



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 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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 April 13, 2018 until April 13, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426930**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2018

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 January 12, 2018 and March 14, 2018, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

FEB 15 2018

1. REGULATION 56 Pa.Codo §2600

WEST REGION FIELD OFFICE

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

A copy of the licensing inspection summaries, dated 7/7/17 and 4/25/17 et al, issued by the Department, were not posted in a conspicuous and public place 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.

The most recent inspection summary was posted. I was informed by Jason Williams and Vicky Summers that the annual inspection summary and all subsequent inspections that occurred since the annual should all be posted. I posted all required summaries on 1/12/2018 during the inspection and they were checked by Jason Williams during the exit interview.

In order to prevent this from occurring in the future the Weekly Checklist was updated. It now states to check that the most recent annual inspection summary is posted and all subsequent reports since the annual are posted as well.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/25/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Jennifer Luffey
Administrator

Date 02-14-2018

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

The above plan of correction is approved as of

3/29/18
(Date)

Plan of correction implementation status as of

3/29/18
(Date)

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

The above plan of correction was approved by

JL
(Initials)

Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

FEB 15 2018

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
Human Services Licensing
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 2018 staff training plan does not include all required training courses for each staff person or the dates and times of the scheduled training for each staff person for the upcoming year

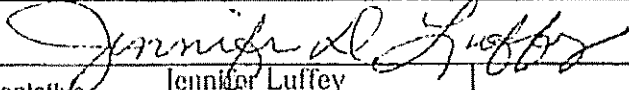
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

The 2018 Staff Training Plan has been updated by the administrator to include all necessary training courses required. Medi Home Health will be providing this year's self-study courses for staff. A representative from Medi has provided a course list for the year that has been reflected on the Staff Training Plan. We will begin with two 1 hour courses and then complete one each month which include all necessary topics for the year. Staff will also be provided with face-to-face education on diabetes and administering insulin & fire safety.

To ensure the Staff Training Plan is completed for the upcoming year it has been added to the Yearly Checklist to have completed at the end of December.

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: Jennifer Luffey Administrator Date: 02-14-2018

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

The above plan of correction is approved as of 3/29/18 (Date)

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

Plan of correction implementation status as of 3/29/18 (Date)

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

FEB 15 2018

Violation Report: 42893 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

At 9:05 a.m., the mechanical paper towel dispenser in the common bathroom next to the kitchen was inoperable and there was no mechanical air blower, or other sanitary method of hand drying in this bathroom.

At 9:55 a.m., there were no paper towels, mechanical air blower, or other sanitary method of hand drying in the 3rd floor shower room

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 automatic paper towel dispenser was inoperable in the common bathroom by the kitchen, but was fixed on 1/12/18 by the administrator during the inspection. The towels had jammed in the mechanism that automatically feeds them.

The staff has a key for the machine and have been informed to correct the issue any time they see that the towels are not automatically feeding. Checking the paper towel machines has been added to the list of night shift responsibilities. This will ensure at the start of each day paper towels will be available.

In the event that the machine is inoperable and is unable to be fixed by staff they are to temporarily place a roll of paper towels in the rest room and inform the administrator that it needs repaired.

The 3rd floor shower room tri-fold paper towel dispenser was empty. It has been filled by the administrator and a supply of extra paper towels are available to fill it nightly when needed. To ensure this does not happen in the future, filling the 2nd and 3rd floor shower room paper towels has been added to the night shift responsibilities. Staff has been informed to fill the paper towel holders throughout the day if they are ever seen empty.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Luffey Administrator Date 02-14-2018

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

Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

FEB 15 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The exhaust fan in resident #1's bathroom in room 311 was inoperable and the bathroom does not have an outside window.

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 inoperable exhaust fan was removed and was not repairable. A new light / fan was installed and is fully operational. To ensure all exhaust fans are operable in the future, this item has been added to the monthly checklist. Staff have been informed that if they notice an inoperable fan they should inform the administrator so plans can be made to repair or replace it.

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)

Jennifer Luffey
Administrator

Date 02-14-2018

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(Date)

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3/29/18
(Date)

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

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JL
(Initials)

FEB 15 2018

Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

At 10:15 a.m., the exterior lighting fixture, located on the outside wall along the walkway below the back porch, was hanging open with no bulb in place.

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 fixture cover was not secured and a bulb had broken off inside the fixture. The broken bulb has been removed and the cover has been secured. To ensure outdoor lights are functioning properly and this is not an issue in the future checking outdoor lights has been added to the weekly checklist.

