



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 0 2015

Mr. Adam Herman, Owner
Riverstone Manor LLC
P.O. Box 333
Walnutport, Pennsylvania 18088

RE: Riverstone Manor
One Main Street
Walnutport, Pennsylvania 18088
License #: 223940

Dear Mr. Herman:

As a result of the Department of Human Services' annual licensing inspection on September 1, 2015 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,

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

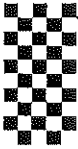
Matthew J. Jones
Director

1/34

Enclosure
License Inspection Summary

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

PCH Name: RIVERSTONE MANOR		License Number: 22394
Address: ONE MAIN STREET, WALNUTPORT, PA 18088		County: Northampton
Administrator: Adam Herman		Region: NORTHEAST
Legal Entity Name: RIVERSTONE MANOR LLC		
Legal Entity Address: PO BOX 333, WALNUTPORT, PA 18088		
Certificate(s) of Occupancy		
C-2 LP	I-1	
11/01/1996	03/15/2002	
L&I	Walnutport	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/01/2015: Novak, Ryan; Rushin, Jullienne		
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: 72	Number of Residents who:	
Number of Residents Served: 68	Receive Supplemental Security Income: 54	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 30	
Area:	Have Mental Illness: 62	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 15	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 1		



Violation Report: 22394 - 09/01/2015 - Novak, Ryan
PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The hot water temperature in the common resident bathroom #13 measured 124.1° Fahrenheit, posing a risk for burns.

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.

See Attached


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Adam Herman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Adam Herman Administrator* Date *10/20/15*

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

The above plan of correction is approved as of 11/20/15
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11/20/15
(Date)

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

Violation Report: 22394 - 09/01/2015 - Novak, Ryan
PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The ceiling exhaust vents in bathrooms #1, #7, #14 and the half bath across from resident room EW6 are clogged with dust.

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.

See Attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Adam Herman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Adam Herman Administrator Date 10/9/15

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

The above plan of correction is approved as of 11/26/15
(Date)

Plan of correction implementation status as of 11-20-15
(Date)

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

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

Plan of Correction for Riverstone Manor

Inspection Date: September 1, 2015

Adam Herman

Regulation 55 Pa. Code 2600

Violation

2600.89(b) The hot water in the common bathroom #13 measured 124.1 degrees Fahrenheit.

This regulation is important because it helps ensure the safety in regards to the prevention of a burn to the resident. This regulation was violated in that the recorded temperature of the 13th bathroom that was checked was 2.1 degrees higher than what is allowed, posing a risk for burns. The cause of this violation is unknown. Upon learning this at the time of inspection, the maintenance department lowered the temperature on the hot water heater immediately. A weekly water temperature log will be kept in order to assure that this does not happen again. This log will be reviewed by the administrator on an ongoing basis. The maintenance department has been advised that upon finding water temperatures above 122 degrees Fahrenheit, before it is recorded and reported they are to immediately lower the hot water heater to decrease the chance of a burn occurring.

11-20-15
[Signature]

Violation

2600.95 The ceiling fans in bathrooms #1, #7, #14 and the half bath were with dust.

This regulation is important because it ensures that furniture and equipment are in good repair, clean and free of hazards. This regulation was violated in that there was dust in the bathroom vents. The cause of this violation was a failure to clean the inside of the bathroom vents. What was done right away to fix the violation was to clean the bathroom vents at the time of inspection. All of the bathroom vents were and still are in good repair and free of hazards. What was done to prevent future violations was the specific task of breaking down the vents and cleaning the insides 1 x per week was added to job descriptions of the maintenance and cleaning staff. The administrator will check the bathroom vents for adequate cleaning weekly on an ongoing basis.

11-20-15
[Signature]

Violation Report: 22394 - 09/01/2015 - Novak, Ryan
PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department representative noted a towel and a plastic wrapper lodged between the Kenmore clothes dryer and the wall, posing a risk for fire.

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.

See Attached

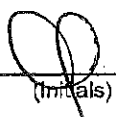
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Adam Herman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Adam Herman Administrator Date 10/01/15

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(Date)

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(Initials)

Plan of correction implementation status as of 11-20-15
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 22394 - 09/01/2015 - Novak, Ryan
PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The home does not have an EXIT sign posted that is visible when exiting resident room MW3 to the hall outside of the laundry room.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Adam Herman Administrator Date 10/9/15

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(Date)

Plan of correction implementation status as of 11-20-15
(Date)

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(Initials)

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Violation Report: 22394 - 09/01/2015 - Novak, Ryan
PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Approximately 30 extinguished cigarette butts were located in 3 potted plants outside of the wheelchair ramp.

