pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 12, 2019

Ms. Leighann Megans Armitage
Administrator
Rivercliff Terrace, Inc.
120 Allegheny Avenue
Kittanning, Pennsylvania 16201

RE: Rivercliff Terrace
Certificate #: 426610

Dear Ms. Armitage:

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

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *RIVERCLIFF TERRACE* **License Number:** *42661*
Address: *120 ALLEGHENY AVENUE,, KITTANNING, PA 16201*
County: *ARMSTRONG* **Region:** *WESTERN*

Administrator

Name: *Leighann Megan & Brian Armitage* **Phone:** *7245487409* **Email:** *INFO@RIVERCLIFFTERRACE.ORG*

Legal Entity

Name: *RIVERCLIFF TERRACE INC*
Address: *120 ALLEGHENY AVENUE, KITTANNING, PA, 16201*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *03/05/1985* **Issued By:** *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *26* **Waking Staff:** *20*

Inspection

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

Inspection Dates and Department Representative

09/06/2019 - On-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* **Residents Served:** *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *3*
Have Mobility Need: *0*
Are 60 Years of Age or Older: *26*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/619, at approximately 10:15 a.m., the following resident documents identifying resident's social security numbers, dates of birth, diagnosis's, prescribed medications, nurses' notes, etc. in folders or binders from Lutheran Senior Care Agency, Medi Home Health and Amedysis Agency, who are servicing the residents were unlocked, unattended and accessible in a built-in wall shelving unit between the kitchen and med room, to include, resident's #1, #2 and #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 HOME HEALTH CHARTS WILL BE STORED IN LOCKED ROOM AND ONLY BE TAKEN OUT BY RIVERCLIF TERRACE STAFF, AND DIRECTLY HANDED TO HOME HEALTH AGNECY WHEN THEY ARE IN RIVERCLIFF TERRACE. HOME HEALTH AGENCIES SHALL RETURN ALL RECORDS DIRECLY TO STAFF WHERE THEY THEN WILL PUT IN DESIGNATED AREA BEHIND A LOCKABLE DOOR.

ADMINISTRATOR MEGAN ARMITAGE OR BRIAN ARMITAGE WILL CHECK WEEKLY TO ENSURE ALL HOME HEALTH CHARTS ARE IN LOCKABLE AREA TO ENSURE PRIVACY (PLEASE REFER TO ATTATCHED CHECK CHARTS)

Legal Entity Representative

Leighann Armitage — Signature

Leighann Armitage Administrator 11-19-19

Leighann Armitage Administrator 11-7-19

Printed Name and Title — Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

25b - Contract Signatures

Regulations

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.

Description of Violation

On 9/6/19, resident #4's contract dated 10/4/18, was not signed by the resident, nor was there documentation of efforts to obtain the residents signature/marking or indicate the resident was unable or refused to sign.

On 9/6/19, resident #5's contract dated 1/12/18, was not signed by the resident, nor was there documentation of efforts to obtain the residents signature/mark or indicate the resident was unable or refused to sign.

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.)

RIVERCLIFF TERRACE WILL CONTINUE TO ATTEMPT TO HAVE ALL RESIDENTS SIGN ALL REQUIRED DOCUMENTATION. IF RESIDNET REFUSES RIVERCLIFF TERRACE WILL DOCUMENT ON HIS OR HER SIGNATURE LINE THAT HE OR SHE REFUSED TO SIGN IT WITH DATE AND TIME NOTED OF THE REUSAL. IT SHOULD BE NOTED THAT ON BOTH RESIDENT 4 & 5 EITHER THEIR POA OR DESIGNATED PERSON DID SIGN CONTRACT

the ADMINISTRATOR WILL REIVEIW ALL CONTRACTS PAST AND PRESENT TO ENSURE ALL SIGNATURES HAVE BEEN ATTAINED AND IF A RESIDENT REFUSES TO SIGN ,IT WILL BE MARKED REFUSAL OR UNABLE TO SIGN DO TO PHYSICAL OR MENTAL LIMITATIONS (NOTE AMENDED CONTRACT SIGNATURE PAGE TO ADDRESS AND CLARIFY WHY THERE WAS AN ABSENT SIGNATURE) . ALSO UNSIGNED CONTRACTS OF RESIDENT 4 AND 5 HAVE BEEN SIGNED PLEASE REFER TO DOCUMENTS. THE ADMINISTRATORS BRIAN AND MEGAN ARMITAGE WILL BE RESPONSIBLE TO ENSURE ALL CONTRACTS ARE COMPLETE ON DAY OF ADMISSION OF OR IF NOT BEFORE.

Leighann Armitage Administrator 11-7-19

Signature Leighann Armitage Printed Name and Title Leighann Armitage Administrator Date 11-19-19

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

42s - Privacy

Regulations

2600.

42.s. 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.

Description of Violation

The home has a video monitoring system in the common area at the main entrance, the main hallways and the exterior front and back of the home. However, there are no signs posted indicating video monitoring is occurring.

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.)

IT SHOULD BE NOTED THAT THERE WAS A SIGN ON THE OUTSIDE OF BUILDING STATING THERE WAS VIDEO MONITORING BY A COMPANY CALLED "2 KREW"SECURITY & SURVEILLANCE. WE HOWEVER PLACED MULTPULE SIGNS UP IN FACILITY WHICH EDUCATE RESIDENTS AND VISITORS OF VIDEO MONITORING IN COMMON AREAS , AND EXITS. REFER TO ATTATCHED PICS

ADMINISTRATOR BRIAN AND MEGAN ARMITAGE HAVE PLACED ADDITIONAL SIGNS UP THROUGHOUT FACILITY REFER TO PIC, ALSO ADMINISTRATORS WILL EDUCATE ALL RESIDANCE OF OUR CAMERA SYSTEM WHERE IT IS AT AND WHAT WE MONITOR FOR. THEY WILL ALSO BE EDUCATED ON THE FACT THAT THERE IS NO CAMERAS IN AREAS WHERE BATHING , DRESSING , CHANGING AND MEDICAL PROCEDURES TAKE PLACE. REFER TO READ AND SIGN.

Legal Entity Representative

Leighann Armitage Administrator 11-19-19

Signature | Printed Name and Title | Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

- ☐ 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 9/6/19 at approximately 10:15 a.m., there were no paper towels, mechanical air blower, or other means of hand drying in the common bathroom of hallway 1.

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 STAFF SHIFTS WHERE EDUCATED ON AND AWARE OF CHECKING BATHROOMS FOR PAPERTOWLS AND REPLACE IMMEDITALY ALSO NEW ORDING PROTOCOL WAS IMMPLAMENTED TO ALLOW STAFF TO ORDER NEEDED SUPPLIES. WAL-MART APP, NAPPY, AUDI., AMAZON.

ADMNISTRATOR WILL CHECK BATHROMS RANDOMLY 1 TIME A WEEK AND ALSO MONITOR SUPPLIES TO ENSURE ALL BATHROOMS HAVE PAPER TOWELS. ALSO ALL STAFF WAS EDUCATED ON REGULATION 2600 85.A DURING STAFF MEETING AND IT WAS EMPHAZIED TO PLEASE REPORT TO ADMINISTATOR IF A BATHROOM IS FOUND NOT TO HAVE PAPER TOWELS SO ADMINISTRATOR CAN IDENTIFY STAFF THAT FALLS TO PERFORM JOB DUTIES AS WELL. ADMNISTRATOR WILL KEEP AT LEAST 12 ADDITINAL PRODUCTS TO INSURE NO SHORTAGE OCCURS .

Legal Entity Representative

Leighann Armitage

Signature

Leighann Armitage Administrator 11-19-19

Leighann Armitage Administrator 11-7-19

Printed Name and Title Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 9/6/19, there were no screens in multiple windows of the home, to include:
*The window of bedroom #103 on the first floor.
*The three windows in dining room #1, on the first floor.
*The three windows in the far end of the book room on the first floor.
*The windows in bedroom 211, on the second floor.
*The window in bedroom 219, 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.)

NEW SCREENS WHERE ORDERED SEPTEMBER THE 8TH 2019 FROM 84 LUMBER, AND INSTALLED IN IN ALL ROOMS WITHOUT SCREENS INCLUDING ROOMS 103,1,211,219.

THE ADMINISTRATOR WILL INSPECT ALL WINDOWS & SCREENS BI-ANNUALLY (DAY LIGHT SAVINGS TIME) TO ENSURE ALL WINDOWS ARE IN GOOD REPAIR AND HAS SCREENS FOR WHEN WINDOWS CAN BE OPENDED

Legal Entity Representative

Leighann Armitage — Leighann Armitage Administrator 11-19-19
Leighann Armitage — Leighann Armitage, Administrator 11-7-19

Signature | Printed Name and Title | Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

103d - Storing Food Off Floor

Regulations

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 9/6/19, at approximately 9;50 a.m., there were eight -10lb bags of potatoes stored on the floor under the shelving unit of the kitchen pantry.

