



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 16 2018**

Ms. Robin Knight  
Administrator  
Partners in Senior Care  
One Elston Way  
Hermitage, Pennsylvania 16148

RE: Ridgewood at Shenango Valley  
Certificate #: 403020

Dear Ms. Knight:


As a result of the Department of Human Services' Licensing annual licensing inspection on February 13, 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](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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: RIDGEWOOD AT SHENANGO VALLEY		License Number: 40302
Address: ONE ELSTON WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: ROBIN KNIGHT		Region: WEST
Legal Entity Name: PARTNERS IN SENIOR CARE INC		
Legal Entity Address: ONE ELSTON WAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy C-2 LP 08/26/1998 LABOR AND INDUSTRY		<b>RECEIVED</b>  APR 06 2018  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Dally Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/13/2018: Bartlett, Patricia; Garvey, Jody		
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: 52 Number of Residents Served: 26 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: 4 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

APR 06 2018

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At approximately 11:15 a.m., multiple resident records were unlocked, unattended, and accessible in the unlocked offices of the receptionist, activities coordinator, and administrator at the front entrance. Accessible resident information as follows:

- The residents' funds account book was unlocked and accessible
- Resident # 1's July 2017 medication administration record (MAR)
- Resident # 2's documentation of medical evaluation,
- Multiple residents' MARs dated November 2016, December 2016, and January to March 2017
- Resident # 3's MARs from 2015 to 2017
- Resident # 4's documentation of medical evaluation
- Resident # 5's documentation of medical evaluation
- Resident # 6's documentation of medical evaluation

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

On 2-13-18 the Administrator immediately locked all rooms containing resident records.

On 2-14-18 maintenance moved filing cabinet containing resident records into the Administrators office

On 2-19-18 maintenance installed a Key pad door lock to the Administrators office to ensure the door automatically locks when shut. Door remains shut and locked when the administrator is not present in the office.

All staff will be educated by the Administrator by 5-1-18 regarding the importance of keeping all resident records and information locked and kept confidential. The Administrator continues periodic audits and weekly audits to ensure unattended offices are locked.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Samantha Solyan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Samantha Solyan*      Date *4-6-18*

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

The above plan of correction is approved as of 4-9-18 (Date)

Plan of correction implementation status as of 4-9-18 (Date)

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

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

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

APR 08 2018

WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #7's contract, dated 7/31/17, indicates the home shall provide the resident with services including assistance with personal hygiene, and these services are included in the monthly fee. However, the resident is charged a fee for toilet paper which is not included in the resident's contract.

Resident #8's contract dated 1/25/18 indicates the home shall provide the resident with services including assistance with personal hygiene, and these services are included in the monthly fee. However, the resident is charged a fee for toilet paper which is not included in the resident's contract

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

Administrator reviewed invoices for Resident #7 from 7/31/17 to present and verified Resident #7 was never charged for toilet paper.

Administrator reviewed invoices for Resident #8 from 1/25/18 to present and verified Resident #8 was never charged for toilet paper.

An addendum will be added to the resident contract that specifies a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services. This addendum will be mailed to residents and families by 7-1-18.

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

Signature of Legal Entity Representative  
*(Required on EVERY Page)*      *Samantha Solyan*

Printed Name and Title of Legal Entity Representative  
*(Required on EVERY Page)*      Samantha Solyan      Date      4-6-18

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The above plan of correction is approved as of 4-9-18  
(Date)

Plan of correction implementation status as of 4-9-18  
(Date)

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

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

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

At approximately 10 00 a.m., the temperature of the gift shop's Whirlpool mini-refrigerator containing beverages and snacks, measured 42 degrees Fahrenheit. The temperature was 42 degrees Fahrenheit when measured again at 4:16 p.m.

At approximately 10 12 a.m., the temperature of the activities room white Whirlpool freezer containing ice cream bars, Italian ice and sausage pallies, measured 8 degrees Fahrenheit. The temperature was 8 degrees Fahrenheit when measured again at 4:16 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

- On 2-13-18 the Administrator marked the mini fridge out of service
- On 2-14-18 the Administrator removed the mini fridge and defrosted it
- On 2-23-18 the Administrator placed the mini fridge back in the gift shop with a thermometer. The fridge registered 32°F. The Administrator checks the temperature weekly. Documentation will be kept. See photo #1.
- On 2-13-18 the Administrator marked the whirlpool freezer out of service.
- On 2-21-18 the maintenance defrosted the freezer and put back into service on 2-23-18 after the freezer registered below 0°F. See photo #2.
- Midnight Lead checks the temperature daily and keeps documentation.

The administrator will reeducate the staff by 5-1-18 on proper reporting when refrigerator and freezer are not in the appropriate range for temperature. Documentation of training will be kept.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sumantha Solvan*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sumantha Solvan*      Date *4-6-18*

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(Date)

Plan of correction implementation status as of 4-9-18  
(Date)

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

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

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The emergency exit sign in the 400's hallway indicates egress to the left. However, the egress is to the right

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

On 2-19-18 Maintenance corrected the exit sign. The old sign was removed and replaced with a new exit sign with egress to the right.

