



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Lennea Brown, Executive Director  
Albright Care Services  
90 Maplewood Drive  
Lewisburg, Pennsylvania 17837

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

Dear Ms. Brown:

As a result of the Department of Human Services' annual licensing inspection on March 1, 2016 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, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 12202 - 03/01/2016 - Rushin, Julienne  
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION

On the day of inspection the gas fireplace in the home's Community Room was on. Department representative measured the heat one inch away from the flat screen cover and noted a temperature of 175° Fahrenheit. The fireplace does not have a secondary free standing screen to prevent residents from coming in contact with this flat screen area.

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.

- Corrected Inspection Day - See Photograph Attached  
 Secondary free standing screen cover in place.
- Administrator will monitor for on going 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) <i>Melissa Bowersox</i>	Date <i>3-30-16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/1/16</u> (Date)	Plan of correction implementation status as of <u>4/1/16</u> (Date)
The above plan of correction was approved by <u>M</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

Violation Report: 12202 - 03/01/2016 - Rushin, Julianne  
 PCH Name: RIVERVIEW MANOR

**1. REGULATION 55 Pa. Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Review of resident #1's medical evaluation (dated 11/18/15) indicates he/she is not assessed to self-administer medications. On 3/1/16 at 3:20 pm, department representative noted 2 pills in a medication cup and a bottle of OTC eye drops in the resident's room on a table. Resident #1 identified the pills as Tylenol.

**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.*

- Medication Administration Remediation completed with med tech on 3/2/16 and 3/7/16 - Additional observations
- LAN Nurse manager will assure self administration orders are in place as needed.
- Administrator will monitor for on going compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Melissa Bowersox DCHA*

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

Melissa Bowersox

Date 3-30-16

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4/1/16  
 (Date)

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The above plan of correction was approved by

*M*  
 (Initials)

Violation Report: 12202 - 03/01/2016 - Rushin, Julienne  
 PCH Name: RIVERVIEW MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

Review of resident #1's medical evaluation (dated 11/18/15) indicates he/she is not assessed to self-administer medications. On 3/1/16 at 3:20 pm, department representative noted 2 pills in a medication cup, which the resident identified as Tylenol. Resident #1 stated the pills were given to him/her by staff earlier for pain but he/she did not take them. Review of resident #1's MAR confirms an order for Acetaminophen 325mg (PRN) but does not indicate when the medication was administered.

**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.

- Medication Administration remediation completed with med tech on 3/2/16 and 3/7/16. Additional observations.
- LPN Nurse Manager will monitor MAR documentation weekly.
- Administrator will monitor for on going compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Melissa Bowersox PCHA*

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

Melissa Bowersox

Date: 3-30-16

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 (Initials)

Violation Report: 12202 - 03/01/2016 - Rushin, Julieanne  
 PCH Name: RIVERVIEW MANOR

**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**

On 2/24/16 at 7:02am, resident #2's glucometer indicates a blood glucose reading of 183; 184 is documented on the MAR.  
 On 2/22/16 at 4:00pm, resident #2's glucometer indicates a blood glucose reading of 480; 418 is documented on the MAR.

On 2/28/16 at 9pm, resident #3's glucometer indicates a blood glucose reading of 319; 318 is documented on the MAR.  
 On 2/24/16 at 7am, resident #3's glucometer indicates a blood glucose reading of 323; 332 is documented on the MAR.

The medication administration record for resident #3 does not indicate a diagnosis or purpose for Dorzolamide eye drops and Brimonidine eye drops.

Lorazepam .5mg (1tablet, once daily PRN) prescribed for resident #6 was discontinued on 1/20/16. The medication is still indicated on the MAR.

**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 Attachment

cont. →

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 (Required on EVERY Page) *Melissa Bowersox RCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Bowersox* Date *3-30-16*

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2600.187(a) Blood Glucose reading documentation:

Resident #2 and #3 –

1. Staff will triple check blood glucose documentation.
2. Nurse Manager will do weekly audits on glucometers vs. documentation.
3. Administrator will monitor for on going compliance.

2600.187 (a) – Diagnosis or purpose for medication

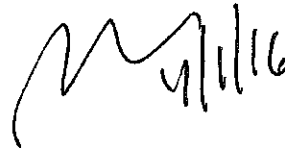
Resident #3 –

1. All staff reeducated on importance of documentation related to Diagnoses on 03.02.2016.
2. All MAR's audited on 03.03.2016 to assure compliance.
3. Nurse Manager will conduct monthly audits to assure all medications have a diagnosis.
4. Administrator will monitor for ongoing compliance.

2600.187(a) – Discontinued medication

Resident #6 –

1. Checklist developed on all steps when discontinuing a medication.
2. Medication audit conducted on 03.03.2016 to assure compliance.
3. Nurse manager will conduct quarterly audits to assure compliance and will review discontinued medication checklists daily.
4. Administrator will monitor for on going compliance.

 7/11/16

Violation Report: 12202 - 03/01/2016 - Rushin, Julianne  
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa. Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Novolog with a sliding scale. On 2/22/16 at 4:00pm, resident #2's glucometer indicates a blood glucose reading of 480. 15 units of insulin were needed; 12 units were administered.

Resident #3 is prescribed a straight order of Novolog, 3 units at lunch if blood glucose level (BGL) is over 250 and consumes less than 50% of the meal. Resident is also prescribed Novolog with a sliding scale. On 2/14/16 at lunch, resident #3's BGL was 421. 9 units of insulin were needed; 8 units were given.

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 # 2 - Training Conducted on all staff ON 3/2/16 ON documentation.

- All staff will triple check glucometer documentation prior to Administration of insulin.
- Nurse Manager will do weekly Audits on glucometer documentation and insulin amounts administered.

Resident # 3

- Medication Technician received remediation on 3/2/16 and 3/7/16.
- All staff will triple check glucometer documentation prior to administration of insulin.
- Nurse Manager will do weekly Audits on glucometer documentation and insulin amounts administered.
- \* Administrator will monitor for on going compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox* Date: *3-30-16*

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Violation Report: 12202 - 03/01/2016 - Rushin, Julianne  
 PCH Name: RIVERVIEW MANOR

**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**  
 The Behavioral or Cognitive Need section of resident #4's RASP, dated 8/31/15, has not been completed.

**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 conducted Audits on all resident RASPs to assure compliance.
- Nurse Manager will conduct Audits every quarter to assure compliance.
- Administrator will monitor for on going compliance.

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Violation Report: 12202 - 03/01/2016 - Rushin, Julienne  
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa. Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
The RASP for resident #5, dated 2/1/16 is not signed by the resident. Nothing is noted as to the resident being unable to sign or refusing to sign.

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 conducted Audits on all RASPs on 3/8/16 to assure compliance with Signatures.
- Nurse Manager will conduct Audits every quarter.
- Administrator will monitor for ongoing compliance

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