



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

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:

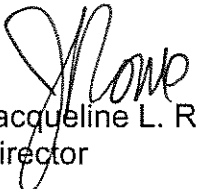
As a result of the Department's Bureau of Human Services Licensing annual inspection on January 31, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,


Jacqueline L. Rowe
Director

Enclosure
Violation Report

APR 12 2019

Violation Report: 42940 - 01/31/2019 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

ARRESTED BY: [unclear]
[unclear]

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

Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016 requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. However, on 1/31/19, the home did not have a carbon monoxide detector for the fossil fuel burning range in the main kitchen on the second floor or the fossil fuel burning boiler located in a storage room on the first floor near the elevator.

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 Home is working on installing this system. The home will have this installed by May 11, 2019. I will provide receipts to DHS when complete.

Immediately: The home shall install carbon monoxide detectors in accordance with the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016. 4/12/19g

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/01/2018

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Date *4/8/2019*

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

The above plan of correction is approved as of 4/12/19 (Date)

Plan of correction implementation status as of 4/12/19 (Date)

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

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

APR 12 2019

Violation Report: 42940 - 01/31/2019 - Grace, Desmond

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 1/31/19 at 11:45 a.m., the door to the common bathroom at the end of the hall between resident bedrooms' rooms #218 and #219 had a door knob locking device installed. However, the door knob locking device installed was broken and did not engage the lock to provide privacy for resident while in the bathroom.

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 home replaced the lock on the door on 2/2/2019. The home will do quarterly audits to ensure compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

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

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Violation Report: 42940 - 01/31/2019 - Grace, Desmond

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 56 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not complete annual training on fire safety completed by a fire safety expert and emergency preparedness during the 1/1/18 to 12/31/18 annual training 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.

*Employee A completed Fire Safety on 2/2/2019.
See Attached.*

The homes directors of Resident care will do quarterly audits to insure 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) *J Venain* Date *4/8/19*

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Violation Report: 42940 - 01/31/2019 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
On 1/31/19 at 11:46 a.m., the cabinet under the sink in the common bathroom located on the left in the hallway between rooms #216 and #217 contained an unlocked, unattended and accessible 1-quart bottle of Pro-Power Blue Bowl Cleaner with a label that indicates, "If swallowed immediately call a poison center or physician".
Residents of the home to include resident #1 are assessed as not being capable to recognized or used poisons safely.

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 home immediately removed & disposed of the material. The home sent out a reminder to all families of the home rules in regards to poisons. The home will conduct monthly checks to ensure compliance.

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Violation Report: 42940 - 01/31/2019 - Grace, Desmond

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 1/31/19 at 09:00 a.m., the large dumpster in the main entrance of the home was 1/4 filled with approximately 10 large garbage bags. However, the large dumpster was left uncovered on the left side.

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 home received new dumpsters that have side sliding doors to make disposal of trash easier & compliance of the lid being closed. All staff have been re-educated on 2600.85(e) & signed off on understanding. Maintenance dept will do daily checks to ensure 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) *J. Venzin* Date *4/8/2019*

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Violation Report: 42940 - 01/31/2019 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home conducted a supervised emergency evacuation drill on 8/31/18. However, the home's documentation of the drill did not indicate the number of residents present, the number of residents evacuated, the number of staff present, if the alarm was activated or if the alarm was operable.

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 home had a drill done for August however also had our annual fire training drill & the CE decided to just document not knowing that all aspects needed filled in since a compliant drill had already been done for Aug. The homes CE will do monthly audits to insure compliance.

See Attached

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

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(Required on EVERY Page) Date 4/8/2019

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(Initials)

Violation Report: 42940 - 01/31/2019 - Grace, Desmond

PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 56 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Fioricet 50/325/40 tablet prescribed 1 or 2 tablets by mouth every 4 hours during active headache as needed (max 3 per week). However, the medications label does not indicate the dose and it indicates give 1 capsule by mouth as needed every 4 hours as needed for headache.

Resident #2 is prescribed Ipratropium Bromide/Albuterol Sulfate 0.5mg/3mg, inhale 1 dose via neb every 6 hours as needed for SOB/wheezing. However, the medication label indicates inhale 1 dose via neb every 4 hours as needed.

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 home immediately placed change of direction stickers on the bottles. The homes Resident Care directors will do quarterly audits to ensure compliance.

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Violation Report: 42940 - 01/31/2019 - Grace, Desmond
 PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 prescribed standing blood pressure checks daily. However, the resident blood pressure was not taken on multiple dates and times to include 01/05/19 at 7:18 p.m., 01/06/19 at 12:04 a.m., 01/08/19 at 12:46 a.m., 01/11/19 at 7:14 a.m., 01/22/19 at 12:28 a.m., 01/22/19 at 7:01 a.m., 01/28/19 at 7:24 p.m., 01/28/19 at 11:27 p.m. due to dead batteries in the blood pressure cuff.

Resident #2 is prescribed 4mg Warfarin two tablets by mouth daily. However, on 1/27/19 and 1/28/19 at 8:00 p.m. the resident was not administered. The medication was not available in the home for administration.

Resident #2 is prescribed Milk of Magnesia 30 ml by mouth every 24 hours as needed for constipation if no bowel movement for 3 days. On 1/3/19 at 10:01 p.m., the resident was administered the medication. However, the resident had a bowel movement on the 7:00 a.m.-3:00p.m. shift on 1/3/19 prior to the administration of 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.

The cuff had new batteries put in & a weekly check to ensure they work has been added to the MAR.

The residents Warfarin was on hold @ pharmacy due to non-payment. The family was made aware & provided med w/in 48hrs & the residents MD was made aware & signed off on the resident missing the med. See attached.

The resident asked for her PRN dose & it was given. All med tech's have been re-educated on reading labels & Med has been

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/01/2018

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J Venzin* Date *4/18/19*

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Immediately: The administrator or designated staff person qualified to administer medications shall review all MARs weekly to ensure the orders of the prescriber's are followed. 4/12/19 *Egy*

Violation Report: 42940 - 01/31/2019 - Grace, Desmond
PCH Name: PLEASANT RIDGE MATURE LIVING

APR 12 2019

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 #3's current annual assessment was completed on 12/7/18. However, the resident did not have an assessment of care needs for multiple medical diagnoses to include shortness of breath, Cardiomegaly, right hilar prominence, and mild aortic stenosis as indicated on the resident medical evaluation completed on 12/7/18.

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 diagnoses were added while inspector was present. The Resident Care Director will do quarterly audits 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 4/8/19

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(Date)

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

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(Date)

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