



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 12 2017

Mr. Brian G. Armitage, Administrator
Rivercliff Terrace, Inc.
120 Allegheny Avenue
Kittanning, Pennsylvania 16201

RE: Rivercliff Terrace
License #: 426610

Dear Ms. Armitage:

As a result of the Department of Human Services' annual licensing inspection on July 22, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

Lenham 10-25-16
Am... Page 1 of 11

PCH Name: RIVERCLIFF TERRACE		License Number: 42661
Address: 120 ALLEGHENY AVENUE, KITTANNING, PA 16201		County: Armstrong
Administrator: Thomas Luffey		Region: WEST
Legal Entity Name: RIVERCLIFF TERRACE INC		
Legal Entity Address: 120 ALLEGHENY AVENUE, KITTANNING, PA 16201		RECEIVED
Certificate(s) of Occupancy LP 03/05/1985 Labor & Industry		OCT 25 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/22/2016: Park, Beth; Eveses, Joseph		
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: 34	Number of Residents who:	
Number of Residents Served: 32	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 32	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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: 0	
Number of Hospice Residents in past year: 0		

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OCT 25 2016

Page 2 of 11

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

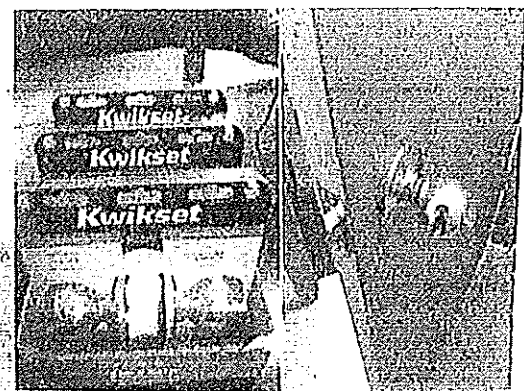
WEST REGION FIELD OFFICE
Human Services Licensing

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
No locks were present on the bathroom doors to provide privacy in resident #1 and resident #2's bedrooms.

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.

Locks will be put on bathrooms and pictures were taken on Oct. 21, 2016. Completed by Aug. 1, 2016



Leighann Armitage
10-25-16

See Page 2A of 11

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/16/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage* Date *10-25-16*

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

The above plan of correction is approved as of 11/4/16
(Date)

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

Plan of correction implementation status as of 11/4/16
(Date)

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

Violation Report: 42661 - 07/22/2016 - Park, Bath
PCH Name: RIVERCLIFF TERRACE

1. REGULATION 55 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
No locks were present on the bathroom doors to provide privacy in resident #1 and resident #2's bedrooms.

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.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall inspect all common resident restroom doors to ensure an operable lock is present to ensure privacy while in use. Any common resident restroom door found without a lock, or a lock which is inoperable, shall immediately be corrected.

Within 30 days of receipt of the plan of correction: All staff members shall be educated on the requirement that all common resident restroom doors have operable locks to ensure privacy while in use. Documentation of the education shall be kept.

Within 30 days of receipt of the plan of correction: A designated staff person shall inspect all common resident restroom doors monthly to ensure an operable lock is present to ensure privacy while in use.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/16/2014	
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Signature of Legal Entity Representative
(Required on EVERY Page) Leighann Amitage

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Leighann Amitage Date 11-3-16

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

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

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

Plan of correction implementation status as of _____
(Date)

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

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OCT 25 2016

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, B, and C did not receive any of the required trainings specified in 2600.65f, to include resident rights and The Older Adult Protective Services Act, during the 2015 training year.

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.

Staff persons A, B and C received training on all topics specified in 2600.65f on 8/8/16.

Above topics listed in violation: Training will be conducted immediately, and upon yearly

Training, s. Staff Person A, B & C, as well as all other staff have been trained in all topics contained in Regulations 2600.65 (f)

Administrator has implemented Training for 2600.65 (f) into Yearly Training Plan.

Leighann Armistiza
10-25-16

See Page 3A of 11

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leighann Armistiza</i>	Date <i>10-25-16</i>
--	----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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

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

Violation Report: 42681 - 07/22/2016 - Park, Beth
 PCH Name: RIVERCLIFF TERRACE

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A, B, and C did not receive any of the required trainings specified in 2600.65f, to include resident rights and The Older Adult Protective Services Act, during the 2015 training year.

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.
 Within 30 days of receipt of the plan of correction: All staff training shall be reviewed during the quality management review, at least semi-annually, to ensure all staff persons receive all required training in accordance with 2600.65f within each established training year. Documentation of the review shall be kept.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leighann Armistage*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leighann Armistage* Date *11-3-16*

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Violation Report: 42661 - 07/22/2016 - Park, Belh
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2800

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2016 staff training plan does not include any of the annual direct care staff training specified in 2600.65f, to include medication self-administration training and care for residents with dementia and cognitive impairments.

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.

A 2017 staff training plan was created to include all training topics specified in 2600.65f.

Handwritten notes:
11/4/16
Leighann
Crimmins
10-25-16

Employees A, B and C

All three employees are responsible Personal Care and ADL'S.

