



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to RIVERCLIFF TERRACE INC
LEGAL ENTITY

To operate RIVERCLIFF TERRACE ANNEX
NAME OF FACILITY OR AGENCY

Located at 322 NORTH MCKEAN STREET, KITTANNING, PA 16201
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 30, 2017 until March 2, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426931**

Robert E. Robinson

ISSUING OFFICER

Jay Baulch

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/14



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

AUG 30 2017

Mr. Craig T. Luffey,
Administrator
Rivercliff Terrace, Inc.
120 Allegheny Avenue
Kittanning, Pennsylvania 16201

RE: Rivercliff Terrace Annex
322 North McKean Street
Kittanning, Pennsylvania 16201
License #: 426931

Dear Mr. Luffey:

As a result of the Department of Human Services' (Department) licensing inspections on April 25, 2017, April 26, 2017 and July 7, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #426930 dated December 3, 2016 to December 3, 2017 is REVOKED. Additionally, your license dated December 3, 2017 to December 3, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated December 3, 2017 to December 3, 2018 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
103f	III	19	\$3	\$57	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

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AUG 08 2017

Page 2 of 33

Violation Report: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

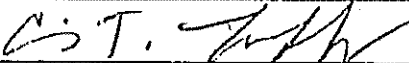
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
On 4/25/17 and 4/26/17, the current licensing inspection summary, dated 7/21/16, was not posted in the home.

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 designee shall post the licensing inspection summary dated 7/21/16. 8-9-17
Immediately: A designee shall check the home at least weekly to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home. 8-8-17

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 Date
(Required on EVERY Page) Administrator 08-08-2017

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

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

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

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

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

AUG 08 2017

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
On 4/25/17, licensing representatives made multiple requests for staff and resident records. However, staff person A, the home's administrator, was unable produce many of the requested records until 4/26/17.

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 shall develop and implement a system of record keeping that ensures the agents of the Department, upon request, have immediate access to records including staff training records. *8-8-17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Craig T. Luffey 08-08-2017
Administrator

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

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

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

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

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

AUG 08 2017

Violation Report: 42693 - 04/25/2017 - Plaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/16/16 at 3:30 p.m., resident #1 left the home. At approximately 4:20 p.m. resident #1 was found by bystanders approximately three blocks away from the home, lying on the front steps of a residence. The resident was taken to the hospital by emergency medical services and diagnosed with a clavicle fracture. The home did not submit an incident report to the Department for the incident until 5/4/17.

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: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. 8-8-17

Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. 8-9-17

Report 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)

Craig T. Luffey
Administrator

Date 08-08-2017

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The above plan of correction is approved as of 8-9-17
(Date)

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

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

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

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

Houso Bill No. 1785, The Influenza Awareness Act 2016, requires that preparation and publication of information relating to the Influenza vaccine is posted in a public place in the facility year-round. On 4/25/17 and 4/26/17, the Influenza Awareness information was not posted in the home.

*According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has not installed any carbon monoxide alarm in close proximity to the gas stove/oven located in the kitchen on the first floor or the boilers on the first floor.

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 placed a carbon monoxide detector in proximity to the fossil fuel burning devices. 8-8-17

Immediately: The administrator or designee shall follow the Care Facility Carbon Monoxide Alarms Standards Act. as follows:

* Carbon monoxide detectors and alarm systems installed at a care facility shall be tested and cleaned as indicated in the manufacturer's guidelines.

* If the unit operates by a battery, the battery may not be removed for any length of time beyond that necessary to change the battery.

* The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

* In the event that an alarm installed in accordance with this section sounds, the care facility staff shall:

1. Take immediate action to introduce fresh outside air into the care facility by opening available windows and doors, unless opening a specific door presents additional risk to resident safety.

2. Contact emergency services in accordance with the care facility's written policies and procedures relating to carbon monoxide alarms and evacuations.

3. Move residents to the nearest source of fresh outside air, account for all residents and remain with the residents until first responders arrive and assess the need for evacuation.

4. Evacuate residents when first responders consider an evacuation necessary. 8-8-17

The home posted the influenza awareness information. 8-8-17

Immediately: The administrator or designee shall check the home weekly to ensure the influenza awareness information is posted in a conspicuous and public place. 8-8-17

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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(Date)

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

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

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

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AUG 08 2017

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Violation Report: 42693 - 04/26/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 09. The home was unable to produce a contract for the resident.

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 resident-home contract was put in place for resident #2. 8-8-17

Immediately: The administrator shall review all current resident records to ensure there is a resident-home contract in place for all residents. 8-8-17

Immediately: The administrator shall develop and implement a tracking system to ensure a contract is completed for all new admissions within 24 hours after admission. 8-8-17

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey
Administrator Date 08-08-2017

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The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #3's contract, dated [redacted] 10, was not signed by the resident, the administrator or a designee.

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 #3's contract was signed by the resident and the administrator. 8-8-17
Immediately: The administrator shall review all current resident records to ensure there is a resident-home contract in place for all residents and all of the required signatures have been obtained in accordance with regulation 2600.25(b). 8-8-17
Immediately: The administrator shall develop and implement a tracking system to ensure a contract is completed for all new admissions within 24 hours after admission and all of the required signatures have been obtained in accordance with regulation 2600.25(b). 8-8-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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AUG 08 2017

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Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home conducted a quality management review on 3/28/16. However the quality management review did not include any of the required topics.

