



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 21 2017

Ms. Rhonda L. Layman
President
P.A.L., Inc.
122 Ridgeview Street
Youngwood, Pennsylvania 15697

RE: Ridgeview Residential Care
Certificate #: 428580

Dear Ms. Layman:

As a result of the Department of Human Services' annual licensing inspection on June 23, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 42858 - 06/23/2017 - Cutler, Jan
PCH Name: RIDGEVIEW RESIDENTIAL CARE

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

2a. DESCRIPTION OF VIOLATION
The Pennsylvania Clean Indoor Air Act, Act 27 of 2008, requires that no smoking signs be prominently posted at all entrances of public places. The home did not have a no smoking sign posted at the entrance.

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.

11/26/17 A sturdier no smoking sign was placed at all entrances. We have had some blow down in the bad weather. Administration will check these signs monthly to make sure they are still posted and in good condition.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachelle Day* Date *11-8-17*

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

The above plan of correction is approved as of <u>11/28/17</u> (Date)	Plan of correction implementation status as of <u>11/28/17</u> (Date)
The above plan of correction was approved by <u><i>R.D.</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>R.D.</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42858 - 06/23/2017 - Cutter, Jan
PCH Name: RIDGEVIEW RESIDENTIAL CARE

NOV 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home did not conduct a quality management review in 2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6/25/17 a quality management review was done for 2016. There was no need for policy changes at this time. Administration will do quality management reviews annually. A copy of our review dated 6/25/17 is attached.

Within 5 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure a quality management review is conducted at least annually.
J.W. 11/21/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachelle Day* Date *11-8-17*

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Plan of correction implementation status as of 11/28/17 (Date)

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

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

Violation Report: 42858 - 06/23/2017 - Cutter, Jan
PCH Name: RIDGEVIEW RESIDENTIAL CARE

NOV 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.

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 was in the process of getting a duplicate copy of [redacted] high school diploma. [redacted] did bring one and is in [redacted] employee chart as required. A copy is attached for verification. This was done on June 25, 2017. We will make sure we receive a copy of their high school diploma upon hiring. Administration will monitor this.

Within 5 days of receipt of the plan of correction; a designated staff person will review all staff records to ensure each direct care staff person has a high school diploma, a GED diploma or active registration status on the PA nurse aide registry and that documentation of qualifications are present in each record. *pu 11/21/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rachelle Day</i>	Date <i>11-8-17</i>
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NOV 13 2017

Violation Report: 42858 - 06/23/2017 - Cutler, Jan

PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the first floor medication room did not include a breathing shield.

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.

6/26/17 Several breathing shields were purchased. We put another one in the first aid kit on the first floor. We now have several extra in case it is used or misplaced again. Administration will monitor this. - at least weekly.

pd.
11/21/17

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NOV 18 2017

Violation Report: 42858 - 06/23/2017 - Cutter, Jan
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa.Code Chapter 405 (relating to elevators and other lifting devices).

2a. DESCRIPTION OF VIOLATION

The current certificate of operation from the Department of Labor and Industry for stairlift #1 expired 10/31/2016.

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

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

On June 26, 2017 We spoke to the Department of Labor and Industry. She said we would be getting inspected and we didn't need to do anything at the present time. On 10/12/17, the inspector was here. We are waiting for the new certificate. We will have someone inspect it again next year. Administration will make sure it gets done annually. The home received a new Certificate of Operation from the Department of Labor + Industry for the stairlift on 11/20/17. *g.u.* 11/21/17

Repeat Violation: No

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Rachelle Day

Printed Name and Title of Legal Entity Representative
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Rachelle Day

Date 11-8-17

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(Initials)

NOV 18 2017

Violation Report: 42858 - 06/23/2017 - Cutter, Jan
 PCH Name: RIDGEVIEW RESIDENTIAL CARE

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 in the large chest freezer in the food storage room measured 8 degrees Fahrenheit at 10:00 a.m. and 4 degrees Fahrenheit at 2:20 p.m. There was a build up of ice around the top of the freezer which prevented the door from closing completely.

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.

6/23/17 The build up of ice was immediately removed and we also found the gasket on the lid needed repaired. The temperature immediately dropped to below 0°F and has stayed that way. We checked the temperature daily for one week and weekly since. We will continue to check weekly. Administration will be responsible for this weekly check. A chart is posted on the wall behind the freezer to chart weekly readings.

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 (Initials)

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NOV 13 2017

Violation Report: 42858 - 06/23/2017 - Cutter, Jan
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
Exit #1 was used as an exit route for each monthly fire drill from June 2016 to June 2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Exit #1 will not be used in ^{some} upcoming fire drills. From here on we will rotate better the exits to be used in our monthly fire drills. Administration does the fire drills and will make sure ~~Exit #1~~ ^{alternate exits} isn't used every time. ^{are used during fire drills.} *gu. 11/28/17*
Fire drills conducted on 8/29/17, 9/27/17, 10/27/17 + 11/20/17 were conducted using alternate exits. *gu. 11/28/17*

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NOV 18 2017

Violation Report: 42858 - 06/23/2017 - Culler, Jan
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
There was a packet containing Ondansetron 4mg tablets, which expired in January 2017, under an envelope in resident #1's medication box in the medication cart.

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.

Our med techs and administration will go through each resident's medication drawers monthly. Any expired or expiring meds will be replaced with a current supply. We instructed the med techs on the importance of checking for expired meds.

Resident #1's expired Ondansetron was discontinued on 8/31/17. *pu* 11/28/17

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