



May 17, 2019

Ms. Lennea Brown
Executive Director
Albright Care Services
90 Maplewood Drive
Lewisburg, Pennsylvania 17837

RE: Riverview Manor
3201 River Road
Lewisburg, Pennsylvania 17837
License #: 202980

Dear Ms. Brown:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 6, 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,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 20298 - 03/06/2019 - Deluca, Amy

PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

Staff records were requested at approximately 10:00am during the home's renewal inspection. The records were not provided to department representatives until approximately 1:15pm.

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.*

Human Resources was educated on the importance of urgency in providing personnel records in a timely manner when requested by survey team. Nursing Care Center Administrator will ensure the Human Resource Manager has a designee to be able to provide the requested records. 3/7/19 on-going

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Lennae F. Brown

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

LENNAE F. BROWN

Date

April 8, 2019

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 4-16-19
(Date)The above plan of correction was approved by MM
(Initials)Plan of correction implementation status as of 4-16-19
(Date)

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

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

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
 The home did not have a carbon monoxide detector placed near the gas fired fire place located in the fire place room as required by the Care Facilities Carbon Monoxide Standard Act.

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.

Carbon Monoxide detector was installed on 03/06/19 by Maintenance Supervisor. (see photo attached). Maintenance Supervisor will make sure detectors are installed at all required locations and check to ensure all are working properly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Hennea F. Brown*

| | |
|---|-------------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HENNEA F. BROWN</i> | Date <i>April 8, 2019</i> |
|---|-------------------------------------|

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

| | |
|---|--|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials) | Plan of correction implementation status as of <u>4-16-19</u> (Date) <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: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

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's contract dated 10/27/2018 was not signed by the resident.

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.

Signatures of Resident #1 were obtained on all admission forms. Personal Care Administrator will audit all resident files to ensure resident signatures are obtained upon admission. All new resident admission forms will contain their signature. Personal Care Administrator will audit charts quarterly for one year for signatures to ensure compliance. 3/9/19 ongoing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennea F. Brown*

| | |
|---|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JENNEA F. BROWN</i> | Date <i>April 8, 2019</i> |
|---|----------------------------------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) | Plan of correction implementation status as of <u>4-16-19</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 |

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
 (1) The reportable incident and condition reporting procedures.
 (2) Complaint procedures.
 (3) Staff person training.
 (4) Licensing violations and plans of correction, if applicable.
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 During the quality management review meeting conducted in January 18, 2019 the topics required under this regulation were not discussed.

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 Quality Management Plan was reviewed and agenda revised to include the following: reportable incidents, complaint procedures, staff person training, licensing violations and plans of corrections and resident council meeting notes. Personal Care Administrator will ensure these topics are discussed with each employee at staff meeting to make sure all required topics are being covered in each meeting and recorded in minutes.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lenna F. Brown*

| | |
|--|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LENNA F. BROWN</i> | Date <i>April 8, 2019</i> |
|--|----------------------------------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) | Plan of correction implementation status as of <u>4-16-19</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 |

Violation Report: 20298 - 03/06/2019 - Deluca, Amy

PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #1 passed away on [redacted] 2018. The home issued a refund check to the estate on 12/26/2018. Refunds must be issued within 30 days of the date of discharge.

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.

Personal Care Administrator will work with the billing office to ensure refunds are made within 30 days of discharge. Personal Care Administrator will do quarterly audits of discharged residents to ensure compliance. 3/9/19 ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lennea F. Brown

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

LENNEA F. Brown

Date

April 8, 2019

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

The above plan of correction is approved as of 4-16-19
(Date)

Plan of correction implementation status as of 4-16-19
(Date)

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

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

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, who was hired 6/6/2018, did not receive training in the home's emergency medical plan.

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.

Staff person A completed all required training on 3/31/19. Personal Care Administrator or designee will review staff required trainings on a monthly basis to ensure training are completed on time.

Staff person B completed all required trainings on 3/31/19. Personal Care Administrator or designee will review staff required trainings on a monthly basis to ensure trainings are completed on time.

Staff person B completed all required trainings on 3/31/19. Personal Care Administrator or designee will review staff required trainings on a monthly basis to ensure trainings are completed on time.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Louisa F. Brown*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LOUISA F. BROWN* **Date** *April 8, 2019*

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

The above plan of correction is approved as of 4-16-19
 (Date)

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

Plan of correction implementation status as of 4-16-19
 (Date)

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

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B did not receive training in the required annual training topics medication self administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan.

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.

Staff person B completed all required trainings on 3/31/19. Personal Care Administrator or designee will review staff required trainings on a monthly basis to ensure trainings are completed on time.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LENUEA F. BROWN* **Date** *April 8, 2019*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) | Plan of correction implementation status as of <u>4-16-19</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 |

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 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
 Staff person B did not have training in the required annual training topic fire safety training conducted by a fire safety expert in 2018.

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.