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 designee shall conduct a quality management review which includes a review of all of the required components in accordance with regulation 2600.26b. Documentation of the review shall be kept. 8-8-17

Immediately: The administrator or designee shall schedule and conduct a quality management review, at least annually, which includes a review of all of the required components in accordance with regulation 2600.26b. Documentation of the review shall be kept. 8-8-17

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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(Date)

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

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

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

Violation Report: 42693 - 04/26/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

On 4/25/17 and 4/26/17 resident #4 was observed cleaning all of the resident's placemats and placed napkins at all of the resident's dining table seats for the lunch time meal. Resident #4 completes this labor on behalf of the home on a regular basis and is not compensated for this labor performed on behalf of the home.

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: Resident #4 shall no longer perform labor on behalf of the home without compensation in accordance with State and Federal labor laws. If any resident performs labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws. *8-8-17*

Immediately: The administrator or designee shall work with the resident, resident's family and resident's physician to develop other activities the resident can participate in which does not include performing labor on behalf of the home. This shall include the use of positive interventions. Resident #4's assessment and support plan shall be updated related to the activities and positive interventions. *8-8-17*

Immediately: All staff persons shall be educated that any resident performing labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, must be compensated in accordance with State and Federal labor laws. *8-8-17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *C.T. Luffey*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Craig T. Luffey Administrator 08-08-2017

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

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

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

Plan of correction Implementation status as of 8-8-17
(Date)

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

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AUG 08 2017

Page 10 of 33

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

On 4/25/17, the home was video recording the entire hallway of the second and third floors, with two cameras on each floor, including the entrances/exits to resident rooms.

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 is no longer video recording the areas cited in the violation. 8-8-17

Immediately: The administrator or designee shall monitor the home monthly to ensure video recording is in areas completely inaccessible to residents or of the homes entrances and exits, as well as, interior corridors of the entrances and exits and signs are posted in the areas that are being recorded. This will include ensuring no prohibited areas of the home are being video recorded. 8-8-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016	
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Signature of Legal Entity Representative (Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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

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

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

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

- Fully Implemented
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AUG 08 2017

Page 13 of 33

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, was unable to produce any documentation of completing any of the required 24 hours of annual 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.

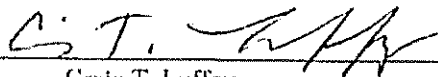
Immediately: The home shall develop and implement a 2017 schedule of training for administrator A, which includes a total of 48 hours of training to be completed by 12/31/17 (24 hours for 2016 and 24 hours for 2017). A total of 24 hours shall be completed by September 30, 2017. The training schedule shall include: course title, date, time, location, number of approved hours. *8-8-17 y*

Immediately: The administrator shall develop and implement a system to ensure all administrator training is documented, in the administrator's record and available to the Department upon request. *8-8-17 y*

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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(Date)

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(Date)

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(Initials)

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

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home on 4/4/17. However, direct care staff person B did not complete training in any of the training topics required in accordance with regulation 2600.65(b) within 40 scheduled working hours.

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.

Direct care staff person B no longer works in the home. *B-B-17y*

Immediately: The administrator or designee shall review all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). Documentation of the training shall be placed in the employee's record. *B-B-17y*

Immediately: The administrator shall review all new staff person training records to ensure all new staff persons including ancillary staff persons, substitute personnel and volunteers have received orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65b within 40 scheduled working hours. Documentation of the training shall be placed in the employee's record. *B-B-17y*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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

The above plan of correction is approved as of <u><i>B-B-17</i></u> (Date)	Plan of correction implementation status as of <u><i>B-B-17</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

There is no documentation that direct care staff person C completed training on any of the required training topics in accordance with regulation 2600.65(f) during the 2016 training year.

There is no documentation that direct care staff person D completed training on any of the required training topics in accordance with regulation 2600.65(f) 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 persons C and D completed the required training on 7/12/17. *8-8-17*

Immediately: The administrator shall review all direct care staff current training records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2016 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 15 days of receipt of the plan of correction. Documentation of the training shall be placed in the employee's record. *8-8-17*

Immediately: The administrator or designee shall develop and implement an annual staff training plan which includes all of the required training topics in accordance with regulation 2600.65(f). *8-8-17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		<i>C. T. Luffey</i>	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Craig T. Luffey Administrator	Date 08-08-2017

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

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

Plan of correction implementation status as of *8-8-17*
(Date)

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

AUG 08 2017

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
 PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

There is no documentation that direct care staff person C completed training on any of the required training topics in accordance with regulation 2600.65(g) during the 2016 training year.

There is no documentation that direct care staff person D completed training on any of the required training topics in accordance with regulation 2600.65(g) during the 2016 training year.

