



MAILING DATE: December 5, 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
License / C.O.C. #: 429400

Dear Mr. Anlauf:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 4, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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
Licensing Inspection Summary

Violation Report

Facility Information

Name: PLEASANT RIDGE MATURE LIVING

License Number: 42940

Address: 981 PLEASANT HILL ROAD,, LEECHBURG, PA 15656

County: WESTMORELAND

Region: WESTERN

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: 0

Total Daily Staff: 75

Waking Staff: 56

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

10/04/2019 - 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

RECEIVED

85a - Sanitary Conditions

NOV 29 2019

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

On 10/4/19, at 9:40 a.m., there was a very pungent odor of raw sewage present in the maintenance room that was able to permeate into the laundry room. The home requires a sump pump for the removal of sewage waste and water removal that is in the maintenance room off the laundry room. The sump pump measures approximately 46" in diameter and 8' to 9' deep. The last time the Bio-block agent used to control the odors and break down the raw sewage was replaced was on 7/17/19. Reportedly, it should be changed monthly.

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 TOOK CARE OF SMELL WITH APPROVED CHEMICALS. THE BIO-BLOCK THAT THE HOME USES ARE TO BE CHANGED EVERY 4 MONTHS. THE HOME'S MAINTENANCE MAN WAS RE-EDUCATED ON APPROPRIATE TIME FRAME TO CHANGE BIO-BLOCK. THE HOME WILL CONTINUE TO DOCUMENT WHEN BIO-BLOCKS ARE CHANGED TO ENSURE COMPLIANCE.

Legal Entity Representative

Signature

Printed Name and Title

JVENZIN

Date

11/21/19

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

The above plan of correction is approved as of 12/3/19
(Date)

Plan of correction implementation status as of 12/3/19
(Date)

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

Fully Implemented

Not Implemented

187d - Follow Prescriber's Orders

NOV 29 2019

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

WEST RIVERFIELD OFFICE
Alcohol & Tobacco Licensing

Description of Violation

Resident #1 has a physician order, dated 12/19/18, indicating the resident can have, "One drink of alcohol per day." However, the home is providing resident #1 with a full 16-ounce glass of straight liquor (vodka or whiskey), where the resident adds his/her own mixers around 4:00 p.m. almost daily. The average serving of alcohol per mixed drink is approximately 1.5 to 2 ounces. The resident is being provided enough alcohol for approximately 8 mixed drinks or more. The resident has a history of ETOH dependency and interviews of the resident being intoxicated on multiple occasions in the evening.

Plan of Correction (POC)

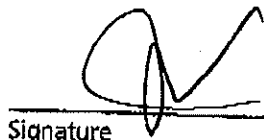
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

THE HOME IMMEDIATELY RECEIVED A NEW ORDER TO CLARIFY. SEE ATTACHED

HOWEVER AT THIS TIME RESIDENT HAS DECIDED TO NO LONGER PARTAKE IN ALCOHOL CONSUMPTION.

THE HOME MOVING FORWARD WILL DEAL ON A CASE BY CASE BASIS. IF THIS SITUATION ARISES AGAIN

Legal Entity Representative



Signature

J. VENZIN

Printed Name and Title

11/29/19

Date

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The above plan of correction is approved as of 12/319
(Date)

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(Date)

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(Initials)

Fully Implemented

Not Implemented

224a - Preadmission Screen Form

NOV 29 2019

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

WEST VIRGINIA BOARD OF LICENSING
HEALTH SERVICES LICENSING

Description of Violation

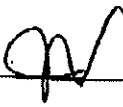
Resident #1's preadmission screening form completed on 3/26/18, does not indicate if the home can meet the residents needs. The section was blank.

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 HOMES DIRECTOR OF RESIDENT CARE IMMEDIATELY COMPLETED THIS SECTION. SEE ATTACHED...
THE HOMES ADMINISTRATOR WILL MONITOR ALL PRE ADMISSION SCREENING TO ENSURE COMPLIANCE MOVING FORWARD.

Legal Entity Representative



Signature

J. VENTURA

Printed Name and Title

11/29/19

Date

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(Initials)

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Not Implemented

227c - Support Plan Revision

NOV 29 2019

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

VIRGINIA REGIONAL BOARD OFFICE
Human Services Licensing

Description of Violation

Resident #1's support plan dated, 3/5/19, does not address the resident's alcohol dependency and behaviors associated with the dependency. Interviews and physician notes, as well as, self-reporting indicate the resident has a history of alcohol dependency. Interviews indicate resident has been exhibiting behaviors of being intoxicated and disoriented on multiple occasions, verbal reporting of resident falling/sliding out of wheel chair as recent as 10/1/19 or 10/2/19. Resident #1 attempted to obtain a physician order for alcohol by his/her PCP on 10/9/18, for one drink per day; however, the order was cancelled, the physician indicating: "D/C ETOH alcohol privileges due to recurrent falls? Intoxication?" The home reported resident #1 later obtained a physician's order by the house doctor dated, 12/19/18 indicating: "One drink per day of alcohol".

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 HOMES DIRECTOR OF RESIDENT CARE IMMEDIATELY UPDATED SUPPORT PLAN. MOVING FORWARD THE HOMES ADMINISTRATOR WILL DO RANDOM AUDITS TO ENSURE COMPLIANCE

By 1/1/20: The administrator or designated direct care staff person shall audit all current support plans for accuracy and completeness. 12/3/19

Legal Entity Representative

[Handwritten Signature]

Signature

J VENZIN

Printed Name and Title

11/29/19

Date

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