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

Jennifer Luffey
Administrator

02-14-2018

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/24/18
(Date)

Plan of correction implementation status as of 3/29/18
(Date)

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

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

FEB 15 2018

Violation Report: 42893 - 01/12/2018 - Summers, Vicky

PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are 2 missing tiles and 2 loose tiles near the drain of the shower in the 3rd floor shower room posing a tripping hazard for residents.

There is an approximate 5" detached piece of molding on the baseboard outside the first floor beauty salon posing a tripping hazard for residents.

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 missing and loose shower tiles have been replaced and secured. The tiles have also been grouted. To ensure repairs such as these done in a timely manner inspections of shower rooms have been added to the monthly checklist.

The loose molding outside the beauty salon has been secured. Checking baseboards and molding has been added to the monthly checklist to ensure any loose molding is noticed and is repaired.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Luffey Administrator Date 02-14-2018

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Plan of correction implementation status as of 3/29/18 (Date)

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

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Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

FEB 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone number for the personal care home complaint hotline was not posted on the white cordless phone with an outside line located in the 2nd floor hallway.

The telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or by the cordless telephone with an outside line located in the kitchen.

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.

Stickers have been created to place on all phones with all required emergency numbers. On 1/12/18 stickers were placed on the 2nd floor hallway phone & the kitchen phone and base. Inspectors verified that labels were placed on the phones before completing the inspection.

To ensure stickers are on all phones in the future this item has been added to the weekly checklist.

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)

Jennifer Luffey
Administrator

Date 02-14-2018

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(Date)

Plan of correction implementation status as of 3/29/18
(Date)

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

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(Initials)

FEB 15 2018

Violation Report: 42693 - 01/12/2018 - Summers, Vicky

PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

There is no handrail near the 1st floor emergency exit door, located near the living room, which has a 6" step down to the side porch.

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 grab bar has been installed on the outside wall of the exit door. All exits and stairs will be checked monthly to ensure all steps have a well secured grab bar or handrail. Staff has been informed of the items on the monthly checklist and are to report any items in need of repair between checks to the administrator.

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)

Jennifer Luffey
Administrator

Date 02-14-2018

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42693 - 01/12/2018 - Summers, Vicky FEB 15 2018
 PCH Name: RIVERCLIFF TERRACE ANNEX

1. REGULATION 55 Pa.Code §2600 **WEST REGION FIELD OFFICE**
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards. **Human Services Licensing**

2a. DESCRIPTION OF VIOLATION
 There is no barrier for the 16" drop between the sidewalk and the koi pond located on the side porch. The pond was filled with approximately 6" of water.

 There is splintered, detached wood surrounding a rod drain pipe on the ceiling of the side porch. The wood is hanging approximately 6" creating a safety hazard.

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 metal railing has been installed as a barrier next to the pond. This will ensure residents do not accidentally fall into the pond. The railing will be checked on a monthly basis to ensure it is well secured to the cement porch. The monthly checklist now includes checking that all outdoor railings are secure.

The splintered wood was removed from around the drain pipe on the side porch. It was found that the drain was leaking which caused the wood panel to detach. The drain has been resealed and new panel has been installed. Checking drains for signs of leaks has been added to the monthly checklist. Staff has been told to inform the administrator if any hazardous conditions are seen on the interior or exterior of the building so repairs can be made in a timely manner.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date	
Jennifer Luffey Administrator		02-14-2018	

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3/29/17</u> (Date)	Plan of correction implementation status as of <u>3/29/17</u> (Date)
The above plan of correction was approved by <u>JL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JL</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 15 2018

Violation Report: 42893 - 01/12/2018 - Summers, Vicky

PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2800.103(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

At 10:45 a.m., the temperature in the middle refrigerator in the kitchen measured 48 degrees Fahrenheit.

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 refrigerator was checked during lunch preparations. The cook verified that he had been in and out of that particular refrigerator several times recently. The refrigerators are checked on a daily basis and all the refrigerators are always below 40 degrees. They have continued to be checked daily and have remained below 40 degrees every time they were checked.