There is no documentation that direct care staff person E completed training on any of the required training topics in accordance with regulation 2600.65(g) 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 persons C, D and E completed the required training on 7/12/17. *8-8-17 ✓*

Immediately: The administrator shall review all staff training records to ensure all staff has received the required training on all topics in accordance with regulation 2600.65(g) during the 2016 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 15 days of receipt of the plan of correction. Documentation of the training shall be placed in the employee's record. *8-8-17 ✓*

Immediately: The administrator or designee shall develop and implement an annual staff training plan which includes all of the required training topics in accordance with regulation 2600.65(g). *8-8-17 ✓*

Report Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
<i>C. T. Luffey</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date	
Craig T. Luffey Administrator		08-08-2017	

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

The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partly implemented - Adequate Progress ✓ <input type="checkbox"/> Partly implemented - Inadequate Progress <input type="checkbox"/> Not implemented

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Violation Report: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

Direct care staff person E's training record does not include the length of courses for any of the 2016 annual training the staff person received.

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 designee shall develop and implement a system to ensure all of the required information in accordance with regulation 2600.65(i) is included with each staff training. 8-8-17

Immediately: The administrator or designee shall review the documentation of all staff training, within one week of the training, to ensure all of the required information in accordance with regulation 2600.65(i) is included in the documentation. 8-8-17

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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The above plan of correction is approved as of

8-8-17
(Date)

Plan of correction implementation status as of

8-8-17
(Date)

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

The above plan of correction was approved by

(Initials)

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Violation Report: 42893 - 04/26/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

AUG 08 2017

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home has not developed a 2017 staff training plan.

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 designee shall develop and implement a 2017 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation shall be kept.

8-8-17g

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

Signature of Legal Entity Representative (Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Date 08-08-2017
Administrator

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

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

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

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

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AUG 08 2017

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Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 4/25/17, refrigerator #3 in the kitchen contained two small plastic containers of soup, one small plastic container of pasta and medium sized plastic bag of soup which were not in the original container and not dated.

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: All unlabeled or undated food will be disposed of. 8-8-17 ✓

Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling labelling and dating leftover food. 8-8-17 ✓

Immediately: A designee shall check all food storage areas weekly including refrigerators and freezers to the safe storage of food items including labeling labelling and dating leftover food. 8-8-17 ✓

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

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

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

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AUG 08 2017

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Violation Report: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
On 4/25/17, freezer #3 in the food storage area contained two small uncooked roasts in plastic resalable bags which were not dated.

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: All undated food will be disposed of. 8-8-17
Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. 8-8-17
Immediately: A designee shall check all food storage areas weekly including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. 8-8-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Date 08-08-2017
Administrator

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The above plan of correction is approved as of 8-8-17 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 8-8-17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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AUG 08 2017

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Violation Report: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
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

On 4/26/17, there were 18 residents in the home. The home had only 17.5 gallons of emergency drinking water on hand. The home did not have an emergency water contract with anyone to supply emergency water.

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 home will maintain a 3 -- day supply of emergency drinking water or will obtain a current contract with a vendor to deliver water in the event of an emergency. If the home chooses to obtain a written contract for the emergency delivery of drinking water the contract shall include: the amount of water to be delivered; a guarantee the water will be delivered immediately upon request, 24 - hours a day and a guarantee the water will be delivered as a priority even in the event of a regional emergency. 8-8-17 ✓

Immediately: The administrator or designated staff person will monitor the food water in the home weekly to ensure there is at least a three day supply of nonperishable food and water available for each resident. 8-8-17 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction Implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(c) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #5 requires the use of hearing aids. Resident #5 is unable to hear the fire alarm even with the use of hearing aids. The home does have any signaling device to alert the resident in the event of a fire.

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 designee shall obtain a signaling device for resident #5 which alerts the resident of a fire alarm at all times. Any assistive device obtained to alert residents or staff of a fire alarm will be approved by a fire safety expert and tested to ensure the device alerts the resident or staff at all times of a fire alarm.

Documentation of approval and testing will be kept. 8-8-17

Immediately: Any assistive device obtained to alert residents or staff of a fire alarm will be tested monthly during fire drills to ensure the device alerts the resident or staff at all times of a fire alarm. 8-8-17

Immediately: The resident shall be educated on the use of any assistive device alerting the resident of a fire alarm.

8-8-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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

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

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

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

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

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AUG 08 2017

Page 23 of 33

Violation Report: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.132(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

On 1/17/17 at 5:45 a.m. the home conducted a fire drill with 24 residents present in the home. The fire drill record indicates only 22 residents evacuated during the fire drill. Staff person A, the home's administrator, indicated that all 24 residents evacuated during the fire drill and the fire drill record was inaccurate.

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 conducted fire drills on 4/29/17, 5/2/17 and 6/13/17 with all require documentation in accordance with regulation 2800.132(c). 8-8-17 ✓

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes; the date, time, 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 activated. 8-8-17 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

C. T. Luffey

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

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

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

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

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AUG 08 2017

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Violation Report: 42893 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 2/23/17, the home conducted a fire drill at 2:00 p.m. with 22 residents in the home. However, staff interviews confirmed that all of the residents were evacuated to the first floor television room or "church room".

