



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: December 20, 2018

Mr. S. David Selznick
Vice President
1263 S Cedar Crest Blvd Senior Living I OPCO LLC
One Town Center Boulevard, Suite 300
Boca Raton, Florida 33486

RE: Rittenhouse Village at Lehigh Valley
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223010

Dear Mr. Selznick:

As a result of the Department's Bureau of Human Services Licensing inspection on October 29, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22301 - 10/29/2018 - Deluca, Amy
PCH Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 suffered a fall resulting in bilateral rib fractures after he/she was pushed along a sidewalk while seated on his/her rolling walker by staff person A. According to manufacturers warnings, the seat of the rolling walker should only be used for resting when the walker is not in motion.

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 plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the Community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

Resident #1 was out of the community for a medical appointment on 10/16/2018. Resident is an awake, alert and oriented individual who is able to clearly make her needs known. She was accompanied by Staff person A. Resident #1's RASP (Resident Assessment and Support Plan) identifies her as "requires minimal verbal or physical assistance to evacuate in the event of an emergency and ambulates independently with walker." Resident #1 is also identified on the RASP and on the DME (Documentation of Medical Evaluation) as independent with medication administration.

While walking to the building for her medical appointment using her rollator walker and accompanied by staff member A, the resident became fatigued and sat on the seat of her rollator walker. The rollator walker was used by the resident with assistance of staff member A to attempt to reach the building in her fatigued state. During that time the resident fell. The resident had recently attended a community resident education event on safe use of assistive devices. (Attachment 1)

Additional measures for Plan of Correction:

Following the event staff member A was re-educated on the use of rollator walkers by the Executive Director and Director of Health and Wellness. Staff person A verbalized clear understanding of the manufacturer's recommendations for safe usage. (Attachment 2)

Walker safety training is scheduled for all care staff on 12/17/2018. The training will be presented by a Physical Therapist from Fox Rehabilitation and will include a written competency test to ensure competency and comprehension. (Attachment 3)

Effective immediately and ongoing, all new care staff will receive walker safety training as part of orientation and complete the competency test. Education will be present at orientation by the Director of Health and Wellness or designee. The administrator will oversee for ongoing compliance.

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) Andrea McGowan - Executive Director **Date** 12/13/18

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

The above plan of correction is approved as of <u>12-14-18</u> (Date)	Plan of correction implementation status as of <u>12-14-18</u> (Date)
The above plan of correction was approved by <u>MM</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