



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2018

Mr. Craig L. Anlauf
Treasurer
Pleasant Ridge Mature Living, LLC
369 Bethel Road
North Huntingdon, Pennsylvania 15642

RE: Pleasant Ridge Mature Living
981 Pleasant Hill Road
Leechburg, Pennsylvania 15656
Certificate #: 429400

Dear Mr. Anlauf:

As a result of the Department of Human Services' licensing inspection on November 1, 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

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

PCH Name: PLEASANT RIDGE MATURE LIVING		License Number: 42940
Address: 981 PLEASANT HILL ROAD, LEECHBURG, PA 15658		County: Westmoreland
Administrator: Jessica Venzin		Region: WEST
Legal Entity Name: PLEASANT RIDGE MATURE LIVING LLC		
Legal Entity Address: 369 BETHEL ROAD, NORTH HUNTINGDON, PA 15642		
Certificate(s) of Occupancy C-2 LP 10/21/1996 Dept of L and I		JAN 22 2018 WEST PA. DEPT. OF HUMAN SERVICES
Staffing Hours Resident Support: 0 Total Daily Staff: 73		Waking Staff: 55
Type of Inspection: Partial BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s): Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2017: Grace, Desmond; Georgulls, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details: Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 46 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: 18 Number of Hospice Residents in past year: 40	Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 42 Have Mental Illness: 7 Have an Intellectual Disability: 3 Have a Mobility Need: 27 Have a Physical Disability: 4	

Violation Report: 42940 - 11/01/2017 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
On 10/16/17, at approximately 10:15 a.m., staff person A was made aware of an allegation of that direct care staff person B struck resident #1 in the stomach. The home did not immediately develop and implement a plan of supervision or suspend direct staff person B. Staff person B continued to work unsupervised with residents to include resident #1 as follows:
* On 10/16/17 from 10:30 a.m. to 12:00 p.m.
* On 10/26/17 from 10:57 p.m. to 7:30 a.m.
* On 10/27/17 from 10:58 p.m. to 07:30 a.m.
* On 10/28/17 from 3:00 p.m. to 7:07 p.m.
* On 10/28/17 from 10:03 p.m. to 8:34 a.m.
* On 10/29/17 from 10:01 p.m. to 8:31 a.m.
* On 10/31/17 from 3:32 p.m. to 6:44 p.m.
* On 10/31/17 from 10:00 p.m. to 6:30 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.

The homes Administrator was in class when she was made aware of the allegations. When the homes Administrator returned call alleged employee was immediately removed from the schedule and report was filed to AAA and DHS. AAA came in on October 26th 2017 and closed the case with unfounded results. This information was reported to DHS with no return information given. The employee was told to return to work based on unfounded results. The Department did not address the alleged allegations until 11-1-2017. The home now understands they should have waited until the Departments investigation was concluded. Staff person B is being retrained on OAPSA guidelines and will follow the protocol going forward. The home will evaluate each case and if necessary submit a plan of supervision if the home does not feel the alleged incident is serious enough to suspend. Based on approval from the Department the employee will work under approved plan.

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: 1/16/18

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

The above plan of correction is approved as of 1-23-18 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 1-23-18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

JAN 22 2018

Violation Report: 42940 - 11/01/2017 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

West Virginia
Human Services Training

1. REGULATION 55 Pa. Code §2800

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 10/18/17 at approximately 10:15 a.m., direct care staff person B was providing continence care to resident #1 in the bathroom across from bedroom #210. During that time, resident #1 became physically aggressive towards direct care staff person B. Direct care staff person B manually restrained resident #1's against the resident's stomach.

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's intention was not to manually restrain the resident.

Staff person B is being reeducated on proper incontinence care and regulation 2600.202. Staff person B's interaction with residents will be periodically monitored by the Director of Resident Care and/or Administrator.

Within 45 days of receipt of the plan of correction: All direct care staff and management staff, including the administrator, shall receive training in resident rights, positive interventions, abuse reporting and prevention from an outside source approved by the Department. Documentation of education shall be kept. 1-23-18

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: 1/18/18

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(Date)

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(Date)

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(Initials)

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JAN 22 2018

Violation Report: 42840 - 11/01/2017 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST
HUMAN SERVICES

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

Resident #1 Assessment, dated 8/29/17, indicates the resident has no problems with irritability, judgement, agitation, and aggression. Resident #1 is diagnosed with anxiety and the home's staff confirmed that resident frequently displays irritability, agitation and aggression during continence care.

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

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

Resident 1 CTB on [redacted]-2017. The DORC is being reeducated on proper procedure when a resident has a decline and or mental status change and will continue to follow 2600.225c. The Administrator will periodically review random charts and do follow up assessments to confirm this regulation is being followed. All reeducation will be sent to the Department upon completion.

Within 30 days of receipt of the plan of correction: The administrator or designee shall review all current resident assessments to ensure accuracy and completeness. 1-23-18 ✓

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 1/18/18

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(Initials)