On 3/11/17 at 2:00 p.m. the home conducted a fire drill with 22 residents present in the home. However, resident #6 did not evacuate his/her bedroom during the fire drill. Interviews confirmed that resident #6 regularly does not evacuate for fire drills.

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: All staff and residents shall be educated on the home's fire drill and evacuation procedures including the requirement that all residents shall evacuate to a public thoroughfare or a fire-safe area designated in writing within the past year by a fire safety expert. Documentation of education shall be kept. 8-8-17 y

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month and all residents are alerted of the fire alarm and evacuate to a public thoroughfare or a fire-safe area designated in writing within the past year by a fire safety expert. 8-8-17 y

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

C. T. Luffey

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

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

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

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

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AUG 08 2017

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Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

On 4/25/17, there was no exit sign at the emergency exit from the "church room". On this date there were 18 residents present in the home.

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 designee shall place a sign bearing the word "EXIT" by the "church room" exit. The sign shall have letters 6" in height and with the principal stroke of letters at least 3/4" wide. 8-8-17 ✓

Immediately: The administrator or designee shall check all exits to ensure a sign bearing the word "EXIT" by the each exit. The sign shall have letters 6" in height and with the principal stroke of letters at least 3/4" wide. 8-8-17 ✓

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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The above plan of correction is approved as of

8-8-17
(Date)

Plan of correction implementation status as of

8-8-17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

✓
(Initials)

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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 #3 was admitted to the home on [redacted] 16. The home does not have documentation of an initial medical evaluation being completed for the resident.

Resident #7 was admitted to the home on [redacted] 16. The home does not have documentation of an initial medical evaluation being completed for the resident.

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: Resident #3 and resident #7 shall have an in-person medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form. 8-8-17

Immediately: The administrator or designee shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations shall be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 8-8-17

Immediately: The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). 8-8-17

Immediately: All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). 8-8-17

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

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

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

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AUG 08 2017

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's most recent medical evaluation was completed on 2/14/16.

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: Resident #2 shall have an in-person medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form. 8-8-17y

Immediately: The administrator or designee shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations shall be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 8-8-17y

Immediately: The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(b). 8-8-17y

Immediately: All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(b). 8-8-17y

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

Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Craig T. Luffey Administrator 08-08-2017

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

The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented y

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Page 28 of 33

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 4/25/17, there were no menus posted in the home.

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 designee shall post the current and week in advance menus in a conspicuous and public place. 8-8-17

Immediately: A designee shall check the home weekly to ensure menus are posted in accordance with regulation 2600.162(c). 8-8-17

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

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

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

There is no documentation that direct care staff person C the medication administration course. Direct care staff person C administered medications to residents in the home to include: 4/1/17, 4/3/17, 4/5/17, 4/8/17, 4/10/17 and 4/11/17 at 8:00 p.m.

There is no documentation that direct care staff person E completed the medication administration course. Direct care staff person E administered medications to residents in the home to include: 4/3/17 through 4/7/17 at 7:00 a.m.

There is no documentation that direct care staff person F completed the medication administration course. Direct care staff person F administered medications to residents in the home to include: 4/2/17 through 4/7/17 at 8:00 a.m.

There is no documentation that direct care staff person G completed the medication administration course. Direct care staff person G administered medications to residents in the home to include: 4/1/17, 4/8/17, 4/16/17 and 4/22/17 at 8:00 a.m.

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.

Direct care staff persons F and G complete the medication administration training course on 7/17/17 *8-8-17*

Immediately: Direct care staff persons C and E shall not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train - the - Trainer. Documentation of training shall be kept in the staff record. *8-8-17*

Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) will be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator will arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.192(b). Documentation of qualifications of any person administering medications in the home will be kept. *8-8-17*

Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. This includes all staff persons qualified to administer medications completing the annual practicum requirements in order to continue to be qualified to administer medications. *8-8-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Craig T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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

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

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

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

Violation Report: 42693 - 04/26/2017 - Pfaff, Vicki
 PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa.Code §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 #3 was admitted to the home on [REDACTED] 16. The home does not have documentation of an initial assessment being completed for the resident.
 Resident #7 was admitted to the home on [REDACTED] 16. The home does not have documentation of an initial assessment being completed for the resident.

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 designee shall complete assessments for resident #3 and resident #7. *8-8-17y*

Immediately: The administrator or designee shall review all resident records to ensure an assessment has been completed for all residents within the past year. *8-8-17y*

Immediately: The administrator will develop and implement a tracking system to ensure all assessments are completed in accordance with regulation 2600.225(a). *8-8-17y*

Report 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	
Craig T. Luffey Administrator		08-08-2017	

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>y</i> <input type="checkbox"/> Not Implemented

Violation Report: 42693 - 04/26/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on [redacted] 16. The home does not have documentation of an initial support plan being completed for the resident.

