



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: January 14, 2015

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 Human Services' licensing inspection on December 16, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20288 - 12/16/2014 - Hummel, Jesse
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took 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

Department Representatives determined through staff interviews that the facility designates two staff from the attached Nursing Center to respond to all fire alarms in the Personal Care Home. These staff respond and also participate in evacuating the residents of the personal care home. The facility's fire drill records do not accurately document the number of staff assisting during each drill as the facility does not document the designated staff from the Nursing Center who participate.

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.


- Nursing Center Staff will receive education on the importance of signing the evacuation signature sheet for monthly fire drills in the personal care home on 1-12-15 & 1-13-15
- Charge Staff will verify signature is on sheet prior to handing back employee name badge.
- Administrator will monitor for ongoing compliance.

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 *1-12-15*

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The above plan of correction is approved as of <u>1-12-15</u> (Date)	Plan of correction implementation status as of <u>1-12-15</u> (Date)
The above plan of correction was approved by  (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