



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 21 2017

Mr. Adam Herman
Administrator/Owner
Riverstone Manor LLC
PO Box 333
Walnutport, Pennsylvania 18088

RE: Riverstone Manor
One Main Street
Walnutport, Pennsylvania 18088
License #: 223940

Dear Mr. Herman:

As a result of the Department of Human Services' (Department) annual licensing inspection on September 13, 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: 22394 - 09/13/2017 - Deluca, Amy
 PCH Name: RIVERSTONE MANOR

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

Staff member A did not have training in the following required annual training topics for the 2016 year: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and personal care service needs of 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.

Please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Adam Herman

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

Adam Herman, Administrator

Date

10/8/17

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

The above plan of correction is approved as of

11/30/17
 (Date)

Plan of correction implementation status as of

11/30/17
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

- The regulation is important so as to assure that staff are properly trained in order to give all residents the appropriate care they are entitled to.
- The regulation was violated because the required training was not logged on staff member A's training log.
- The violation was caused by the trainings not being properly logged in order to assure that all staff were trained.
- The violation was corrected by retraining that staff member and auditing all other employee charts to make sure that all trainings for all employees are properly logged so that they can be kept in order. These steps will continue to warranty all staff are trained properly and in a timely manner in the future.
- To prevent future violations monthly audits of training documents and logs will be conducted.

This will be the responsibility of the administrator to ensure ongoing compliance.

Adelma Kerner
Administrator

10/8/17

11/30/17
mr

Violation Report: 22394 - 09/13/2017 - Deluca, Amy
 PCH Name: RIVERSTONE MANOR

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

Staff member A did not have training in the following required annual training topics for the 2016 year: emergency preparedness procedures and recognition and response to crises and emergency situations, The Older Adult Protective Services Act, and falls and accident prevention

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Adam Herman Administrator</i>	Date <i>10/8/17</i>
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 (Date)

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

Plan of correction implementation status as of 11/30/17
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

- The regulation is important so as to assure that staff are properly trained in order to give all residents the appropriate care they are entitled to.
- The regulation was violated because the required training was not logged on staff member A's training log.
- The violation was caused by the trainings not being properly logged in order to assure that all staff were trained.
- The violation was corrected by retraining that staff member and auditing all other employee charts to make sure that all trainings for all employees are properly logged so that they can be kept in order. These steps will continue to warranty all staff are trained properly and in a timely manner in the future.
- To prevent future violations monthly audits of training documents and logs will be conducted.

This will be the responsibility of the administrator to ensure ongoing compliance.

Alan Akers,
Administrator

10/8/17

11/30/17
m

Violation Report: 23394 - 09/13/2017 - Deluca, Amy
 PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The home's 2017 training plan does not include the following required annual topics: The Older Adult Protective Services Act, falls and accident prevention, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support 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.

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Signature of Legal Entity Representative
 (Required on EVERY Page)

Adam Herman

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

Adam Herman Administrator

Date

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M
 (Initials)

- Fully Implemented
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- Not Implemented

- The regulation is important because it serves to insure that there is proper and complete training being acquired for all staff of the home.
- The regulation was violated in that the 2017 training plan did not have all the required trainings listed on the plan.
- The violation was caused by the plan being a constantly changing guide the home uses. Not all staff trainings are listed on the plan and often as the ones listed evolve or change they are not changed on the training plan.
- The training plans for 2017 and 2018 were immediately updated in order to reflect changes that we have made as well as all necessary and routine trainings added.
- To prevent future violations a policy of a more in depth training plan and a procedure for updating it have been put in place.
- This will be the responsibility of the administrator to ensure ongoing compliance.

11/30/17
m

Adam Okun,
Administrator

10/8/17

Violation Report: 22394 - 09/13/2017 - Deluca, Amy
 PCH Name: RIVERSTONE MANOR

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

2a. DESCRIPTION OF VIOLATION

From 9/6/16 through 12/27/16 the facility conducted 8 fire drills, during which the same exit, main front was utilized

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.

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

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	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

- The regulation is important because it allows both staff and residents to be prepared in a variety of situations that could arise. It serves to boost action under pressure and quick thinking for all.
- The regulation was violated in that the logs for fire drills for a period of time did not show alternating exit routes being used.
- The violation was caused by improper documentation of the exits used during the fire drill.
- A refresher training was given to staff in order to assure that they were aware of the importance of knowing all exits used or blocked during fire drills.
- To prevent future violations we will alternate doors and blocked exits more often as well as put a checks and balance system in place to be sure that all documentation is being done properly.
- This will be the responsibility of the administrator to ensure ongoing compliance.

Admission,
Administrator

11/30/17
[Signature]

10/8/17

Violation Report: 22394 - 09/13/2017 - Deluca, Amy
 PCH Name: RIVERSTONE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the facility on [redacted] 16. The resident's preadmission screening was completed on [redacted] /16, after the resident's admission to the facility.

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.

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- The regulation is important because it serves to assure that the residents needs can be met by the home.
- The regulation was violated in that the pre admission screening form which answers the question whether a resident is appropriate or not for the home was dated 3 days after the admission of the resident.
- The violation was caused by a typographical error on the form.
- A note as to the error was added to the chart of the resident and the importance of double checking paperwork for errors was reiterated to staff.
- To prevent future violations all paperwork will be double checked for errors by a second individual before being filed in charts. Along with the regular audits of charts for errors and missing information we hope to prevent this type of mistake from happening again.
- This will be the responsibility of the administrator to ensure ongoing compliance.

11/30/17
m

Alden Herra,
Administrator

10/8/17