Immediately and daily thereafter: A designated staff person will include checking freezers to ensure each one contains a thermometer and that the temperature of each refrigerator is 40 degrees Fahrenheit or below and each freezer is 0 degrees Fahrenheit or below. Documentation of refrigerator and freezer checks shall be kept. *J.M. 3/29/18*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/07/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Jennifer Luffey
Administrator

Date 02-14-2018

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3/29/18
(Date)

Plan of correction implementation status as of

3/29/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.M.*
- Partially Implemented - Inadequate Progress
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J.M.
(Initials)

Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

FEB 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency management plan does not include the contact telephone numbers of local and State emergency management agencies.

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 updated the emergency management plan to include the telephone numbers of local and state emergency management agencies. An updated copy has been placed in the Policies folder. Policies will be reviewed yearly for adjustments that may be made. Checking Policies has been placed on the yearly checklist to be done for the start of each new calendar year.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Luffey Administrator Date 02-14-2018

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Violation Report: 42693 - 01/12/2018 - Summers, Vicky
 PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Codo §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

At approximately 10:15 a.m., the following combustible materials in the outside storage room under the back porch, were unlocked and accessible to residents;

- 32 ounce can of Aco denatured alcohol with a label indicating "vapors may cause flash fire"
- 10 ounce container of Aco fibered plastic roof cement with a label indicating "combustible"

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.

These materials were taken to the locked garage by the administrator immediately after the inspectors completed taking their notes on 01/12/2018 about the items. The inspectors watched me place them in the garage and I showed them that the door has a lock on it. The weekly checklist now includes checking that all unlocked storage areas are free of hazardous materials. All staff has been informed to lock up any hazardous materials located in unlocked areas if these items are found to be in unlocked areas.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Jennifer Luffey Administrator		02-14-2018	

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FEB 15 2018

Violation Report: 42893 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Multiple staff and resident interviews indicate for several fire drills, including the drill conducted on 11/28/17, residents were evacuated to the front porch and side porch of the home. This is not the home's designated meeting place.

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 future fire drills will have residents reporting to our fire safe stairwells or to our designated meeting place in the rear of the building. Staff has been informed that if it is necessary to exit residents to the front of the building, all residents and staff will then need to proceed to the designated meeting place in the rear of the building. To verify that this has occurred in the future the fire drill log will include whether residents were evacuated to the fire safe stairwells or to the designated meeting place in the rear of the building.

Residents were evacuated to the designated internal fire-safe areas during the fire drills conducted on 1/23/18 at 1:43PM and 2/2/18 at 1:45 PM. *JL 3/24/18*

Immediately: The administrator will review the fire drill record at least monthly to ensure all residents are evacuated to a designated meeting place away from the building or within the fire safe area during each fire drill. *JL 3/29/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Luffey Administrator Date 02-14-2018

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

The above plan of correction is approved as of 3/29/17 (Date)

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

Plan of correction implementation status as of 3/29/17 (Date)

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

FEB 15 2018

Violation Report: 42693 - 01/12/2018 - Summors, Vicky
 PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

Baked lilipia, pineapple, carrots, cheesy potato casserole, biscuits and cherry pie with ice cream were listed on the menu for lunch. However, salmon cakes, peas, mashed potatoes with gravy, cucumber salad and strawberry parfait were served. No notice was provided to the residents in advance of the meal.

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

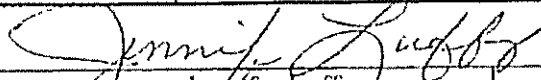
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A whiteboard is posted daily with the lunch and dinner menu on it. This was previously done by the administrator or by kitchen staff. On the day of inspection this had not been completed. In order to ensure residents are able to view the daily menu at breakfast this task has been added to the night shift responsibilities. This has worked well over the past several weeks and will remain to be responsibility of night shift.

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)

Jennifer Luffey
 Administrator

Date 02-14-2018

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

3/29/17
 (Date)

Plan of correction implementation status as of

3/29/17
 (Date)

The above plan of correction was approved by

pl?
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *pl.*
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 15 2018

Violation Report: 42693 - 01/12/2018 - Summors, Vicky
 PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2000

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is proscribed Proctozone - HC 2.5% cream - apply 2 times a day as needed; however, the cream was not available in the home for application on 1/12/18.