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 STAFF WAS EDUCATED ON REGULATION 103.D NEW CLEAR PLASTIC BINS WHERE PURCHASED REFER TO PIC

the responsible party will be the employee that is working in kitchen on the day of when foods our delieverd to facility. BARB STOVER, MICHELLE CROWNHOUER, MARY CRISSMAN, BRIAN LUFFEY WILL BE THE FOUR EMPLOYEES TO ENSURE PROCESS IS COMPLETE CORRECT AND IF ANY OTHER PROTECTIVE PLASTIC BINS BE PURCHASED. THESE WILL BE THE FOUR EMPOLYE DIRECTLY RESPONSIBLE FOR PROPER PLACEMENT OF FOODS DURING THEIR SHIFTS. ADMINISTRATOR WILL BE DOING RANDOM CHECKS AT LEAST 2X PER WEEK FOR 2 MONTHS TO ENSURE PROCESS IS CORRECT AND COMPLETE. ALSO SIGNS WILL BE PLACED IN BACK WHICH READS "REGULATION 2600 103 d. no food shall be stored OFF OF FLOOR" REFER TO PIC

Legal Entity Representative

Leighann Armitage Administrator 11-19-19

Leighann Armitage Administrator 11-7-19

Signature | Printed Name and Title | Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 9/6/19, the "Master Key" for the September medication administration record (MAR) does not include the signatures/initials of direct care staff persons A and B. Direct care staff person A administered medication to resident #5 at 8:00 p.m. on 8/1/19 and staff person B and administrator administered medications to resident #5 at 8:00 p.m. on 9/2/19 through 9/5/19

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 STAFF EDUCATED ON NOT TO PASS MEDICATIONS UNTIL MASTER KEY IS SIGHNED. BARB STOVER HAS BEEN ASSSIGNED TO ENSURE ALL COMPLIANCE OF SIGNATURES HAVE BEEN ATTAINED PRIOR TO 1ST OF MONTH AND 1ST SHIFT. ADMINISTRATOR WILL CHECK FOR COMPLIANCE THROUGHOUT 1ST OF THE WEEK OF EACH MONTH TO ALSO ENSURE COMPLIANCE

Legal Entity Representative

Leighann Armitage Administrator 11-19-19

Leighann Armitage

Signature

Leighann Armitage Administrator 11-7-19

Printed Name and Title Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

190c - Record of Training

Regulations

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

On 9/6/19, The homes medication administration annual practicum training documents for direct care staff person A and C, did not include, the staff persons signature or the training completion date on the "STUDENT CERTIFICATION FORM" or the Recertification/date and trainer's signature on the "STUDENT EXAMINATION DATA SUMMARY SHEET ANNUAL PRACTICUM". These sections were blank.

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 TRAINER OF ANNUAL PRACTICUM WILL SIGN OFF IMMEDITALLY AFTER EACH EXAM TAKEN AND COMPLETED ALSO ADMIMISTRATOR WILL BE CHECKING AFTER EACH EXAM TO ENSURE COMPLETION OF THE DOCUMENTAL TASK.

THE ANNUAL PRACTICUM WILL BE SIGNED OFF BY TRAINER : ON DAY OF COMPLETION, THE ADMINISTRATOR WILL MONITOR THE ANNUAL PRACTICUM CERTIFICATION FORM TO ENSURE IT IS SIGNED OFF AND COMPLETE. THIS WILL BE DONE BI ANNUAL TO ENSURE COMPLIANCE ON JAN AND JUNE OF EACH CALANDER YEAR BY TRAINIER & ADMINISTOR.

Legal Entity Representative

Leighann Armitage Administrator 11-19-19

Leighann Armitage

Signature | Leighann Armitage Administrator | 11-7-19

Printed Name and Title | Date

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

On 9/6/19, the statement acknowledging resident #4 was educated on his/her right to question or refuse medication if the resident believes that there may be a medication error, was not signed by the resident nor was there documentation of efforts to obtain the residents signature/mark or indicate the resident was unable or refused to sign.

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.)

RIVERCLIFF TERRACE WILL CONTIUE TO ATTEMPT TO HAVE ALL RESIDENTS SIGN ALL REQUIRED DOCUMENTATION. IF RESIDNET REFUSES RIVERCLIFF TERRACE WILL DOCUMENT ON HIS OR HER SIGNATURE LINE THAT HE OR SHE REFUSED TO SIGN IT WITH DATE AND TIME NOTED OF THE REUSAL. IT SHOULD BE NOTED DESPITE RESIDENT 4 REFUSING TO SIGN HER POA WAS EDUCATED AS WELL AND HE SIGNED DOCUMENTATION. ALSO resident #4 DID ATTEMPT TO SIGN DOC REFER TO DOC

ADMINISTRATOR WILL GO BACK THROUGH AND ENSURE ALL EDUCATION HAS BEEN SIGNED BY ALL RESIDENTS. IF RES REFUSES OR CAN NOT SIGN ADMINISTRATOR WILL DOCUMENT AND SIGN WITH DATE AND TIME. ALSO REFER TO AMMENDED DOCUMENT WITH CHECK BOXES TO CLARAIFY WHY HE OR SHE DID NOT SIGN. WILL BE MONITORED BY BOTH ADMINISTRATORS AND CHECKED ON THE DATE RESIDENT ENTERES THE BUILDING. (DATE OF ADMISSION)

Lega

Signature | Printed Name and Title Administrator Leighann Armitage | Date 11-19-19

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

The above plan of correction is approved as of 11/20/19 (Date)

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

Plan of correction implementation status as of 11/20/19 (Date)

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