



July 11, 2019

Ms. Rhonda L. Layman  
President  
P.A.L., Inc.  
122 Ridgeview Street  
Youngwood, Pennsylvania 15697

RE: Ridgeview Residential Care  
Certificate #: 428580

Dear Ms. Layman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 30, 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](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 stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

JUN 21 2019

## Violation Report

## Facility Information

Western Region

Name: RIDGEVIEW RESIDENTIAL CARE  
 Address: 122 RIDGEVIEW STREET, YOUNGWOOD, PA 15697  
 County: WESTMORELAND                      Region: WESTERN

License Number: 428580

## Administrator

Name: *Rachelle Day*                      Phone: 7249250212                      Email: RIDGEVIEW@RESCARE.COMCASTBIZ.NET

## Legal Entity

Name: P A L INC  
 Address: 122 RIDGEVIEW STREET, PA, 15697

## Certificate(s) of Occupancy

Type: C-2 LP                      Date: 12/18/1999                      Issued By: Labor and Industry

## Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 35                      Waking Staff: 26

## Inspection

Type: Full                      BHA Docket #:                      Notice: Unannounced  
 Reason: Renewal

## Inspection Dates and Department Representative

05/30/2019 - On-Site: Ashley Roser

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 40                      Residents Served: 35

## Secured Dementia Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

## Hospice

Current Residents: 0

## Number of Residents Who:

Receive Supplemental Security Income: 0                      Are 60 Years of Age or Older: 34  
 Diagnosed with Mental Illness: 2                      Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0                      Have Physical Disability: 0

JUN 21 2019

18 - Compliance With Laws

Western Region

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

There was no influenza poster posted in a public and conspicuous place in the home in accordance with the Influenza Awareness Act, enacted in July, 2016.

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.)

While the inspector was here, we posted 3 copies of the flu poster. One at 3 different entrances. One is on the front door now instead of the bulletin board. It will be less likely a resident will move it from there. The administrative staff will be responsible for making sure the flu posters stay up. We will check weekly for this.

Legal Entity Representative

*Rachelle Day*  
Signature

Rachelle Day, Administrator 6-19-19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/25/19  
(Date)

Plan of correction implementation status as of 6/25/19  
(Date)

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

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

JUN 21 2019

54a - Direct Care Staff

Western Region

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person D, hired on 7/28/19, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Direct care staff person D provided a copy of a high school diploma from Nation High School, which is not accredited by the United States Department of Education or the Pennsylvania Department of Education.

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.)

We applied for a waiver and it was granted on 6-10-19 for this staff person to continue to work while she got her GED. I was not aware that Nation High School was not an accredited school. I have gone back through all current staff and made sure everyone's diploma/GED was from an accredited school. In the future, we will be more aware of this and will verify if anyones diploma/GED is questionable.

Immediately: The home shall follow all provisions of the waiver issued by the Department on 6/10/19 for staff person D. *PM* 6/25/19

Legal Entity Representative

*Rachelle Day*  
Signature

Rachelle Day/Administrator  
Printed Name and Title

6-19-19  
Date

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JUN 21 2019

64c - Annual Training

Regulations

Western Region

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 20 hours of Department-approved training during the 2018 training year.

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.)

I have registered for an annual conference sponsored by Partners in Personal Care. It will be held in Greensburg, PA on August 22, 2019. I will receive 6 CEU's from it. A copy of my paid registration is attached. I already have 2 CEU's from diabetic training on 2-1-19, 25 CEU's from Partners in Personal Care Meeting on 5-22-19 and 2 CEU's from a CPR/FIRST Aid class on 6-7-19. I will also get 4 CEU's from our September 2019 meeting. (Copies attached). I am looking into some other local places that offer CEU's. I will make sure I have the required 24 hours annually of administrator CEU's.

Immediately: The administrator shall develop and implement a system to ensure she receives at least 24 hours of Department-approved annual training during each training year. Documentation of the system shall be kept. The trainings shall be reviewed during the home's quality management review to ensure completion. FM 6/25/19

Legal Entity Representative

Rachelle Day  
Signature

Rachelle Day/Administrator 6-19-19  
Printed Name and Title Date

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65f - Training Topics

Western Region

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person B, hired on 9/11/13, did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2018 training year.

Plan of Correction (POC) Within 5 days of receipt of the plan of correction: Staff person B shall receive training on meeting the needs of the residents as outlined in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation shall be kept. *EM* 6/25/19 (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 had been off of work for a couple of months due to a broken leg. When she returned, we thought we had gotten her caught back up with missed training. This particular in-service was marked off on the master sheet in error. We thought it was done but it wasn't. We have gone back through all other staff & training files to make sure they were all completed to date. The administrative staff will make sure all required staff training is complete. We will check the training certificates with the master sheet each month.

Legal Entity Representative

*Rachelle Day*  
Signature

Rachelle Day/Administrator 6-19-19  
Printed Name and Title Date

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65i - Training Record

Western Region

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff person B's training record for reportable incidents and conditions does not include the source of the training or the length of the course.

Staff person C's training record for reportable incidents and conditions does not include the source of the training or the length of the course. Also, staff person C's training record for abuse/neglect training does not include the length of the training.

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's training record was updated to include the source of training and length of course. Staff person C's training record was also updated with the training source and length of course. I went back through all current employees training files to check for missed source of training and missed length of the course. I printed the Staff Training plan form off of the department's website. We will use this form from now on to be able to better comply with the regulations regarding Staff training. A copy of the training plans are enclosed.

Legal Entity Representative

*Rachelle Day*  
Signature

Rachelle Day/Administrator 6-19-19  
Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Western Region

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on 9/26/18; however, the resident's previous medical evaluation was completed on 8/14/17.

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.)

[Redacted] was seen by her PCP on 8-8-18. (A copy is enclosed.) [Redacted] doctor should have used that date for her evaluation. We should have caught the error and had the doctor correct it. We have checked back through all other current resident's files to check for correct dates. On 6-4-19 a waiver was approved for us to use Tabula Pro for our medical evaluations. We will start keeping track of due dates, etc. through Tabula Pro. This will help us stay in compliance better. We will double check each med evaluation for accurate dates.

Legal Entity Representative

Rachelle Day  
Signature

Rachelle Day/Administrator 6-19-19  
Printed Name and Title Date

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JUN 21 2019

253c - Records Log

Western Region

Regulations

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Description of Violation

According to staff person A, the home's administrator, the home began destroying resident records during the summer of 2018; however, the home does not maintain a log of resident records that were destroyed.

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 1-8-19, Iron Mountain Shredding Company came and shredded old documents. That was the first time we had any documents shredded. I did not realize a log had to be kept for residents records that were destroyed. In the future, I will keep a record of records destroyed including resident's name, record number, birth date, admission date and discharge date.

Legal Entity Representative

Rachelle Day  
Signature

Rachelle Day/Administrator 6-19-19  
Printed Name and Title Date

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