



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2017

Mr. Robert Beach,
Board 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 March 2, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

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: Robin Knight		Region: WEST
Legal Entity Name: PARTNERS IN SENIOR CARE INC		RECEIVED
Legal Entity Address: ONE ELSTON WAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy C-2 LP 08/28/1998 Labor & Industry		MAY 08, 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A	Total Daily Staff: 38	Working Staff: 29
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 03/02/2017: Park, Beth; Marini, Michael		
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: 34 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: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

MAY 08 2017

Violation Report: 40302 - 03/02/2017 - Park, Beth
PCH Name: RIDGEWOOD AT SHENANGO VALLEY WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. However, one detector was only 5 feet 4 inches from the gas stove in the kitchen; one was only 7 feet 6 inches from the gas-fired hot water heater for the home; and one was only 1 foot away from the gas-fired hot water heater for the kitchen.

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 CO₂ detectors were moved to appropriate distance
the date of inspection (3-2-17)

See Attached floor plan with locations (Item A)
and attached pictures (#1,2,3,4)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Robin Knight

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

Robin Knight - Administrator

Date 5-8-17

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

The above plan of correction is approved as of 5/11/17
(Date)

Plan of correction implementation status as of 5/11/17
(Date)

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

- Fully Implomented *RK*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 08 2017

Violation Report: 40302 - 03/02/2017 - Park, Beth
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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 person A, hired [redacted] 2010, and direct care staff person B, hired [redacted] 2005, did not have the following required training during the 2016 training year: Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation, and support plan.

Also, direct care staff person B did not receive medication self-administration training 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.

On 5-8-17 Administrator reviewed forms (pre-screen, assessment, OME, and support plan with DCS A+B. See acknowledgement (Item B)

All DCS will receive this training annually. See 2017 calendar (Item C)

Administrator will review these forms during orientation with new DCS.

On 5-8-17 Administrator conducted training with DCS member B regarding medication self administration. See acknowledgement (Item B)

All DCS will receive this training annually. See training

calendar (Item C)
The administrator will review all staff person training as part of the quality management review to ensure all direct care staff persons receive annual training in all topics required by regulation 2600.65f. 5/11/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Robin Knight

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robin Knight - Administrator

Date 5-8-17

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The above plan of correction is approved as of 5/11/17 (Date)

Plan of correction implementation status as of 5/11/17 (Date)

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

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

MAY 08 2017

Violation Report: 40302 - 03/02/2017 - Park, Beth
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE
Human Services Licensing

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 currently serves 34 residents requiring a total minimum of 102 gallons of emergency drinking water. However, there were only 19 gallons of drinking water on site and the contractual agreement, dated 1/6/17, with Turner Dairy Farms, does not include the amount of water to be delivered or a guarantee that the water would be delivered in the event of a regional general 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.

The home added additional emergency drinking water.

There are 22 cases on site, each case consists of 24, 16.9 oz bottles (see picture #5)

Total gallons available 139.

Dining manager will rotate stock so not to out date and replenish as necessary to maintain 22 cases on site. at least monthly 9U.5/11/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Robin Knight

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robin Knight - Administrator Date 5.8.17

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Plan of correction implementation status as of 5/11/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 9U.
- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

Violation Report: 40302 - 03/02/2017 - Park, Beth
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

MAY 08 2017

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 12/12/2016, did not include the resident's height or weight.

WEST REGION FIELD OFFICE
 Human Services Licensing

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 height and weight added 3.4.17
 (see Item D)

Resident Care Coordinator will review all DMF's returned by Physician to ensure ht. & wt. are present.

Within 15 days of receipt of the plan of correction: a designated staff person will review all new medical evaluations for accuracy and completion prior to the medical evaluation being placed into the resident's record. JN. 5/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Robin Knight

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

Robin Knight Administrator

Date

5.8.17

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5/11/17
 (Date)

Plan of correction implementation status as of

5/11/17
 (Date)

The above plan of correction was approved by

JN.
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JN.*
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RECEIVED

Violation Report: 40302 - 03/02/2017 - Park, Beth
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.C.S. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.
 MAY 08 2017
 WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed a sliding scale of Novolog insulin before meals as follows:
 * Less than 70=call MD
 * 70-140=0 units
 * 141-180=1 units
 * 181-220=2 units
 * 221-260=3 units
 * 261-300=4 units
 * 301-340=5 units
 * Greater than 340=6 units and call the MD
 On 2/27/2017 at 8:42 AM, resident #3's blood glucose reading was 155 requiring 1 unit to be given. However, no units of Novolog were 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.
 Administrator investigated error of 2-27-17. Staff member who committed error feels [redacted] documented glucose reading incorrectly therefore resulting in medication error.
 Medication error was reported to DHS 3-3-17. Error also reported to resident, resident PCA and resident Physician. (see Item E)
 All med trained staff have been educated and trained on policy, procedure and documentation of blood glucose values. (see Items F + G)
 Resident Care Coordinator will do weekly reviews of Accucheck machine history to ensure matching data.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Robin Knight - Administrator* Date *5-8-17*

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 (Date)
 The above plan of correction was approved by [Signature]
 (Initials)
 Plan of correction implementation status as of 5/11/17
 (Date)
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 Partially Implemented - Adequate Progress *[Signature]*
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

MAY 08 2017

Violation Report: 40302 - 03/02/2017 - Park, Beth
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1, who was admitted on [redacted] 2016, did not have a pre-admission screening form completed.

Resident #2, who was admitted on [redacted] 2016, did not have a pre-admission screening form 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 of facility at time of resident #1 and #2 admissions is no longer employed by home.

Current Administrator will complete pre-admission screening form on all new residents prior to Admission.

If Administrator is unavailable, Administrator designee will complete pre-admission screening form.

Within 30 days of receipt of the plan of corrections: the administrator will develop and implement a new resident document tracking system to ensure a preadmission screening is completed within 30 days prior to admission.
su. 5/11/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robin Knight - Administrator* Date *5-8-17*

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

Plan of correction implementation status as of 5/11/17 (Date)

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- Partially Implemented - Adequate Progress *su.*
- Partially Implemented - Inadequate Progress
- Not Implemented