



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 9, 2019

Mr. Adam Herman
Owner
Riverstone Manor LLC
PO Box 333
Walnutport, Pennsylvania 18088

RE: Riverstone Manor
One Main Street
Walnutport, Pennsylvania 18088
License #: 223940

Dear Mr. Herman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 11, 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, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: RIVERSTONE MANOR

License Number: 22394

Address: ONE MAIN STREET,, WALNUTPORT, PA 18088

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: Adam Herman

Phone: 6107670575

Email: A.HERMAN45@YAHOO.COM

Legal Entity

Name: RIVERSTONE MANOR LLC

Address: PO BOX 333, WALNUTPORT, PA, 18088

Certificate(s) of Occupancy

Type: I-1

Date: 03/15/2012

Issued By: Brough of Walnutport

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 62

Waking Staff: 47

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/11/2019 - On-Site: Ann O'Haire, Amy DeLuca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72

Residents Served: 62

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 43

Are 60 Years of Age or Older: 24

Diagnosed with Mental Illness: 44

Diagnosed with Intellectual Disability: 11

Have Mobility Need: 0

Have Physical Disability: 2

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 8/18/2019 resident # 1 told a nurse on duty at the hospital he was staying in that he was uncomfortable at the home due to unwanted sexual advances of other residents. The home did not report the incident to the department's regional office within 24 hours as required.

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.)

See attached

Legal Entity Representative

Anjanette Kattzer
Signature

Anjanette Kattzer
Printed Name and Title Administrator
11/10/19
Date

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

The above plan of correction is approved as of 11-12-19
(Date)

Plan of correction implementation status as of 11-12-19
(Date)

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

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

16 c

The regulation is important in order to maintain a checks and balance system which always insures the health and safety of residents.

It is my belief that the regulation was not violated because the incident in question had previously been reported to DHS as well as APS, more than a year prior to this. Both agencies as well as the home conducted investigations at that time, and it was unsubstantiated by all.

The resident in question repeated a previously told story to a different nurse in the hospital. The only reason the home knew this at all was because APS notified the home that it would not be investigating the claim a second time.

The violation was caused by the inability of the inspectors and the home to properly communicate the details of the event in question as well as any other event.

In order to prevent future violations of this nature the home will report any and all contact between APS and staff members or known resident contact. This will be done to keep further misunderstandings to a minimum.

The administrator will be responsible for all reporting to DHS and compliance to the new policies of the home.

Angela [unclear] Administrator
11/10/19

MM
11-12-19

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Bed bugs were observed accumulated and crawling on the upper wall of resident bedroom # 206. Bed bugs were also observed clustered in the corner of the fitted sheet of a resident bed in room 106.

Plan of Correction (POC)

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See attached

Legal Entity Representative

Anjanette Kather
Signature

Anjanette Kather 11/10/19
Printed Name and Title Administrator Date

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93b - Railings

Regulations

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The exterior hand rail leading from the street to the office and resident rooms located in the cottage part of the facility was not well secured. This hand railing did not provide support walking up the front stairs.

Plan of Correction (POC)

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Legal Entity Representative

Anjanette Kather
Signature

Anjanette Kather 11-10-19
Printed Name and Title Administrator Date

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93 b

The regulation is important to prevent injury.

The regulation was violated by the fact that the railing to the front office door was loose.

The violation was caused by the loose railing.

The home has had the railing rebuilt.

Checking all railings will be added to the bi-annual list for maintenance.

It will be the administrator's responsibility to make sure the list is completed by maintenance and the necessary repairs are made.

Angela Kattner, Administrator
11-12-19

11-12-19

MM

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door in room #102 on the first floor women's side had a walker blocking the exit route to the emergency exit leading to the front exterior of the building.

Plan of Correction (POC)

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see attached

Legal Entity Representative

Anjanette Kattner
Signature

Anjanette Kattner 11-10-19
Printed Name and Title Administrator Date

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121 a

The regulation is important so that all residents can evacuate safely in an emergency.

The regulation was violated by the fact that a walker was put in front of the door.

The violation was caused by the walker being in front of the door.

The walker was moved, and the residents were educated about the importance of their walkers being stored safely. The staff was educated on the importance of correcting a blocked exit when and if they encounter it.

The administrator will be responsible for continued education to insure this does not happen again.

Angela Kelly, Administrator
11-10-19

11-12-19

MM

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A baseball cap and a large red and grey blanket were found directly behind the first dryer from the left in the home's laundry room.

Plan of Correction (POC)

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See attached

Legal Entity Representative

Signature *Anjanette Kattjeer*

Printed Name and Title *Anjanette Kattjeer Administrator* Date *11-10-19*

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125 a

The regulation is important in order to avoid fires in the home.

The regulation was violated by clothing/blankets falling off the dryer before being put away.

The violation was caused by clothing/blankets not being put away immediately.

The articles were immediately put away.

In order to prevent future violations staff will be educated to put things away immediately instead of letting them sit on top of the dryer.

The administrator will be responsible for ensuring all staff are educated and adhering to this policy.

Angela Kelly Kattner, administrator
11-10-19

11-12-19

MM

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation (DME) form dated 2/6/2019 for resident # 2 did not have the resident's medical diagnoses listed on the form.

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.)

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Legal Entity Representative

[Handwritten Signature]
Signature

Annette Kattner 11-10-19
Printed Name and Title Administrator Date

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141 a2

The regulation is important in order to make sure all residents medical needs are met by the home.

The regulation was violated by the fact that the current DME was not properly filled out.

The violation was caused by the home not catching the missing information on the current DME when it came back from the doctor.

The form was redone by the doctor on his next visit day.

Forms will be double checked for proper completion before being entered to the file.

The administrator will be responsible for double checking forms and having errors corrected before entering them into the file.

*Administrative administrator
11-10-19*

11-12-19

MM