Resident #7 was admitted to the home on [redacted] 6. The home does not have documentation of an initial support plan being completed for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

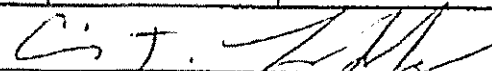
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator or designee shall complete support plans for resident #3 and resident #7. 8-8-17

Immediately: The administrator or designee shall review all resident records to ensure a support plan has been completed for all residents within the past year. 8-8-17

Immediately: The administrator will develop and implement a tracking system to ensure all support plans are completed in accordance with regulation 2600.227(a). 8-8-17


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Administrator Date 08-08-2017

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The above plan of correction was approved by  (Initials)

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

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

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Page 33 of 33

Violation Report: 42693 - 04/25/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.227(l) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

All of the residents' support plans are maintained on the administrator's office in a computer. When the administrator is not in the home, direct care staff persons do not have access to any of the residents' support plans.

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 shall develop a system to ensure staff has access to all resident support plans at all times. 8-8-17

Immediately: All staff persons shall be educated on the accessibility of support plans. 8-8-17

Immediately: The administrator shall monitor resident records monthly to ensure all staff persons have access to resident support plans. 8-8-17

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

PCH Name: RIVERCLIFF TERRACE ANNEX		License Number: 42693
Address: 322 NORTH MCKEAN STREET, KITTANNING, PA 16201		County: Armstrong
Administrator: Craig T. Luffey		Region: WEST
Legal Entity Name: RIVERCLIFF TERRACE INC		
Legal Entity Address: 120 ALLEGHENY AVENUE, KITTANNING, PA 16201		
Certificate(s) of Occupancy LPCH 07/10/1981 PA I.&I		RECEIVED JUL 13 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 19	Working Staff: 14
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspection Dates and Department Representatives On-Site 07/07/2017: Pfaff, Vicki; Kimberland, Jon		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 19 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: 1 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

JUL 13 2017

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 8/29/17 at approximately 3:00 p.m., in the church room, staff person A yelled at resident #1 that [redacted] needed to get up and walk or [redacted] would be discharged from the home. Resident #1 became upset and started to cry.

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 A, will complete training named Elder Abuse / Older Adult Protective Services Act.

A list of Training Topics just arrived on 07-13-2017.

Priority Arrangements will be made to immediately get this training and submit.

Staff person A, discussed this above mentioned event with homes owner, and assured him, such actions are unacceptable and will never happen.

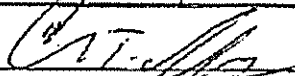
As training for above topic is completed, it will be immediately sent in.

Immediately: The home's owner or designee who is not the administrator shall interview at least three residents a week that staff persons A has contact with for three months and biannually thereafter to ensure residents are treated with dignity and respect. Documentation of interviews shall be kept. 8-8-17 ✓

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept. 8-8-17 ✓

Within 45 days of receipt of the plan of correction: All Staff person A shall receive at least three hours sensitivity training related to the elderly from an outside source. Documentation of training shall be kept. 8-8-17 ✓

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 Date
(Required on EVERY Page) Craig T. Luffey 07-13-2017

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

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

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

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

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JUL 13 2017

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

There is no documentation that direct care staff person B completed training on any of the required training topics in accordance with regulation 2600.65(f) 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 07-07-2017 Family Home Health and Medi Home Health were contacted in regards to training.
Training is being sent for 2016 for Staff Person B to complete as well as training for 2017

Yearly Staff Training Plan will be updated to ensure proper documentation of training, date, subject, and hours.

Administrator will ensure training will be completed and 2016 training will be sent in immediately when it arrives and finished.

Family Home Health provides 2 one hour courses at a time, so, as soon as each is completed, and verification done, such will be sent in for compliance.

See page 3 4 of 16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016	
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Date 07-13-2017

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(Date)

Plan of correction Implementation status as of 8-8-17
(Date)

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(Initials)

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- Not Implemented

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Violation Report: 42893 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800
2800.85(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
There is no documentation that direct care staff person B completed training on any of the required training topics in accordance with regulation 2800.85(f) 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.

Immediately: The administrator shall review all direct care staff training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2800.85(f) during the 2016 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2800.85(f), the training will be completed within 15 days of receipt of the plan of correction. Documentation of the training shall be placed in the employee's record. *8-8-17*

Immediately: The administrator or designee shall develop and implement an annual staff training plan which includes all of the required training topics in accordance with regulation 2800.85(f). *8-8-17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey
Administrator Date 08-08-2017

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Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
 PCH Name: RIVERCLIFF TERRACE ANNEX
 JUL 13 2017

1. REGULATION 55 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:
 WEST REGION FIELD OFFICE
 Human Services Licensing

- (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
 There is no documentation that direct care staff person B completed training on any of the required training topics in accordance with regulation 2600.65(g) 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 B has completed annual training for regulation 2600.65(g) on July 12, 2017.

See Attachment

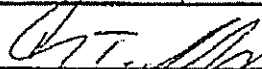
Yearly Staff Training Plan will be updated to ensure proper documentation of training, date, subject, and hours.

Administrator will ensure training will be completed and 2016 training will be sent in immediately when it arrives and finished.