Medication and Self Administration Training and Dementia and Cognitive impairments are scheduled for these employees.

Scheduled Training will be 1/2/2017, at 10:30 am at 120 Allegheny Avenue, Kittanning, PA 16201

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leighann Crimmins, Administrator* Date *10-25-16*

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

The above plan of correction is approved as of 11/4/16
(Date)

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

Plan of correction implementation status as of 11/4/16
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 25 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42681 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

1. REGULATION 55 Pa.Code §2800
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
At approximately 10:00am, the water temperature in the kitchen sink was 125.2 degrees Fahrenheit.

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 will check all water tanks monthly ensuring a regulated comfortable and safe temperatures of below 120 degrees Fahrenheit.

Administrator will also use hand held thermometers, to check the hot waters throughout the facility.

Leighann Armijo
10-25-16

See Page 5A of 11

Repeat Violation: Yes | Date(s) of Previous Violation(s): 10/16/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Leighann Armijo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leighann Armijo Administrator* Date *10-25-16*

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

The above plan of correction is approved as of 11/4/16
(Date)

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

Plan of correction implementation status as of 11/4/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42081 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

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
At approximately 10:00am, the water temperature in the kitchen sink was 125.2 degrees Fahrenheit.

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.

Immediately: A designated staff member shall check water temperatures at a source from each of the home's hot water tanks. If the water temperature exceeds 120 degrees Fahrenheit, the hot water tank shall immediately be adjusted and re-checked within 1 hour. Documentation of the water temperatures shall be kept.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated on the requirement that hot water in areas accessible to residents shall not exceed 120 degrees Fahrenheit. Documentation of the education shall be kept.

Within 7 days of receipt of the plan of correction: A designated staff person shall check water temperatures at a source from each of the home's hot water tanks on a weekly basis. If the water temperature exceeds 120 degrees Fahrenheit, the hot water tank shall immediately be adjusted and re-checked within 1 hour. Documentation of the water temperatures shall be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/16/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage* Date *11-3-16*

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

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

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

Plan of correction implementation status as of _____
(Date)

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

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OCT 25 2016

Page 6 of 11

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

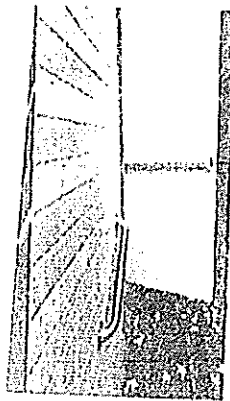
1. REGULATION 66 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

There is no handrail present at the steps from the emergency exit in the "old wing". The 1st step is approximately 5.5" to a cement landing and the 2nd step is approximately 9.75" from the landing to the ground.

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.

There was a handrail installed from the emergency exit in the "old wing" on 7/25/2016



*Leighann
Armstrong
10.25.16*

Within 5 days of receipt of the plan of correction: A designated staff person shall inspect each ramp, interior stairway and outside steps to ensure a well-secured handrail is present. 11/4/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leighann Armstrong

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

Leighann Armstrong

Date 10.25.16

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

The above plan of correction is approved as of

11/4/16
(Date)

Plan of correction implementation status as of 11/4/16
(Date)

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

The above plan of correction was approved by

LA
(Initials)

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OCT 25 2016

WEST REGION FIELD OFFICE Page 7 of 11
Human Services Licensing

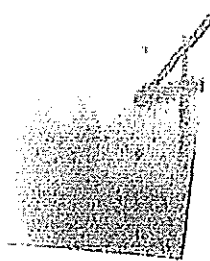
Violation Report: 42661 - 07/22/2016 - Park, Bell
PCH Name: RIVERCLIFF TERRACE

1. REGULATION 55 Pa.Code §2800
2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
There was a missing face plate and exposed cable wiring in resident #1's bedroom.

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.

In resident's #1 bedroom there was a new face plate installed over the exposed cable wire on 7/25/2016



*Leighann
Aminity
10-25-16*

Within 5 days of receipt of the plan of correction a designated staff person shall inspect all resident bedrooms to ensure all walls, floors and ceilings are finished, clean and in good repair

11/4/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leighann Aminity*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leighann Aminity Administrator* Date *10-25-16*

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

The above plan of correction is approved as of 11/4/16 (Date)

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

Plan of correction implementation status as of 11/4/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 25 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

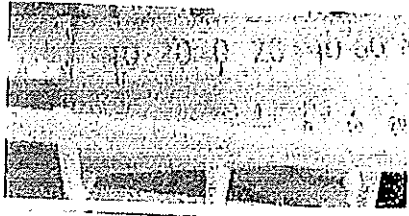
1. REGULATION 56 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
No operable thermometer was present in the upstairs kitchenette freezer.

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.

In the 2nd floor kitchen refrigerator a thermometer was immediately placed in the freezer on 7/25/2016.

