



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Mr. Craig L. Anlauf,
Treasurer
Pleasant Ridge Mature Living, LLC
369 Bethel Road
North Huntingdon, Pennsylvania 15642

RE: Pleasant Ridge Mature Living
981 Pleasant Hill Road
Leechburg, Pennsylvania 15656
License #: 429400

Dear Mr. Anlauf:

As a result of the Department of Human Services' annual licensing inspection on February 3, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

Page 1 of 12

PCH Name: PLEASANT RIDGE MATURE LIVING		License Number: 42940
Address: 981 PLEASANT HILL ROAD, LEECHBURG, PA 15658		County: Westmoreland
Administrator: Jessica Bulker		Region: WEST
Legal Entity Name: PLEASANT RIDGE MATURE LIVING LLC		
Legal Entity Address: 389 BETHEL ROAD, NORTH HUNTINGDON, PA 15642		
Certificate(s) of Occupancy C-2 LP 10/24/1998 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 84 Waking Staff: 48		
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 02/03/2017: Park, Belh; Garvey, Jody; Roser, Ashley		
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: 75 Number of Residents Served: 43 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: 13 Number of Hospice Residents in past year: 34	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 39 Have Mental Illness: 9 Have an Intellectual Disability: 2 Have a Mobility Need: 21 Have a Physical Disability: 3	

RECEIVED

APR 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

RECEIVED

Violation Report: 42840 - 02/03/2017 - Park, Bath
PCN Name: PLEASANT RIDGE MATURE LIVING

JUL 18 2017

1. REGULATION 56 Pa. Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

WEST REGION FIELD OFFICE
Human Services Licensing

RECEIVED

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted on [redacted] 16, did not have a contract completed until 12/18/2016.

AUG 17 2017

Resident #2, admitted on [redacted] 16, did not have a contract completed until 8/1/2016.

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.

WEST REGION FIELD OFFICE
Human Services Licensing

The home will do quarterly audits of all residents files to ensure all dates are in compliance. PA 2600

Within 30 days of receipt of the plan of correction, a designated staff person will check all resident records to ensure each resident has a contract, completed in its entirety, present in their record. 8/17/17

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): [Signature] Date: 7/18/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/17/17 (Date)

Plan of correction implementation status as of 8/17/17 (Date)

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

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

(FAX)
APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Bath
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired [redacted] 2014, did not receive annual training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2016 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 person C was on a Medically documented leave of absence for a pregnancy. Moving forward the home will require anyone on a documented LOA to take any back required annual training. Please see attached.

Staff person C received training on 3/3/17. *ju. 5/24/17*

The administrator will review staff person training as part of the quality management process to ensure all staff persons receive annual training in all topics required by regulation 2600.65g. *ju. 5/24/17*

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

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

Printed Name and Title of Legal Entity Representative
Jessica Verman Admin
(Required on EVERY Page) Date: *4/6/17*

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

The above plan of correction is approved as of 5/24/17
(Date)

Plan of correction implementation status as of 5/24/17
(Date)

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

- Fully Implemented *ju.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

RECEIVED

Violation Report #2990 - 02/03/2017 - Park, Wash
PCH Name: PLEASANT RIDGE MATURE LIVING

JUL 18 2017

AUG 17 2017

1. REGULATION # Pa. Code §2600
2600.86(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an uncovered urinal sitting on resident #3's night stand with 200 cc of urine in 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.

THE HOMES POLICY IS TO ROUND EVERY 2 HOURS TO ENSURE NOT ONLY SANITARY CONDITIONS BUT TO ENSURE ALL NEEDS ARE MET OF ALL RESIDENTS (IE. WANTS, NEEDS, INCONTINENCE CARE...)

IN THIS INSTANCE THE RESIDENT MAY HAVE URINATED IN THE URINAL BETWEEN PREVIOUS ROUNDS AND UPCOMING ROUNDS. THE HOME WILL CONTINUE TO FOLLOW THE HOMES ROUNDING PROCEDURE.

WITHIN 15 DAYS OF RECEIPT OF THE PLAN OF CORRECTION, THE ADMINISTRATOR OR DESIGNEE WILL REVIEW THE SUPERVISION NEEDS OF RESIDENTS WHO UTILIZE PORTABLE URINALS TO ENSURE THEY ARE EMPLOYED IN A TIMELY MANNER. gwl, 8/17/17

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 7/18/17

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

The above plan of correction is approved as of 8/17/17 (Date)

Plan of correction implementation status as of 8/17/17 (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: 42840 - 02/03/2017 - Park, Beth
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the first floor laundry room did not include scissors.

The first aid kit located in the first floor nurse station did not include scissors or adhesive tape.

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.

While the inspector was looking through the first aid kit, an employee did come to return the scissors that she was using, and in the exit interview it was stated that this would be noted. The home will also conduct periodic reviews of ALL first aid kits to ensure compliance.

at least weekly by a designated staff person

JW.
5/24/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Venan Admin* Date *5/6/17*

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

The above plan of correction is approved as of 5/24/17
(Date)

Plan of correction implementation status as of 5/24/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Bath
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

At 11:00 AM, the freezer labeled "deseris" measured 20 degrees Fahrenheit and remained at this temperature throughout the inspection.

