



MAILING DATE: November 25, 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 inspection on August 28, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PLEASANT RIDGE MATURE LIVING*
Address: *981 PLEASANT HILL ROAD,, LEECHBURG, PA 15656*
County: *WESTMORELAND* Region: *WESTERN*

License Number: *42940*

Administrator

Name: *Jessica Butker-Venzin* Phone: *7248450933* Email: *CANLAUF@COMCAST.NET*

Legal Entity

Name: *PLEASANT RIDGE MATURE LIVING, LLC*
Address: *369 BETHEL ROAD, NORTH HUNTINGDON, PA, 15642*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *75* Waking Staff: *56*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

08/28/2019 - On-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *53*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *24* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *22* Have Physical Disability: *4*

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 8/28/19, there are multiple cracks in both arm pads of resident #1 wheelchair. The arm pad on the right has an area measuring approximately 4" long from the tip back, where the cover is torn off, exposing the padding.


On 8/28/19, both arm pads of resident #2's wheelchair had multiple cracks with raised edges and are worn exposing the threads of the material. Approximately 1/4 of the front left arm pad has foam padding exposed. Resident #2 reported his/her arms hurt from the cracked material on the arm pads.

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 replaced resident #2 arm pads. Quarterly audits will be performed by Duke and a QM will be kept.

Legal Entity Representative

Signature 

Printed Name and Title Wenzel

Date NOV 8, 2019

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The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/28/19, the electronic paper towel dispenser was inoperable in the common bathroom in the back hall by the activity room on the first floor. There were no paper towels, mechanical air blower or other means of safe hand drying.

On 8/28/19, common bathroom #3, in the short hall of the second floor had the following sanitary issues, to include:

* There was a brownish substance, appears to be feces along the inside edge of the grey seat of the shower chair in the shower stall.

*The soap dispenser on the shower stall wall was full of water. The approximate 1/8" of liquid soap appeared to be corroded at the the bottom of the dispenser. The outside of the soap container had dried soap over the sides and top. There was old soap that had corroded at the edges of the lid, now brownish/blackish in color. The outside of the container had a thick layer of soap-residue over it.

On 8/28/19, the electronic paper towel dispenser was inoperable. There were no paper towels, mechanical air blower or other means of safe hand drying in common bathroom #3 of the first set of bathrooms in the long hall on the second floor.

On 8/28/19, there was a shower chair that had a thick layer of clear tape wrapped over around the entire bar of the handle, that had a layer of blackish substance, that appears to be mold in the cracks, creases of the tape and underneath the tape. Also, there is a reddish residue at joints, edges, that appears to be mold. The leg panel below the seat in the front of the chair, has a dried reddish residue running down the front of the leg panel that appears to be mold in the shower stall in common bathroom #3, of second set of bathrooms in long hall on the second floor.

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 All batteries in dispensers & they are all working now. Bi-weekly checks on all paper towel dispensers will be done

See Page 3A of 12

The home removing all liquid soap dispensers will be completed by 11/15/19. The will do monthly inspections of all showers rooms for 6 months.

The home discarded shower chair and will continue to monitor all of the homes in house. DME equipment will be checked monthly and record of checks will be kept in quality mgt. for 6 months.

JW

Jenais

11/8/19

11/13/19

JW

85a - Sanitary Conditions (continued)

Legal Entity Representative
to confirm operability. Will keep Quality Mgt. for 6 months

Signature *[Signature]* Printed Name and Title *W. W. Wain* Date *11/8/19*

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The above plan of correction is approved as of 11/13/19 Plan of correction implementation status as of 11/13/19
 (Date) (Date)

The above plan of correction was approved by *[Signature]* Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/29/19, there were 11 ceiling tiles measuring approximately 2' by 4', missing from the ceiling in the laundry room on the 1st floor. Wiring and pipes were exposed.

On 8/28/19, the back-right corner of the laundry room on the right of the washer leaks when there is a heavy rain. The cinder block walls are painted, however, from the floor up approximately 31" the cinder blocks show signs of water leakage. The paint is bubbled and a reddish rust color bleeding through the paint.

On 8/28/19, there is a small leak in the ceiling/wall the television is on in the common area on the first floor. The ceiling tile at the top of pillar is water stained measuring an area approximately 2' by 14". A heavy rain will make a wet area approximately 10" in carpet at the pillar to the right of the television.

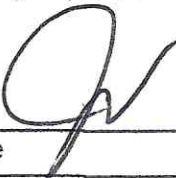
Plan of Correction (POC)

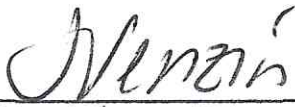
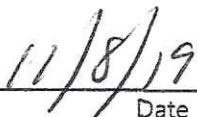
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The home replaced ceiling tiles in laundry room & will monitor monthly to ensure compliance. The home will remove bubbles of paint & send pictures no later than 11/15/19. →

Legal Entity Representative

See page 5A of 12

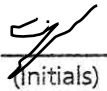

Signature

 
Printed Name and Title Date

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(Date)

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- Not Implemented

The home will continue to monitor when there is a heavy rain.

The home replaced the one sealing tile. The home will monitor leaking when it rains to observe for water on carpet as this is not something I can see today to correct.

JW

William

11/08/19

11/13/19

JW

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 8/28/19, the toilet in common bathroom #4, was clogged and did not flush properly in the short hall on the second floor,

On 8/28/19, the ring towel holder by the sink was not secure in common bathroom #1, of the first set of bathrooms in the long hallway on the second floor. The two screws holding it into the wall were stripped and coming out of the wall,

On 8/28/19, the shower stall floor in the common bathroom #2 of the second set of bathrooms on the 2nd floor, is in disrepair and unable to be used. The shower stall fiberglass floor has an area of approximately 18" by 11 1/2", cut out and patched over with a dirty epoxy-type material, that is chipping/peeling off. Next to this is a hole with a dirty rag shoved in it, measuring approximately 6" by 2" and a crack that appears patched with a sealant/epoxy that is still sticky. A sign hangs on the shower curtain "Do not use."

On 8/28/19, the shower stall floor in the common bathroom #3 of the second set of bathrooms on the 2nd floor, is in disrepair and unable to be used. On the inside middle at the lip, there is an area that was cut out and replaced and patched over with a white plaster type substance measuring approximately, 7 1/2" by 11" and an area where a hole was cut measuring 2" by 3" around an area that was broken and cracked. A sign hangs on the shower curtain, "Do not use".

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 toilet was unclogged while inspector was present. The home will round on all toilets to ensure they are working daily.

See Page 6A of 12

Legal Entity Representative

[Handwritten Signature]

Winn Admin II

Signature

Printed Name and Title

Date

The towel holder had screws replaced. The home will inspect towel holders monthly to ensure compliance.

All of the home's showers are in process of being repaired. The home is still in compliance with number of showers to residents. The home is awaiting quotes for work to be done & work will be completed by 12/15/19.

JW

Verain

11/8/19

11/13/19



95 - Furniture and Equipment (continued)

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The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

JV J Venzi 11/8/19

101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On- 8/28/19, resident #1's pillow did not have a pillow case. The gold/burgundy reversible comforter on resident #1's bed was shredded on the underneath (burgundy side), exposing the filling. The area measured approximately 10" by 12".


On- 8/28/19, there was no fitted sheet on resident #3's mattress. The bed only had a flat sheet and a comforter,

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 changed linens while inspectors was present. The home removed all tattered or worn linens. The home will do weekly spot checks an Quality Mgt. report will be kept for 6 months

Legal Entity Representative

Signature 

Printed Name and Title Wenzel

Date 11/8/19

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The above plan of correction is approved as of 11/3/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

101j7 - Lighting/Operable Lamp

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/28/19, Resident #1's bedside lamp was not operable. Resident #1 does not have a source of light that can be turned on/off from bedside.

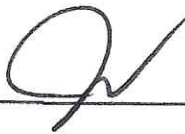
Plan of Correction (POC)

(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 plugged in residents lamp that resident unplugged and it worked.

The home will do monthly checks of all light sources to ensure compliance QM will be kept for 6 months.

Legal Entity Representative


Signature

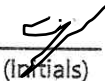
J Venanz
Printed Name and Title

11/8/19
Date

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(Date)

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(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

102c - Tub/Shower - 10 users

Regulations

2600.

102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

Description of Violation

On 8/28/19, there were 52 residents in-house to include 19 staff making a total census of 71, which requires a total of 8 showers/tubs. The home had a total of eight showers/tubs. However, only five were accessible/useable. Three of the showers/tubs were not assessable/useable, to include:

- * The common bathroom with a shower in the back hall on the first floor is being used as storage and not accessible to the residents.
- * Common bathroom #2's shower stall floor is in serious disrepair with a sign hanging on shower curtain "Do not use", in the second set of bathrooms in the long hall.
- * Common bathroom #3's shower stall floor is in serious disrepair with a sign hanging on the shower curtain, "Do not use", in the second set of bathrooms in the long hall.

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.)

Back hall bathroom/shower was cleared while inspectors was present remains open. The other two bathrooms are functioning w/ tickets & repairs are being discussed & will be complete by 12/10/19. The home will monitor monthly.

Legal Entity Representative

JV
Signature

J Venon 11/8/19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

On 8/28/19, there is no grab bar at the toilet to provide residents safe assistance while toileting in common bathroom #1 on the main floor. The grab bar that is installed on the wall just above the toilet is not conducive to the residents needs for safe assistance in toileting.

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 replacing the grab bar & will be complete by 12/15/19 with proof sent to DHS by 12/15/19

Legal Entity Representative

Signature *JW*

Printed Name and Title *J Venzin*

Date *11/15/19*

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

The above plan of correction is approved as of 11/18/19
(Date)

Plan of correction implementation status as of 11/18/19
(Date)

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

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

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 8/28/19, there was a used, unlabeled blue bar of soap on the shower caddy in the shower stall of common bathroom #3, in the short hall on the second floor.

On 8/28/19, the soap dispenser on the wall at the sink is not operable. There is no soap available to wash hands in the common bathroom #3, in the long hall of the second set of bathrooms on the second floor.

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 unlabeled soap was removed and discarded. The home did check entire facility to ensure all residents have toiletries that are in compliance and are labeled. The home also filled the soap dispensers & it did then work. The home will audit all soap dispensers monthly to ensure compliance & QM will be kept.

Legal Entity Representative

[Signature]
Signature

[Printed Name]
Printed Name and Title

11/13/19
Date

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

The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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