Administrator will check all refrigerators and freezers on regular basis to insure temperatures are accurate, *at least weekly.* *for 11/4/16*



Leighann Armistead
10-25-16

Immediately: A designated staff person shall inspect all refrigerators to ensure an operable thermometer is present and is at or below 40°F and inspect all freezers to ensure an operable thermometer is present and is at or below 0°F. *for 11/4/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leighann Armistead*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leighann Armistead Administrator* Date *10-25-16*

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

The above plan of correction is approved as of 11/4/16 (Date)

Plan of correction implementation status as of 11/4/16 (Date)

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

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

RECEIVED

OCT 25 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home has 32 residents, requiring 96 gallons of emergency drinking water. The home had 11 gallons of emergency drinking water available on-site. The home's contract with Culligan, dated 2/17/16, indicates Culligan will deliver 100 gallons of emergency drinking water in the event of an emergency; however, the contract does not indicate the water will be delivered as a priority in the event of a regional 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.

An updated letter from the Fire Department was received indicating 100 gallons of water will immediately be provided and will be delivered as a priority in the event of a regional emergency.

See attached Forms for 2016 and 2017

Drinking water will be provided and delivered when needed and also in the event of a regional emergency.

[Signature]
11/4/16

Immediately: A designated staff person shall follow-up with the fire department, on an annual basis, to ensure the terms of the contract are still valid.

[Signature]
11/4/16

[Signature]
C. Ambr...

10-25-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *C. Ambr...* Admin Director Date *10-25-16*

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

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(Date)

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

Plan of correction implementation status as of 11/4/16
(Date)

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OCT 25 2016

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

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
The home's fire drill records do not indicate the exact time of the fire drill, to include the following fire drills:
* 1/2/16 at 9:00am
* 2/9/16 at 5:00am
* 3/23/16 at 4:00pm
* 4/19/16 at 12:00pm
* 5/25/16 at 3:00pm
* 6/2/16 at 1:00am

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 fire drill records indicate the exact time of the fire drills for the monthly fire drills conducted in July thru October 2016.
[Signature]
11/4/16

A written fire drill record will be kept which will include the date, the exact time down to the minute, the amount of time it took for the evacuation, the exit routs used, number of residents in the home at the time for the drill, the number of residents evacuated, number of staff participating, with any problems encountered as well as whether the fire alarm or smoke detector used as well as was it operative .

See Page 10A of 11

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage* Date *10-25-16*

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

The above plan of correction is approved as of *11/4/16* (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of *11/4/16* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
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Violation Report: 42651 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

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
The home's fire drill records do not indicate the exact time of the fire drill, to include the following fire drills:
• 1/2/16 at 9:00am
• 2/9/16 at 5:00am
• 3/23/16 at 4:00pm
• 4/19/16 at 12:00pm
• 5/25/16 at 3:00pm
• 6/2/16 at 1:00am

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.
Immediately: The administrator or designated staff person shall review all fire drill records monthly to ensure all information specified in 2600.132c is present, to include the exact time the fire drill occurred.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leighann Armitage* Date *10-3-16*

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

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

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

Plan of correction implementation status as of _____
(Date)

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

RECEIVED

OCT 25 2016

Violation Report: 42661 - 07/22/2016 - Park, Beth
PCH Name: RIVERCLIFF TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home conducted a fire drill during sleeping hours on 2/9/16 at 5:00am; however, the previous fire drill conducted during sleeping hours was held on 6/25/16 at 5:30am, which exceeded 6 months.

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.

Additional fire drills were conducted during sleeping hours on 9/26/16 at 10:58pm and 10/14/16 at 4:50am. 11/4/16

A written fire drill record will be kept which will include the date, the exact time down to the minute, the amount of time it took for the evacuation, the exit routs used, number of residents in the home at the time for the drill, the number of residents evacuated, number of staff participating, with any problems encountered as well as whether the fire alarm or smoke detector used as well as was it operative .

2600.132. Fire drills. Staff was immediately educated on fire safety and preparedness. The administrator will perform An unannounced fire drill at least once a month and to ensure section e) which states" A fire drill shall be held during sleeping hours once every 6 months" Rivercliff Terrace administrator will hold one fire drill during sleeping hours every 5 to ensure compliance with 2600 132 (e).

See Page 11A of F 11

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Stephen Armbray*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Stephen Armbray* Adminstr. *10-25-16* Date

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

The above plan of correction is approved as of 11/4/16
(Date)

Plan of correction implementation status as of 11/4/16
(Date)

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

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

Violation Report: 42661 - 07/22/2016 - Park, Belh
 PCH Name: RIVERCLIFF TERRACE

1. REGULATION 55 Pa.Code §2800
 2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home conducted a fire drill during sleeping hours on 2/9/16 at 5:00am; however, the previous fire drill conducted during sleeping hours was held on 6/25/16 at 5:30am, which exceeded 6 months.

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.
 Immediately: The administrator or designated staff person shall review all fire drill records monthly to ensure a fire drill is held during sleeping hours at least once every 6 months. The sleeping hours fire drill shall be documented on the home's fire drill record in accordance with 2600.132e.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leighann Armitage* Date *11-3-16*

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

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

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

Plan of correction implementation status as of _____
 (Date)

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