Immediately: The administrator shall review all staff training and records to ensure all staff has received the required training on all topics in accordance with regulation 2600.65(g) during the 2016 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 15 days of receipt of the plan of correction. Documentation of the training shall be placed in the employee's record. 8-8-17

Immediately: The administrator or designee shall develop and implement an annual staff training plan which includes all of the required training topics in accordance with regulation 2600.65(g). 8-8-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey	Date 07-13-2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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The above plan of correction was approved by <u>S</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

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JUL 13 2017

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher cabinet on the first floor next to the administrator's office is not secured to the wall. When attempting to open the fire extinguisher cabinet to gain access to the fire extinguisher, the entire cabinet comes out of the wall. There is a crack in fire extinguisher cabinet glass window, on the bottom left side, measuring approximately 1". The sharp edge of the glass raised up.

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 July 12, 2017 the fire extinguisher cabinet was securely fastened to the wall, and the broken glass was replaced with plexi-glass.

To ensure the cabinet remains secured it will be checked during monthly fire extinguisher checks by a designated staff member.

This staff member will inform the administrator of any future repairs that may made to ensure it remains secured.

See Attachment Picture:

Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. *8-8-17*

Immediately: A designee shall check the home weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. *8-8-17*

Rpeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *C.T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Date 07-13-2017

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JUL 13 2017

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki PCH Name: RIVERCLIFF TERRACE ANNEX		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.			
2a. DESCRIPTION OF VIOLATION There was no bedside table or shelf in bedroom #207. Resident # [redacted] resides in bedroom #207.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
On July 12th, a bedside table was placed in room #207 next to the bed of resident # [redacted]			
Staff members have each been individually spoken to in regards to each residents room is to have a bedside Table or Shelf.			
If Staff encounter a resident's room without a bed side table, and proper lighting the administrator will be informed, so the proper furniture can be provided.			
See Attachment:			
Immediately: The administrator or designee shall check all resident rooms to ensure each resident has a bedside table or shelf. <i>8-8-17 y</i>			
Immediately: The administrator or designee shall check each resident room at least monthly to ensure each resident has a bedside table or shelf. <i>8-8-17 y</i>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey			Date 07-13-2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>8-8-17</i></u> (Date)		Plan of correction implementation status as of <u><i>8-8-17</i></u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></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	

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JUL 13 2017

Violation Report: 42093 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no lamp or other source of light at resident [redacted] bedside in room #309.

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 July 12, a push light was installed in room #309 to provide light at night for resident [redacted]

Staff members have each been individually spoken to in regards to each residents room is to have a operable lamp or other source of lighting that can be turned on at bedside.

If Staff encounter a resident's room without operable lamp or other source of lighting that can be turned on at bedside. They are to inform administrator immediately so one can be provided.

See Attachment:

Immediately: The administrator or designee shall check all resident rooms to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside. *B-B-114*

Immediately: The administrator or designee shall check each resident room at least monthly to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside. *B-B-114*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *C.T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Date 07-13-2017

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The above plan of correction is approved as of *B-B-11*
(Date)

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

Plan of correction implementation status as of *B-B-17*
(Date)

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

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JUL 13 2017

Page 9 of 16

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki

PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

There was no drapes, shades, curtains, blinds or shutters on the bedroom window of bedroom #207 to provide resident privacy. Resident [redacted] resides in bedroom #207.

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 July 12th, a blind was placed in room #207 for resident [redacted]

Staff members have each been individually spoken to in regards to each residents room is to have drapes, shades, curtains, blinds, or shutters to provide privacy.

If Staff encounter a resident's room without drapes, shades, curtains, blinds, or shutters to provide privacy. drapes, shades, curtains, blinds, or shutters to provide privacy.

They are to inform administrator immediately so one can be provided.

See Attachment:

Immediately: The administrator or designee shall check all resident rooms to ensure each resident bedroom has drapes, shades, curtains, blinds or shutters on the bedroom windows. 8-8-17 y

Immediately: The administrator or designee shall check each resident room at least monthly to ensure each resident bedroom has drapes, shades, curtains, blinds or shutters on the bedroom windows. 8-8-17 y

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)

Craig T. Luffey

Date 07-13-2017

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

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

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

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

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

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION

There was a baking sheet measuring approximately 8" X 16" which contained 23 tomato halves with seasoning uncovered in refrigerator section of the kitchen refrigerator/freezer #2.

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.

Kitchen Staff and each of Direct Care Staff were each shown the regulation and violation report in regards to the exposed food in kitchen refrigerator/freezer #2

The importance of this regulation of uncovered food and chance of contamination was stressed to staff.

Administrator will do periodic checks of all refrigerators to ensure this does not happen again, and this regulation will be incorporated into kitchen training.

Immediately: A designated staff person will check all food storage areas weekly including refrigerators and freezers to ensure all food items are protected from contamination while being stored, prepared, transported or served.

8-8-17

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
Craig T. Luffey			07-13-2017

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

The above plan of correction is approved as of	<u>8-8-17</u> (Date)	Plan of correction Implementation status as of	<u>8-8-17</u> (Date)
The above plan of correction was approved by	<u>CL</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
 PCH Name: RIVERCLIFF TERRACE ANNEX
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 The refrigerator section of the #2 kitchen refrigerator/freezer contained undated food items as follows:
 * A gallon square plastic ice cream container with approximately 1" of gravy left in the container.
 * A quart sized plastic bag of shredded cheese
 * A leftover plate containing a slice of ham and a small cup of cottage cheese
 * A 32oz. round container 1/3rd full of an unknown brown substance
 * A gallon resealable plastic bag on noodles which had a 1/4" hole in the bag

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 07-12-2017 Kitchen Staff and each of Direct Care Staff were each shown the regulation and violation report in regards to food being unlabeled and sealed correctly to avoid contamination.