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 freezer seal was replaced and the proper temperature was acquired. All freezers in the home have a proper thermometer in them and they will be checked to ensure proper temperature for compliance.

within 30 days of receipt of the plan of correction - all staff persons responsible for food storage and preparation will be educated on proper food storage, including the requirement that food requiring refrigeration shall be stored at or below 40° Fahrenheit and frozen food must be stored at or below 0° Fahrenheit. *gn. 5/24/17.*

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) *Jessica Ventan Admin* Date *5/24/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 5/24/17 (Date)

Plan of correction implementation status as of 5/24/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *gn.*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Beth
PCH Name: PLEASANT RIDGE MATURE LIVING

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
A sleeping hour drill was completed on 12/5/2016. However, the prior sleeping hour drill was conducted on 4/20/2016.

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 homes administrator will conduct ^{monthly} ~~quarterly~~ audits of the fire drill log to ensure compliance. *n.v. 4/24/17*

Within 30 days of receipt of the plan of correction: all staff persons will be educated on the requirement that a sleeping hour fire drill must be held at least once every 6 months.

n.v. 5/24/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Vernon Admin* Date *4/6/17*

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

The above plan of correction is approved as of 5/24/17 (Date)

Plan of correction implementation status as of 5/24/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *n.v.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Beth
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800.
2800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The fire drill logs indicate that all exits of the home were used for all of the fire drills conducted between 1/1/2016 and 12/31/2016.

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 home currently utilizes all exits during drills as advised by DHS. The home will block certain exits during fire drills to ensure that alternative routes are being used to maintain compliance and document as such in the fire drill log.

Fire drills conducted on 2/8/17, 3/10/17, 3/22/17 + 4/26/17 used alternate exit routes. *nu* 5/24/17.

within 30 days of receipt of the plan of correction: all staff persons will be educated on the requirement that alternate exits must be used during fire drills.
nu 5/24/17

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) *Jessica Kenyon Admin* Date *4/6/17*

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

The above plan of correction is approved as of 5/24/17 (Date)

Plan of correction implementation status as of 5/24/17 (Date)

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

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

APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Bath
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on [redacted] 2016; however, resident #1 did not have a medical evaluation 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.

The homes Director of Resident Care provided this to the inspector upon inspection.

During our exit interview it was stated that it would be noted as such. The homes administrator will do quarterly visual audits of all required forms to remain in compliance.

Within 15 days of receipt of the plan of correction: a designated staff person will review resident records to ensure each resident has a current medical evaluation completed in its entirety and documentation of the medical evaluation is kept in each resident record. JW 5/24/17

Repeat Violation; No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>JW</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Vanem Admin</i>			Date <i>4/6/17</i>

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

The above plan of correction is approved as of <u>5/24/17</u> (Date)	Plan of correction implementation status as of <u>5/24/17</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Beth
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A's most recent annual practicum was completed on 10/8/2016. Staff person A administered Metoprolol Succ ER, 100 mg, to resident #1 on 1/29/2017.

Staff person B's most recent annual practicum was completed on 10/8/2016. Staff person B administered Mirtazapine 15mg to resident #1 on 1/25/2017.

Staff person C's most recent annual practicum was completed on 9/16/2015. Staff person C administered Pantoprazole 40mg to resident #1 on 1/25/2017.

Staff person D's most recent annual practicum was completed on 10/8/2015. Staff person D administered Lidocaine Patch 5%, to resident #1 on 1/28/2017.

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 home immediately pulled ALL medication passers from our schedule. The home was told we had to in order to ensure compliance. The home contacted our trainer and had ALL medication passers retrained. The home was only sighted on 4 of the 11. The home was told that if we did not comply (letting them pass while being re-certified, we could be put on a provisional and or be shut down). All of the medication passers had been tenured employees and per Jason Williams (DHS Licensing Supervisor) should have been able to continue with the practicum observe getting all paper work in compliance.

Moving forward the home will audit all med-tech paperwork for completion in the time frame required by Chapter 2600.

staff persons A B + C were retrained in medication administration on 2/6/17. Staff person D no longer works for the home. The administrator will review all medication administration training records as part of the quality management review to ensure all staff persons who pass medications are qualified to do so & documentation is maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Warren Admin* Date *4/6/17*

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

The above plan of correction is approved as of 5/24/17 (Date)

Plan of correction implementation status as of 5/24/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

*JW.
5/24/17*

APR 07 2017

Violation Report: 42940 - 02/03/2017 - Park, Beth
POH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on [redacted] 2016; however, resident #1 did not have an assessment 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.

Resident 1 was completed while the inspectors were on site and given to them. This was an oversight. Moving forward the homes administrator will do quarterly visual audits of all required documents to ensure compliance.

Within 15 days of receipt of the plan of corrections: a designated staff person will review resident records to ensure each resident has a current assessment completed in its entirety and kept in each resident's record. J.W. 5/24/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Venan Admin* Date *4/6/17*

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

The above plan of correction is approved as of 5/24/17 (Date)

Plan of correction implementation status as of 5/24/17 (Date)

The above plan of correction was approved by J.W. (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented