



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 15, 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 #: 426930

Dear Mr. Luffey:

As a result of the Department of Human Services' licensing inspection on September 22, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

OCT 27 2017

Violation Report: 42693 - 09/22/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

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

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on [redacted] 16. There is no documentation that an assessment has been 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.

The administrator immediately completed an assessment for Resident #1. A cover sheet has been placed in the Resident Assessment & Support Plan binder with all current residents names and dates of their current RASP. This cover sheet will be updated every time there is a new resident or a resident leaves. Using a weekly checklist Designated Direct Care Staff will verify that all residents have a current RASP and each time a new resident is added to the cover sheet they will also verify that within 15 days an Assessment is completed and within 30 days the RASP is complete. The administrator will review the weekly checklist to verify all Assessments are complete.

See Resident #1's attached RASP for verification.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer D. Luffey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer D. Luffey Administrator Date 10-26-2017

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

The above plan of correction is approved as of 11-1-17 (Date)

Plan of correction implementation status as of 11-1-17 (Date)

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

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

OCT 27 2017

Violation Report: 42693 - 09/22/2017 - Pfaff, Vicki
PCH Name: RIVERCLIFF TERRACE ANNEX

RESIDENT COMPLAINTS OFFICE
Ultara Healthcare Learning

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 10/15/15.

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 administrator immediately organized files on the computer and located the missing document for resident #2. A cover sheet has been placed in the Resident Assessment & Support Plan binder with all current residents names and dates of their current RASP. This cover sheet will be updated every time there is a new resident or a resident leaves. Using a weekly checklist Designated Direct Care Staff will verify that all residents have a current RASP and each time a new resident is added to the cover sheet they will also verify that within 15 days an Assessment is completed and within 30 days the RASP is complete. The administrator will review the weekly checklist to verify all Assessments are complete.

See Resident #2's attached RASP for verification.

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)	Jennifer D. Luffey Administrator	Date	10-26-2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-1-17</u> (Date)	Plan of correction implementation status as of <u>11-1-17</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