On the following dates, resident #3's blood sugar readings on his/her glucometer did not match the blood sugars documented on the resident's January 2018 blood sugar log;

Date	Glucometer reading	Blood sugar log
1/12/18	583 at 6:47 a.m.	523
1/11/18	484 at 6:49 a.m.	433
1/8/18	397 at 7:05 a.m.	398

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 #2 had not been using the PRN Proctozone - HC 2.5% cream recently. The doctor was contacted to determine whether the cream should be refilled or discontinued. The doctor suggested refilling the cream. To ensure this does not occur in the future all PRN medications will be double-checked for availability at the beginning of each month when the monthly medications arrive. All packaged medications for the month are checked against the MAR at this time. All PRN medications will also be checked for sufficient availability for the month at this time. Any PRN medications that are not present will be refilled or discontinued. If no refills remain or if it is a medication the resident no longer requests the doctor will be contacted to determine whether the medication should be discontinued or refilled.

Blood sugar logs will be double checked by staff. The meter will be checked when entering them into the log. Previously the number had been recorded on a piece of paper, then transferred to the log. To ensure the numbers are accurately recorded each meter will be checked when numbers are recorded, then rechecked that the number recorded matches the meter. Also, the staff member that is entering the last recording of the day will double check all numbers recorded that day. A form has been created for recording readings that includes verification that numbers for the day have been double-checked. Staff has been informed of the importance of accurate documentation of readings and the new procedure has been explained to them.

Repeat Violation: No Date(s) of Previous Violation(s): Resident #2 is no longer a resident of the home. *JUL 3/29/18*

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Luffey*
 Printed Name and Title of Legal Entity Representative: Jennifer Luffey Administrator Date: 02-14-2018 *See below*

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The above plan of correction is approved as of <u>3/29/18</u> (Date)	Plan of correction implementation status as of <u>3/29/18</u> (Date)
The above plan of correction was approved by <u>JUL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JUL</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress: <input type="checkbox"/> Not Implemented

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications will be educated on safe insulin administration including accurately recording blood glucose readings in the resident's record. Documentation of the education shall be kept. *JUL 3/29/18*

FEB 15 2018

Violation Report: 42693 - 01/12/2018 - Summers, Vicky

PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The homo shall follow the directions of the proscriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is proscribed Novolog insulin 100u/ml - if blood sugar >400 add 5 units to the short acting insulin. Resident #3's blood sugar reading was 503 on 1/11/18 at 4:00 PM; however, the resident did not receive 5 units of Novolog.

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 new recording chart has been created for Resident #3 that includes a box that needs checked if the additional 5 units of insulin is required and has been administered. Staff has been informed of how important this is and that the procedure must be followed every time a reading is over 400. The staff member who enters the last reading of the day is required to review all readings from the day. At this time all readings taken before meals should be double-checked to verify an extra 5 units had been given any time a reading was over 400.

Immediately: The administrator or designee qualified to administer medications shall review resident medication administration records (MARs), including any which include sliding scale insulin orders, at least monthly to ensure the directions of the prescriber are followed. *J.L. 3/29/18*

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
Jennifer Luffey Administrator		02-14-2018

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The above plan of correction is approved as of	<u>0/29/18</u> (Date)	Plan of correction implementation status as of	<u>3/29/18</u> (Date)
The above plan of correction was approved by	<u>JL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.L.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

FEB 15 2018

Violation Report: 42693 - 01/12/2018 - Summers, Vicky
PCH Name: RIVERCLIFF TERRACE ANNEX

WEST REGION FIELD OFFICE
Human Services Licensing

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 #4's assessment, dated 7/31/17, does not include the diagnosis of dementia that is indicated on the medical evaluation, dated 4/18/17.

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.

Resident #4's assessment was updated on 1/12/2018 in the presence of the inspectors. When the administrator completes the RASP the medical evaluation is referenced when completing pages 6 and 8 which include current medical diagnoses. An error had been made on this particular RASP. All RASP forms of other residents in the home have been checked to verify there were no errors made on other forms. In the future when the administrator completes the RASP the medical evaluation form will be double-checked against the information entered into the RASP to ensure the diagnoses match.

Within 5 days of receipt of the plan of correction: All staff persons responsible for completing resident assessments will be educated on the completion and accuracy of resident assessments in accordance with 2600.225c, including all current medical and psychological diagnoses. Documentation of the education shall be kept. *J.L. 3/29/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/22/2017
Signature of Legal Entity Representative <i>Jennifer Luffey</i>		
Printed Name and Title of Legal Entity Representative Jennifer Luffey Administrator		Date 02-14-2018

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The above plan of correction is approved as of 3/24/18
(Date)

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

Plan of correction implementation status as of 3/29/18
(Date)

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