On 2-19-18 Maintenance and Administrator checked all exit signs in the facility to be sure the egress was correct.

See attachment #3

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Samantha Solyan Date 4-6-18

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(Date)

Plan of correction implementation status as of 4-9-18  
(Date)

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

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

Violation Report: 40302 - 02/13/2018 - Barilett, Patricia  
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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.

**2a. DESCRIPTION OF VIOLATION**

Resident #9's February 2018 Medication administration record indicates 4 prescriptions from 2 physicians for Acetaminophen as follows.

- \* Acetaminophen 325mg, take 2 tablets (650mg) twice daily with breakfast and supper for pain/fever, not to exceed 2G in 24 hours.
- \* Acetaminophen 325mg take 2 tablets (650mg) every 8 hours as needed for pain.
- \* Acetaminophen 650mg, suppository, insert 1 suppository rectally every 4 hours as needed for fever, not to exceed 3G in 24 hours
- \* Acetaminophen 650mg, suppository, insert 1 suppository rectally every 4 hours as needed for pain, not to exceed 3G in 24 hours.

**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.

On 2-14-18 the LPN contacted Resident #9's PCP to clarify orders.  
 PCP discontinued all oral Acetaminophen

LPN and/or Administrator will review orders upon hospice admission to be sure there are no duplicate orders.

LPN and/or Administrator will review all resident orders by 5-1-18 to check for accuracy.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Samantha Solyan* Date *4-6-18*

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Plan of correction implementation status as of 4-9-18  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

APR 08 2018

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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 #7 is prescribed Atorvastatin 10mg, take 1 tablet orally at bedtime for hyperlipidemia. However, on 2/1/18, at 8:52 p.m. the medication was not available in the home and was not administered.

Resident #9 is prescribed Acetaminophen 650mg every 4 hours as needed for pain or fever. However, the medication was administered as follows:

- On 2/5/18, the resident was administered 650mg at 2:28 p.m. and at 5:00 p.m.
- On 2/12/18, the resident was administered 650mg at 2:13 p.m. and at 5:00 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 #7 medication obtained on 2/2/18. LPN will do monthly cart audits. Administrator will have formal staff education on our medication error policy and reordering medication policy by 5-1-18. Documentation of training will be obtained. See attachment A and B.

On 2-14-18 clarified resident #9 orders with her PCP.

On 2-14-18 Administrator verbally educated staff to check routine and PRN orders prior to administering medications.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/02/2017	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Samantha Solyan*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Samantha Solyan Date 4-6-18

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(Date)

Plan of correction implementation status as of 4-9-18  
(Date)

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- Not Implemented

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

APR 06 2018

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

WEST HUNTSFIELD OFFICE  
Human Services Licensing

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 #8's initial assessment, dated [redacted] 18, does not indicate any medical diagnoses indicated on the medical evaluation dated [redacted] 18 to include:

- Multiple fractures
- Degenerative joint disease
- Chronic renal insufficiency
- Chronic obstructive pulmonary disease
- Hypertension
- Peripheral vascular disease
- Gait instability
- Arthritis
- Hx of nephrolithiasis
- Poor hearing
- Poor vision

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.

On 2-14-18 Administrator added medical diagnoses to Resident #8's support plan. See attachment C.

All diagnoses from DME will be added to the initial assessment within the 15 day window.

The Administrator will audit all assessments for accuracy by 5-1-18. Starting 5-1-18, the LPN will check all new assessments for accuracy.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Solyan Date 4-6-18

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Plan of correction implementation status as of 4-9-18 (Date)

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

Violation Report: 40302 - 02/13/2018 - Bartlett, Patricia  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

APR 08 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment

2a. DESCRIPTION OF VIOLATION

Resident #7's support plan, dated 8/29/17 does not address how the home will assist the resident due to the resident's fall risk. According to progress notes, the resident experienced falls to include:

- \* On 8/5/17, the resident fell in the kitchen
- \* On 11/10/17, the resident fell in the bathroom
- \* On 12/17/17, the resident fell in the bedroom

Resident #9's support plan, dated 6/30/17, does not indicate the description of service needs, the plan to meet the needs, frequency or responsibly party for needing some physical assistance with bowel management and using the telephone. The resident is assessed as needing limited physical or oral assistance to evacuate in an emergency. However, the support plan, dated 6/30/17, indicates the resident has no mobility needs and can evacuate independently in an emergency.

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

On 2-14-18 Administrator updated Resident #7's support plan  
Administrator will check all support plans for accuracy by 6-1-18.  
See attachment E.

On 2-14-18 Administrator corrected Resident #9's support plan.  
Administrator will check all support plans for accuracy by 6-1-18.  
See attachment D.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Samantha Solyan Date 4-6-18

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(Date)

Plan of correction implementation status as of 4-9-18  
(Date)

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

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