Labels were produced containing all required information for staff to use when putting food in any refrigerator or freezer.

Administrator will do periodic checks of all refrigerators to ensure this does not happen again, and this regulation will be incorporated into kitchen training.

See Attachment:

Immediately: All unlabeled or undated food will be disposed of. 8-8-17

Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling labelling and dating leftover food. 8-8-17

Immediately: A designee shall check all food storage areas weekly including refrigerators and freezers to the safe storage of food items including labeling labelling and dating leftover food. 8-8-17

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

Craig T. Luffey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Craig T. Luffey	07-13-2017

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

The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JUL 13 2017

Page 12 of 16

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

The temperature of the #1 freezer in the food storage area behind the kitchen measured 30 degrees Fahrenheit. The door seal of the freezer was not functioning and the temperature of the freezer was maintained at 30 degrees Fahrenheit throughout the day. The freezer contained multiple food items to include:

- * Twelve one gallon ice cream containers with assorted food items which were thawed or thawing.
- * A 52 count bag of fish sticks which were thawed
- * A 10 count bag of fish fillets which were thawed
- * Two 32oz. bags of tator tots which were thawed
- * Two eight count bags of hamburger buns which were thawed
- * A 5lb bag of chipped ham.

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 door seal has been repaired and on July 11, 2017 a reading of -14 degrees was observed.

The freezer was again checked again on July 12, 2017 and the freezer had a temperature of -15 degrees.

All Food from that Freezer was removed and taken away.

Kitchen Staff and Direct Care Staff were each spoken to about the regulation and the violation of the freezer being above "Zero Degrees"

Administrator will do periodic checks of all freezers to ensure this does not happen again, and this regulation will be incorporated into kitchen training.

See page 12A of 16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey Date 07-13-2017

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

The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction Implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

The temperature of the #1 freezer in the food storage area behind the kitchen measured 30 degrees Fahrenheit. The door seal of the freezer was not functioning and the temperature of the freezer was maintained at 30 degrees Fahrenheit throughout the day. The freezer contained multiple food items to include:

- * Twelve one gallon ice cream containers with assorted food items which were thawed or thawing.
- * A 52 count bag of fish sticks which were thawed
- * A 10 count bag of fish fillets which were thawed
- * Two 32oz. bags of tator tots which were thawed
- * Two eight count bags of hamburger buns which were thawed
- * A 5lb bag of chipped ham.

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: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. *8-8-17*

Immediately: The a designee shall check all refrigerators and freezers daily to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of checks shall be kept. *8-8-17*

Immediately: The administrator shall check all refrigerators and freezers weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.

Report Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016	
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. T. Luffey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey
Administrator Date 08-08-2017

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

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

The above plan of correction was approved by [Signature]
(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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Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

JUL 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Ouldated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The freezer section of the #1 kitchen refrigerator/freezer contained a loaf of bread in clear cellophane which was undated.
The freezer section of the #2 kitchen refrigerator/freezer contained a resalable gallon plastic bag 1/2 of a blueberry pie which was undated.
The freezer section of the #3 kitchen refrigerator/freezer contained a small rectangular plastic container 1/2 full of an unidentified food.
The #1 freezer in the food storage area behind the kitchen contained a gallon ice cream container of an unidentified brown food and a gallon ice cream container, 1/2, full, of chili which were not dated.

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.

All above mentioned food was immediately thrown away and shown to all Kitchen and Direct Care Staff.
On 07-12-2017 Kitchen Staff and each of Direct Care Staff were each shown the regulation and violation report in regards to food being labeled and sealed correctly to know what each item is and shelf life.
Labels were produced containing all required information for staff to use when putting food in any refrigerator or freezer.
On July 12, 2017 a Food Service Regulations document was posted in the kitchen
Administrator will do periodic checks of all freezers to ensure this does not happen again, and this regulation will be incorporated into kitchen training.

SEE PAGE 13A OF 16

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey

Date 07-13-2017

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

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

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

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

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

AUG 08 2017

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The freezer section of the #1 kitchen refrigerator/freezer contained a loaf of bread in clear cellophane which was undated.

The freezer section of the #2 kitchen refrigerator/freezer contained a resealable gallon plastic bag 1/2 of a blueberry pie which was undated.

The freezer section of the #3 kitchen refrigerator/freezer contained a small rectangular plastic container 1/2 full of an unidentified food.

The #1 freezer in the food storage area behind the kitchen contained a gallon ice cream container of an unidentified brown food and a gallon ice cream container, 1/2, full, of chili which were not dated.

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: All undated food will be disposed of.

Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating.

Immediately: A designee shall check all food storage areas weekly including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of.