Staff person B completed all required trainings on 3/31/19. Personal Care Administrator or designee will review staff required trainings on a monthly basis to ensure trainings are completed on time.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Louisa F. Brown

| | |
|--|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>Louisa F. Brown</i> | <i>April 8, 2019</i> |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) | Plan of correction implementation status as of <u>4-16-19</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 |

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

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 located in the home's kitchen and the telephone located in resident room #51 did not have the required emergency numbers attached to or placed near the phones.

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.

Emergency telephone numbers were placed on both kitchen and resident in apt #51 on 3/6/19 immediately during the survey. All phones were checked to make sure each one had emergency numbers attached to them to ensure compliance. Personal Care Administrator or designee will perform periodic audits to ensure all phones have emergency numbers attached to them.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kenneth F. Brown*

| | |
|--|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KENNETH F. Brown</i> | Date <i>April 8, 2019</i> |
|--|----------------------------------|

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

| | |
|---|--|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials) | Plan of correction implementation status as of <u>4-16-19</u> (Date) <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: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the nursing office did not contain a breathing shield.
 The first aid kit located in the ridgecrest reception area did not contain tweezers.

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.

First aid kit in nursing office contained a plastic breathing shield during the inspection that was overlooked. Staff added a hard plastic breathing shield as well. Personal Care Administrator will add an audit form to be completed each time an item is removed from the kit to ensure item is replaced immediately.

First aid kit at reception area did not contain tweezers. Nursing staff replace these during survey on 3/6/19. Personal Care Administrator will add an audit form to be completed each time an item is removed from the kit to ensure item is replaced immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leuea F. Brown*

| | |
|--|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEUEA F. BROWN</i> | Date <i>April 8, 2019</i> |
|--|----------------------------------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) | Plan of correction implementation status as of <u>4-16-19</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 |

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's most recent fire drill that was supervised by a fire safety expert was conducted on 1/24/2018. The home did not have a supervised fire drill conducted on an annual basis as required.

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 supervised fire drill was conducted on March 7, 2019 by William Cameron Engine Company. The drill was conducted by James J Blount III, Fire Chief, who is a fire safety expert. (see attached form). A task was added to the monthly maintenance duties to ensure supervised fire drills will be held every January. Maintenance Director will be responsible to ensure drills are being held. Personal Care Administrator will also perform audits to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Devenna F. Brown*

| | |
|--|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Devenna F. Brown</i> | Date <i>April 8, 2019</i> |
|--|----------------------------------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials) | Plan of correction implementation status as of <u>4-16-19</u> (Date) <input checked="" type="checkbox"/> Fully Implemented letter <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|---|---|

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
 PCH Name: RIVERVIEW MANOR

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 is not documenting monthly fire drills accurately and completely on fire drill logs. On the following dates there was missing and/or incomplete information documented on the fire drill logs:
 2/18/2019—the logs do not include the number of residents in the home during the fire drill; the log indicates only 4 residents were evacuated; one sheet indicates the drill began at 4:28pm and another indicates the drill began at 4:30pm.
 11/14/2018—the logs indicate there were 7 residents evacuated and 14 residents in the home at the time of the drill; The home did not record the amount of time the evacuation had taken.
 10/10/2018—the logs indicate there were 28 residents evacuated during the drill and 0 residents in the home during the drill.
 7/7/2018—the logs indicate the amount of time for the evacuation was 20810.4 seconds.

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.

Fire safety inspection letter was received on 3/8/19. Fire drill evacuation times will begin when alarm is activated and end when all residents are accounted for. Logs were inconsistent with how times were being recorded.

All maintenance staff were educated on how to properly time fire drills. Maintenance Director or Personal Care Administrator will supervise fire drills to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leuea F. Brown*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LEUEA F. BROWN* Date *April 8, 2019*

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

The above plan of correction is approved as of 4-16-19
 (Date)

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

Plan of correction implementation status as of 4-16-19
 (Date)

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

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a current safety inspection letter from a fire safety expert indicating that the home can have an extended evacuation time. The most current letter is dated 1/24/2018. That letter states that the maximum evacuation time is 10 minutes. A drill was conducted on 2/18/2019 and it could not be determined if the residents were evacuated within 2 ½ minutes because the home did not record the evacuation time in minutes and/or seconds.

Also:
 1/23/2019—fire drill logs indicate the evacuation took 11 minutes and 20 seconds which exceeds the maximum of 10 minutes indicated on the letter dated 1/24/2018.
 12/27/2018—fire drill logs indicate the drill started at 4:00pm and ended at 4:19pm, which would indicate a 19 minute evacuation time.
 9/18/2018—fire drill logs indicate the drill started at 6:08pm and ended at 6:25 pm, which would indicate a 17 minute evacuation time.

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.

Fire drill logs have not been completed in its entirety. Effective immediately all maintenance staff will begin using Department of Human Services recommended forms (see attached). Maintenance Director and Personal Care Administrator will review all forms every other month to ensure they are completed in its entirety and accurate. Maintenance staff were educated on the use of required forms and the importance of completing both forms in their entirety.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alexia D Brown*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *HEWENA F. BROWN* Date *April 8, 2019*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials) | Plan of correction implementation status as of <u>4-16-19</u> (Date) <input checked="" type="checkbox"/> Fully Implemented letter <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|---|---|

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION
 The Documentation of Medical Evaluation (DME) form for resident #1 dated 10/24/2018 does not include the resident's temperature, allergies, or the resident's ability to self-administer medications.

