



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 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's Bureau of Human Services Licensing annual inspection on February 1, 2018; February 5, 2018 and June 26, 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.

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: 42940 - 02/01/2018 - Georgoulis, Karen

WEST REGION FIELD OFFICE
Human Services Licensing

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person, if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 2/1/18, the licensing inspection summary, dated 2/3/17, was posted on the bulletin board in the downstairs lounge area. The licensing inspection summary included the privacy coding document included the resident names.

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.

This was removed immediately upon inspection. During exit interview the inspector stated she would note this in the Plan of Correction. Administrator will inspect quarterly to ensure compliance.

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)

J. Manis

Date: 5/30/18

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

The above plan of correction is approved as of

6-7-18
(Date)

Plan of correction implementation status as of

6-28-18
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

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
House Bill No. 1785, The Influenza Awareness Act 2016, requires that preparation and publication of information relating to the influenza vaccine is posted in a public place in the facility year-round. On 2/1/18 and 2/5/18, the Influenza Awareness information was not posted 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.

This was hanging prior to inspection. When inspectors came and asked for certifications it was taken down with the folder and was set on the office desk. This was noted to the inspector and she stated that she would note this in the Plan of Correction. Moving forward the Director of Resident Care and the Administrator will conduct quarterly Quality Management checks to ensure compliance.

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 5/31/18

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6-7-18
(Date)

Plan of correction implementation status as of

6-28-18
(Date)

The above plan of correction was approved by

K
(Initials)

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

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #1 had a contract change on 8/10/17. The contract change did not include the signature of the administrator or the resident's signature.

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.

This has since been signed and all contracts have been checked.
Moving forward all contracts will be audited quarterly to ensure compliance.

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
J Venzin		5/30/18

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

The above plan of correction is approved as of	<u>6-7-18</u> (Date)	Plan of correction implementation status as of	<u>6-29-18</u> (Date)
The above plan of correction was approved by	<u>J</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	

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
FCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Direct care staff person A started working in the home on 1/17/17. However a PA State Police criminal history background check was not requested until 2/1/18.

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 employee criminal background checks have been verified to be in compliance. Current staff has been educated to keep records current. The Administrator shall do monthly checks to ensure compliance.

A criminal history background check was completed for direct care staff person A on 2-1-18. 6-14-18

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 5/30/18

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The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 6-29-18
(Date)

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

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

JUN 01 2018

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The home maintains a "House glucometer". The "House glucometer" was used to measure resident #2's blood glucose levels on from 1/26/18 through 2/5/18. Staff interviews confirm that the "House glucometer" has been used to measure the blood glucose levels of other 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 house glucometer has since been removed and replaced for this resident. The MD was made aware of this and no further action is require at this time.
All Glucometers in the facility have been checked and labeled with resident names. The Director of Resident Care will monitor the glucometers each working day for three weeks, and then weekly provided continued compliance is met.
The home will maintain maintain necessary ordering of supplies to maintain compliance. See attached.

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)

Date

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The above plan of correction is approved as of <u>6-7-18</u> (Date)	Plan of correction implementation status as of <u>6-28-18</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

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karon
PQH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code 52600
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
On 2/1/18, the temperature of the chest freezer in the kitchen measured 10 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 freezers have since been replaced. See attached

The dietary staff has been reeducated on maintaining compliance and reporting any abnormal variances in the refrigerators and freezers. The Administrator and Maintenance personnel will monitor the temperatures weekly to ensure regulation is met.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: Karon Georgoulis Date: 5/30/18
(Required on EVERY Page)

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The above plan of correction is approved as of 6-7-18
(Date)

Plan of correction implementation status as of 6-28-18
(Date)

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

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

JUN 01 2018

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(a) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The most recent sleeping hour fire drill conducted in the home was on 3/22/17 at 4:14 p.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 date's by which the steps will be completed.

The home will immediately complete a sleeping hour drill. The Administrator will ensure that the fire drill record is monitored every quarter to maintain compliance with sleeping hour drills.