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.

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Adam Herman

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

Adam Herman, Administrator

Date

10/9/15

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

The above plan of correction is approved as of 11-20-15
(Date)

The above plan of correction was approved by *Q*
(Initials)

Plan of correction implementation status as of 11-20-15
(Date)

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

Adam Heiman

Violation

2600.125(a) there was a plastic wrapper and a towel between the wall and the dryer, posing a risk for fire.

This regulation is important because it helps prevent the presence of combustibles that could cause a fire within the home. The regulation was violated in that there was a towel and a candy bar wrapper between the wall and the dryer. What was done right away to fix the violation was at the time of inspection the towel and wrapper were picked up and put in their appropriate place and receptacle. To prevent future violations the administrator will check the laundry room on an ongoing basis to look for combustible objects. Staff was also given an extra in-service on fire safety.

11-20-15
[Signature]

Violation

2600.133(a) (2) The home does not have an exit sign posted that is visible when exiting room MW3 to the hall outside the laundry room.

This regulation is important for safety to the residents in that in the event of a fire an exit sign is immediately visible outside the doorway of a resident room. This violation occurred because of the lack of an exit sign outside the room of MW3. What was done right away at the time of inspection was to have the maintenance department hang another exit sign where the inspector had asked. To prevent future violations that sign will never be moved and will be monitored by the administrator on an ongoing basis for compliance.

11-20-15
[Signature]

Violation

2600.144(c) (1) there were approximately 10 cigarette butts in each of the 3 large potted plants outside the wheelchair ramp.

This regulation is important because it ensures proper safeguards inside and outside the home to prevent hazards involved in smoking. The cause of the violation was the presence of the cigarette butts in the dirt of the potted plants outside. What was done right away to fix the violation was to remove the butts from the dirt and put them in the butt depot a few yards away at the time of inspection. To prevent future violations a house meeting was held between administration and the resident council where fire safety and proper disposal of cigarette butts were addressed. The residents agreed to only use the cigarette butt depot as a means to extinguish and discard their butts. The house rules were also reviewed in regards to the parameters of the smoking area. Staff will check these potted planters daily and the administrator will monitor this area on an ongoing basis.

11-20-15
[Signature]

Violation Report: 22394 - 09/01/2015 - Novak, Ryan
PCH Name: RIVERSTONE 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

Staff person A completed the initial medication administration course on 7/10/14. 4 medication administration record reviews were not completed for the 2015 annual practicum.

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.

See Attached

The home's Adm or Designee will ensure via periodic review of staff med training status and staff schedule that the home has the proper # of correctly trained staff on duty to dispense Rx at all times. 11-20-15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Adam Herman Administrator* Date *10/9/15*

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Plan of correction implementation status as of 11/20/15 (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: 22394 - 09/01/2015 - Novak, Ryan

PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1's Advair 250/50 diskus was not dated when the medication was opened. The manufacturer's instructions read: diskus good for 1 month after opening foil pouch.

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.

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Adam Herman

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

Adam Herman Administrator

Date 10/9/15

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Plan of correction implementation status as of 11/20/15 (Date)

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

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

Adam Heuman

Violation

2600.182(b) Staff person A completed the initial training and the 4 MAR reviews were not completed for the 2015 annual practicum.

This regulation is important because it ensures that properly trained personnel can administer medication to residents. This regulation was violated in that overnight staff person A did not have the MAR review to keep her med training current. What was done right away to fix the violation was to re-train Staff member A. To prevent future violations employee records will now be kept in Tabula as well so compliance can better be monitored electronically. This will be completed by the administrator and checked on an ongoing basis.

See p 7 & 8 for more detail.

*11-20-15
Q.P.*

Violation

2600.183(e) Resident #1's Advair 250/50 diskus was not dated when the medication was opened as the manufacturer's read that the diskus is only good for 1 month after opening.

This regulation is important because it ensures the health of the residents in following medication manufacturer instructions. This regulation was violated in that there was not an opened on date printed on the diskus. What was done right away to fix the violation was at the time of the inspection to count the number of puffs on the puff counter on the diskus which allowed us to calculate the age of the diskus as this medication is a standing order and came to the conclusions this diskus was only 14 days old. The date opened was August 18, 2015 which was 2 days after the delivery date. To prevent future violations the pharmacy has put "opened on" stickers on all of our numerous inhalers. The RN Director and administrator will check the med carts on an ongoing basis. The pharmacy will also check for dates during our monthly pharmacy inspections.

*11-20-15
Q.P.*