 The DME form for resident #3 dated 1/17/2019 doesn't include the resident's height.

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.

DME form for resident #1 dated 10/24/18 was missing information. DME was updated 3/6/19 during survey.
 DME form dated 1/17/19 was missing height. Height was added to DME 3/6/19 during survey.
 Nurse Manager will review all DME's when they are returned from physician to ensure all blanks are completed and return to physician for any missing information.
 DME's for all residents will be reviewed by Nurse Manager by 3/15/19 to make sure all information is obtained and no blanks are present. Personal Care Administrator will perform quarterly audits of DME's to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kennea F. Brown*

| | |
|---|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KENNEA F. BROWN</i> | Date <i>April 8, 2019</i> |
|---|----------------------------------|

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

| | |
|---|--|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials) | Plan of correction implementation status as of <u>4-16-19</u> (Date) <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: 20298 - 03/06/2019 - Deluca, Amy

PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #4 self-administers all medications. Through resident interview and bedroom inspection it was determined that the resident leaves all medications unlocked in the bedroom. The resident also denied ever locking the door to the room when he or she leaves.

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 received a locked box to keep his medications in. He was also advised to lock his door when he leaves the room. All other residents who are self-medicators will be issued a lock box for medications by 4/15/19. Nurse Manager will perform periodic audits to ensure compliance. Residents will be educated on the importance of securing medications in the next resident council meeting on 4/11/19.

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)

HENNEA F. BROWN

Date April 8, 2019

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 4-16-19
(Date)Plan of correction implementation status as of 4-16-19
(Date)

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

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

Violation Report: 20298 - 03/06/2019 - Deluca, Amy

PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The annual practicum completed by Staff person B is incomplete because the trainer did not sign or date the form.

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 annual practicum completed by staff member B was signed by the medication trainer on 4/5/19. (see attached) Nurse Manager or Personal Care Administrator review medication training requirements for all staff to ensure they are up to date and have all signatures where necessary. A log of all staff trainings and observations will be kept in the medication training book and reviewed by nurse manager to make sure training is completed on an annual basis. All staff will be moved to have trainings done at the same time to ensure compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leiluea F. Brown*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LEILUEA F. BROWN* Date *April 8, 2019*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) | Plan of correction implementation status as of <u>4-16-19</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 |

Violation Report: 20298 - 03/06/2019 - Deluca, Amy
PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #5's Solostar insulin pen was not marked with the date the pen was opened for use.

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 #5's Solostar insulin pen was marked with date pen was opened 3/6/19 during survey. All medications were reviewed by nurse manager to ensure resident name and date opened were on them. Personal Care Administrator will perform review medications each time a med exchange is done on a weekly basis to ensure that the resident name and date opened is on all medications.
 All medication technicians will be educated on the importance of making sure all names and dates are written on all medications during next staff meeting.

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

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

| | |
|---|----------------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEWEEA F. BROWN</i> | Date <i>April 8, 2019</i> |
|---|----------------------------------|

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

| | |
|---|--|
| The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials) | Plan of correction implementation status as of <u>4-16-19</u> (Date) <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: 20298 - 03/06/2019 - Deluca, Amy
 PCH Name: RIVERVIEW MANOR

1. REGULATION 55 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 #5's Solostar insulin pen was not marked with the resident's name.

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.

Solostar pen was stored in a bag with label on it and dated on 3/6/19 during survey. All medications were checked to make sure they have resident name and date opened. Nurse Manager will perform periodic audits to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lennea F. Brown*

| | |
|--|---------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LENNEA F. BROWN</i> | Date <i>April 8, 2019</i> |
|--|---------------------------|

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

The above plan of correction is approved as of 4-16-19
 (Date)

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

Plan of correction implementation status as of 4-16-19
 (Date)

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

Violation Report: 20298 - 03/06/2019 - Deluca, Amy

PCH Name: RIVERVIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1 and resident #6's records do not include the following information for the residents: hair color, eye color, and identifying marks.

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 #1 and #6 profiles were updated to include hair color, eye color and identifying marks. All resident profiles will be reviewed by 4/30/19 and updated to include hair color, eye color and identifying marks. It was determined that this information can be entered into our AOD electronic record system. Personal Care Administrator will make sure all new admissions have this information entered into the record. Personal Care Administrator will perform monthly audits to ensure compliance.

All nursing staff will be inserviced on inputting this identifying resident information into the electronic record system by 3/31/19.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lynnea F. Brown*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LYNNEA F. BROWN* Date *April 8 2019*

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

| | |
|--|--|
| <p>The above plan of correction is approved as of <u>4-16-19</u> (Date)</p> <p>The above plan of correction was approved by <u>MM</u> (Initials)</p> | <p>Plan of correction implementation status as of <u>4-16-19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
|--|--|