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey
Administrator Date 08-08-2017

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

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

The above plan of correction was approved by [Signature]
(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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JUL 13 2017

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Codo §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 #4 was admitted to the home on [redacted] 16. The home does not have documentation that an initial medical evaluation was completed for the resident.

Resident #5 was admitted to the home on [redacted] 16. The home does not have documentation that an initial medical evaluation was completed for the resident.

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.

Initial medical evaluations were unable to be located so new evaluations were completed for resident #4 and #5 on July 12, 2017.

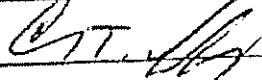
Initial DME documentation shall be completed within 30 days of admission. A Staff member has been designated to check over all DME, to ensure Initial and Annual Timeliness.

DME - Due Dates will be entered into schedule one month before the due date, so proper preparations, and exam time can be emphasized, so the DME will be completed within timeliness.

The documents have been signed by the residents physicians and are attached.

SEE PAGE 14A OF 16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Date 07-13-2017

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

The above plan of correction is approved as of 0-8-17 (Date)

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

Plan of correction implementation status as of 0-8-17 (Date)

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

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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 #4 was admitted to the home on [redacted] 16. The home does not have documentation that an initial medical evaluation was completed for the resident.

Resident #5 was admitted to the home on [redacted] 16. The home does not have documentation that an initial medical evaluation was completed for the resident.

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.

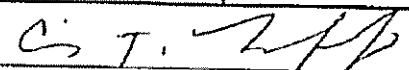
Immediately: Resident #5 shall have an in-person medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form. *8-8-17*

Immediately: The administrator or designee shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations shall be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. *8-8-17*

Immediately: The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). *8-8-17*

Immediately: All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). *8-8-17*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Craig T. Luffey
Administrator Date 08-08-2017

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

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

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

Plan of correction implementation status as of _____
(Date)

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

JUL 13 2017

Violation Report: 42693 - 07/07/2017 - Pfall, Vicki
 PCH Name: RIVERCLIFF TERRACE ANNEX

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 #4 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

Resident #5 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

Resident #6 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

Resident #7 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

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.

Initial Assessments were unable to be located for residents #4, #5, #6, and #7.

A current RASP has been completed for these residents by the administrator on July 12, 2017.

Initial RASP documentation shall be completed within 30 days of admission. A Staff member has been designated to check over all RASP, to ensure Initial and Annual Timeliness.

RASP - Due Dates will be entered into schedule one month before the due date, so proper preparations, and exam time can be emphasized, so the RASP will be completed within timeliness.

A new resident checklist has been created so the administrator can check off each required document as it is completed and filed. This will ensure documents are completed and filed properly for each resident entering the home.

See Attached:

See Page 15 of 16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *C.T. Luffey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Craig T. Luffey Date 07-13-2017

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

The above plan of correction is approved as of <u>8-8-17</u> (Date)	Plan of correction implementation status as of <u>8-8-17</u> (Date)
The above plan of correction was approved by <u>CL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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AUG 08 2017

Page 15 of 18

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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 #4 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

Resident #5 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

Resident #6 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

Resident #7 was admitted to the home on [redacted] 16. The home does not have documentation that an initial assessment was completed for the resident.

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 designee shall complete assessments for resident #4, resident #6 and resident #7. 8-8-17

Immediately: The administrator or designee shall review all resident records to ensure an assessment has been completed for all residents within the past year. 8-8-17

Immediately: The administrator will develop and implement a tracking system to ensure all assessments are completed in accordance with regulation 2600.225(a). 8-8-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Craig T. Luffey

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

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 42693 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

Resident #5 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

Resident #6 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

Resident #7 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

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.

Initial Support Plans were unable to be located for residents #4, #5, #6, and #7.

A current RASP has been completed for these residents by the administrator on July 12, 2017.

Initial RASP documentation shall be completed within 30 days of admission. A Staff member has been designated to check over all RASP, to ensure Initial and Annual Timeliness.

RASP - Due Dates will be entered into schedule one month before the due date, so proper preparations, and exam time can be emphasized, so the RASP will be completed within timeliness.

A new resident checklist has been created so the administrator can check off each required document as it is completed and filed. This will ensure documents are completed and filed properly for each resident entering the home.

See Attached:

See Page 16A of 16

Report 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 Date
(Required on EVERY Page) Craig T. Luffey 07-13-2017

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The above plan of correction is approved as of 0-8-17
(Date)

Plan of correction implementation status as of 0-8-17
(Date)

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

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

Violation Report: 42893 - 07/07/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

Resident #5 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

Resident #6 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

Resident #7 was admitted to the home on [redacted] 16. The home does not have documentation that an initial support plan was completed for the resident.

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 designee shall complete support plans for resident #4, resident #6 and resident #7. 8-8-17

Immediately: The administrator or designee shall review all resident records to ensure a support plan has been completed for all residents within the past year. 8-8-17

Immediately: The administrator will develop and implement a tracking system to ensure all support plans are completed in accordance with regulation 2800.227(a). 8-8-17

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)

Craig T. Luffey
Administrator

Date 08-08-2017

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

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

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

Plan of correction implementation status as of _____
(Date)

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