*A sleeping hour fire drill was conducted on 2-8-18 at 2:37 A.M.
Monitoring of the home's fire drill record by the Administrator
shall be completed monthly. 6-14-18.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 5/30/18

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

The above plan of correction is approved as of	<u>6-14-18</u> (Date)	Plan of correction implementation status as of <u>6-25-18</u> (Date)
The above plan of correction was approved by	<u>K</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

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
On 2/1/18, the menu posted in the home was dated 1/29/18 through 2/4/18. The week in advance menu was not posted 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.

A current menu was posted. The Administrator will conduct weekly checks to ensure the current menu is posted.

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 5/30/18

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(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 6-29-18
(Date)

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

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #3's medical evaluation documentation and assessment, dated 7/6/17, indicates the resident is not capable of self-administering medications. On 1/31/18, the home gave the resident the 2:00 p.m., 4:00 p.m., 6:00 p.m., and 8:00 p.m. doses of medications to self-administer including: Pramipexole D/HY 1mg, Gabapentin 300mg, Metformin 100mg, Aripiperazole 5mg, Glipizide 10mg, and Trazodone 100mg.

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 number 3 is no longer in the home. Resident number 3 left with his daughter who refused to come into the facility to sign out the medication resulting in the resident demanding to sign out his own medication and giving them to his daughter. Moving forward anyone wishing to self administrator will be evaluated my an MD.

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 5/30/18

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The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 6-29-18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress ✓
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen

JUN 01 2018

PCH Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(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 #4 is ordered blood glucose testing twice weekly. The resident's January 2018 medication administration record indicates a blood glucose reading of 178 on 1/12/18 at 8:00 a.m. However, there is no corresponding reading in the resident's glucometer.

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 employees that pass medication are being reeducated on the proper use of glucometers. (will send once complete) In addition all glucometers are being checked weekly to ensure accuracy and documentation is being kept. See attached.

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 5/30/18

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

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(Date)

Plan of correction implementation status as of 6-28-18
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

JUN 01 2018

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen

PCII Name: PLEASANT RIDGE MATURE LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

25. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Vardenafil HCL 20mg - take one tab daily as needed max 4 doses. However, the resident's February 2013 medication administration record indicates Levitra 20mg - take one tablet max of 4 doses monthly. There was no diagnosis or purpose indicate for the medication.

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

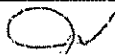
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident 3 is no longer in the home.

Varderafil is the generic version of Levitra, however the VA sent Lavertra. When the Pharmacy entered the order they did not add a diagnosis and this was not caught by the Director of Resident Care. Moving forward all new medication orders will be reviewed by the Director of Resident Care to ensure compliance.

The Director or Resident Care will monitor the medication administration records of all residents to ensure compliance with this regulation.

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

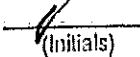
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) K. V. Lerner Date 5/30/18

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

The above plan of correction is approved as of 6-7-18 (Date) Plan of correction implementation status as of 6-28-18 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 42940 - 02/01/2018 - Georgoulis, Karen
PCH Name: PLEASANT RIDGE MATURE LIVING

JUN 01 2018

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's prescribed medications were not available in the home and not administered as follows:

- * Pramipexole DIHY 1mg - take by mouth 4 times a day. From 1/12/18 through 1/19/18
- * Spiriva 18mcg CP - inhale contents of 1 capsule by mouth daily. On 1/8/18 at 7:30 a.m.
- * Aripiperazole 5mg - take one tablet by mouth daily. On 1/8/18 at 8:00 p.m. and 1/9/18 at 8:00 p.m.
- * Gabapentin 300mg - take once capsule 3 times daily. On 1/18/18 2:00 p.m.
- * Simvastatin 20mg - take 1 tablet at bedtime. On 1/30/18 at 8:00 p.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.

Resident 3 no longer resides in the home. All Medication with the exception of the of the Pramipexole where available in the facility, however the Med Pass Personal Care Aides failed to use the correct exception when documenting that the resident was out of facility. All Med Pass Personal Care Aides are being reeducated on the proper use of exceptions (this will be sent when complete). The Pramipexole was waiting for a refill script from the VA. The home has since developed a line of communication with the VA to prevent this in the future.

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)

Wenawi

Date 5/30/18

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

The above plan of correction is approved as of

6-7-18
(Date)

Plan of correction implementation status as of 6-28-18
(Date)

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

The above plan of correction was approved by

Y
(Initials)