



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Mr. Robert R. Beach, President
Partners in Senior Care, Inc.
One Elston Way
Hermitage, Pennsylvania 16148

RE: Ridgewood at Shenango Valley
License #: 403020

Dear Mr. Beach:

As a result of the Department of Human Services' annual licensing inspection on April 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 that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

| | | |
|---|-----------------------|---|
| PCH Name: RIDGEWOOD AT SHENANGO VALLEY | | License Number: 40302 |
| Address: ONE ELSTON WAY, HERMITAGE, PA 16148 | | County: Mercer |
| Administrator: Ron Duez | | Region: WEST |
| Legal Entity Name: PARTNERS IN SENIOR CARE INC | | |
| Legal Entity Address: ONE ELSTON WAY, HERMITAGE, PA 16148 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 08/28/1998 L&I | | APR 27 2016 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 41 | Waking Staff: 31 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 04/01/2016: Marini, Michael; Summers, Vicky | | |
| 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: 52 Number of Residents Served: 37 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: 0 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0 |

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Violation Report: 40302 - 04/01/2016 - Marini, Michael
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the beverage area does not have the required emergency service telephone numbers posted on or by it.

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.

PLEASE refer to next page. (2nd of 3)
Thank you.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ronald G Duez - ADMINISTRATOR

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

Ronald G Duez

Date 4-25-16

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

The above plan of correction is approved as of 5/11/16
(Date)

Plan of correction implementation status as of 5/11/16
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Area: Emergency Service

Telephone number

Per Regulation 2600.91

Subject: Emergency Management: Agency Phone Numbers

It is the responsibility of The Ridgewood at Shenango Valley to ensure telephones have the following numbers; nearest hospital, police and fire department, ambulance, poison control, local emergency management and PCH Complaint Hotline, to be posted near or on each telephone with an outside line.

- Weekly reviews and visual checks will be completed on each phone while cleaning the resident(s) apartments and common areas. The phone tags will also be checked during each month's fire drills.
- The maintenance department and housekeeper will complete the monthly checks. The Administrator and The Resident Care Coordinator will check randomly throughout the month to ensure all telephones with an outside line have a phone tag.
- The above checks will benefit the Residents for a quick response in case of an emergency.

The required emergency numbers were posted by the telephone in the beverage area. DW. 5/1/16

04/2016

Ridgewood Shenango Valley # 403020

Renata G. Dube Administration

[Handwritten signature]

DW. 5/1/16

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Violation Report: 40302 - 04/01/2016 - Marini, Michael
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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

Resident #1 is prescribed Acetaminophen-325 mg-2 tablets every 6 hours as needed for mild pain. This medication was present in the medication cart, but it was not included on resident #1's April medication administration record (MAR).

Resident #2 is prescribed Acetaminophen-800 mg - 1 tablet by mouth every 6 hours as needed for pain. However, resident #2's April MAR indicates resident #2 was prescribed Acetaminophen-200 mg - 2 tablets by mouth every 6 hours for pain.

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.

Please refer to next page. (3rd of 3)

Thank you.

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

| | | |
|--|-----------------|---------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | Ronald G. Dweez | ADMINISTRATOR |
|--|-----------------|---------------|

| | | | |
|---|---------------|------|---------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | RONALD G DWEZ | Date | 4.25.16 |
|---|---------------|------|---------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>5/11/16</u> (Date) | Plan of correction implementation status as of <u>5/11/16</u> (Date) |
| The above plan of correction was approved by <u>RD</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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WEST REGION FIELD OFFICE
Human Services Licensing

Area: Medication Records
Per Regulation 2600.187
Subject: Managing Medication Records

It is the responsibility of The Ridgewood at Shenango Valley to manage each resident's Medication Records. To ensure that all medications ordered by the physician are recorded in the MAR, all DCS that is medication certified is required to do the following:

- Semi-annual reviews are to be conducted every 6 months by the Resident Care Coordinator. When the doctor sign's and returns the medication record, the medication certified employee working is to compare the signed document with the current MAR. The medication log is then to be noted and placed in the residents chart.
- At the end of each month, each shift is to compare the next month's MAR's with the current MARS to be sure that all medications have accurately been logged into the next month's MARS.
- All new orders received on each employees shift are to be immediately charted in the current MARS, noted, and placed in the residents chart.
- Diamond Pharmacy will do a medication cart audit at least every three months to ensure that The Ridgewood has all ordered medications readily available, and that there are no expired medications in the facility.
- Each shift will be responsible to go through the Routine and PRN medication cart every month to be sure that all ordered medications are readily available and check that there are no expired medications.

Resident #1's Acetonepholun 325mg order was discontinued on 4/2/16 per statute

04/2016

D.W. Statik

Ridgewood Shenango Valley # 403020
Ronald G. DUGZ ADMINISTRATOR

Ronald G. Dugz