnell, Deb
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #4 has been prescribed a mechanical soft diet by the resident's physician. On 4/16/14, at approximately 12:10 p.m., resident #4 was observed eating a whole hamburger, french fries and cheese puffs for lunch. According to The National Dysphagia Diet, breads for mechanically altered diet include soft pancakes, well moistened with syrup or sauce, pured bread mixes, and pregelled or slurred breads that are gelled through the entire thickness. The National Dysphagia Diet states to avoid all other breads. The recommended diet states to avoid sandwiches and dry meats and meats should not exceed 1/4 inch cubes and should be tender.

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 #4 was re-assessed and all restrictions were lifted; the resident is currently ordered a regular diet. During the inspection, the Director of Resident Care audited all current residents' special dietary needs and updated a resident dietary list. A copy was given to the inspectors during the annual inspection. This list was posted in both the Kitchen and Nurse's Station. The DORC will update this list as needed per physicians' orders.

In addition, all staff will be re-trained on special dietary needs from an outside source by September 30, 2014. The Director of Resident Care and Administrator will continue to monitor meals monthly and oversee special dietary needs to ensure compliance. This will become a part of the Quality Management, and documentation will be kept on file.

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 8/11/2014

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The above plan of correction is approved as of 8-11-14
(Date)

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(Date)

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(Initials)

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AUG 05 2014

Page 6 of 8

Violation Report: 42940 - 04/16/2014 - McConnell, Deb
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION:

The April 2014 medication administration record for resident #5 does not include the diagnosis or purpose for the following medications:

- * Losartan, 50mg
- * Levthyroxine, 50mg

The April 2014 medication administration record for resident #6 does not include the diagnosis or purpose for the medication, Clindamycin, 300mg.

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 Medication Administration Records for Resident #5 and #6 were corrected at the time of inspection. The Director of Resident Care will oversee all new orders written on the residents' medication records. In addition, all resident medication records have been reviewed to ensure compliance. Pleasant Ridge Director of Resident Care will review resident medication records monthly, and Administrator will review quarterly. This will become a part of the Quality Management and documentation of this will be kept and filed. 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

6/24/2014

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The above plan of correction is approved as of

8-11-14
(Date)

Plan of correction implementation status as of

8-11-14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

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Violation Report: 42940 - 04/16/2014 - McConnel, Deb PCH Name: PLEASANT RIDGE MATURE LIVING		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.225(c) - The resident shall have additional assessments as follows: (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.			
2a. DESCRIPTION OF VIOLATION The assessment for resident #7, dated 9/27/13, does not address the resident's need for monitoring when eating due to gagging from eating too rapidly, as indicated by the hospice nursing notes on 1/30/14 and 4/14/14.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> The resident's need "for monitoring when eating due to gagging from eating too rapidly" has been added to resident #7's support plan per hospice notes. All current resident's outside visiting agencies notes will be reviewed by the DORC to ensure compliance with this regulation and support plans will be updated as needed. All outside visiting agencies have been directed to leave all notes in the Director of Resident Care's bin to be reviewed. After the DORC reviews the notes she will file them in the resident's chart. Pleasant Ridge's DORC will review resident outside visiting agencies notes in Charts monthly, and Administrator will review the notes quarterly. This will be come a part of the Quality Management and documentation of this will be kept and filed. 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)		<i>Kristy Johnson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>8/6/2014</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8-11-14</u> (Date)		Plan of correction implementation status as of <u>8-11-14</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<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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AUG 05 2014

Page 8 of 8

Violation Report: 42940 - 04/16/2014 - McConnell, Deb PCH Name: PLEASANT RIDGE MATURE LIVING	WEST REGION FIELD OFFICE Human Services Licensing
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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 receives home health services, started 2/11/14, for monitoring vitals twice weekly and psych nursing services, 4/6/14, for weekly monitoring. However, this is not addressed in the support plan dated 2/19/14.

Resident #7 requires monitoring when eating as indicated on hospice nursing notes, dated 1/30/14 and 4/14/14. However, this is not addressed in the support plan, dated 9/27/13.

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.

Resident support plans for Resident #1 and #7 were updated to list their current services that will be made available to the resident. Moving forward, all charts will be audited and Home Health services will be added as appropriate. Resident support plans will show Home Health/Physical Therapy/ Occupational MD orders. Refer to chart for agencies notes, days opened and closed. Pleasant Ridge Director of Resident Care will review resident support plans monthly and Administrator will review support plans quarterly. This will become a part of the Quality Management, and documentation will be kept and filed. 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):		
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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 *6/24/2014*

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Plan of correction implementation status as of 8-11-14 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [initials] (Initials)