



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: ibutker@oneilblvd.net
canlauf@comcast.net
jvenzin@pleasantridgecare.com

MAILING DATE: July 28, 2020

Ms. Jessica Venzin
Executive Director
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 #: 429400

Dear Ms. Venzin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 6, 2020, 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 "Janine Wenzig".

Janine Wenzig
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

Phone: 7248450933

Email: jbutker@Oneilblvd.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: 10/29/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 68

Waking Staff: 51

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

02/06/2020 - On-Site: Debora McConnell, Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 52

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 22

Are 60 Years of Age or Older: 41

Diagnosed with Mental Illness: 16

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 16

Have Physical Disability: 2

16b - Incident Policies

Regulations

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents.

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

REPORTABLE INCIDENT POLICY COMPLETED. - JRW 7/24/20

Legal Entity Representative

Tanya Palmer
Signature

TANYA PALMER, DORC 7/20/20
Printed Name and Title Date

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

The above plan of correction is approved as of 7/24/2020
(Date)

Plan of correction implementation status as of 7/24/20
20
(Date)

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

Implemented
 Not Implemented

18 - Compliance With Laws

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

The Care Facility Carbon Monoxide Alarm Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarm Standards Act. The home has a gas boiler on the first floor and a gas stove in the kitchen on the second floor.

REPEAT VIOLATION: 1/31/19

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.)

CARBON MONOXIDE ALARMS WERE PURCHASED AND WILL BE INSTALLED 7/22/2020

Legal Entity Representative

Tanya Palmer

Signature

Tanya Palmer, DARC

Printed Name and Title

7/20/2020

Date

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[Signature]
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 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

The resident-home contract, dated 6/1/19, for resident #1 was not signed by the resident.

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 HAD RESIDENT #1 SIGN CONTRACT
SEE ATTACHED

THE HOMES DESIGNEE WILL AUDIT ALL NEW ADMISSION CONTRACTS FOR THE NEXT 6 MONTHS

Legal Entity Representative

Tanya Palmer
Signature

TANYA PALMER, DORC 7/20/20
Printed Name and Title Date

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60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 1/25/2020, 1/29/2020, and 1/31/2020, the home served 52 residents, including 16 residents with mobility needs, 3 of whom require 2-person assistance to transfer. On these dates on the overnight shift, only 2 staff persons worked from 11:30 pm to 6:30am. In the event of an emergency, there was insufficient staffing to evacuate residents.

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.)

ACCORDING TO THE HOMES IMMOBILE NUMBERS AND THE NUMBER OF RESIDENTS IN HOME ON 1/25/20 & 1/29/20 THE HOME WAS STAFFED ACCORDINGLY TO MOBILITY NEEDS SEE ATTACHED

ON 1/31/2020 THE HOMES STAFFING NEEDS WERE 2.125 AND ACCORDING TO REGULATIONS WE DO NOT HAVE TO ROUND UP UNTIL THE STAFFING NUMBER IS 2.5 OR HIGHER SEE ATTACHED

The administrator will ensure sufficient staff is on duty to safely evacuate all residents in the event of an emergency.- JRW 7/24/20

Legal Entity Representative

Tanya Palmer
Signature

TANYA PALMER 7/20/20
Printed Name and Title Date

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82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A 6 ounce bottle of Nail Polish Remover, with a with manufacturer's label indicating "If swallowed call Poison Control Center" was unlocked, unattended and accessible in room 204 on a small refrigerator. Not all the residents of the home, including resident #1, have been assessed as capable of recognizing and using poisons safely.

REPEAT VIOLATION: 01/31/19

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.)

THE RESIDENT WAS IMMEDIATELY ASSESSED AND WAS DEEMED CAPABLE OF USING

THE RESIDENT WAS IMMEDIATELY REMINDED THAT SHE MUST KEEP THE NAIL POLISH REMOVER IN HER DRAWER ONLY

THE HOMES DESIGNER WILL DO QUARTERLY SPOT CHECKS TO ASSURE EVERYTHING IS IN COMPLIANCE

Legal Entity Representative

Tanya Palmer
Signature

TANYA PALMER, PDR
Printed Name and Title

7/20/20
Date

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85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was no lid on the trash can in the shared resident bathroom second on the right, on the first floor. The trash can was 1/4 full of trash.

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 THE LID TO THE TRASH CAN THAT A RESIDENT TOOK OFF

Staff will check daily to ensure lids are on trash cans. - JRW 7/24/20

Legal Entity Representative

Tanya Palmer

Signature

TANYA PALMER, IDORE 7/24/20

Printed Name and Title

Date

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Implemented
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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

A mirror, measuring approximately 17 1/2 inch by 21 1/2 inches, fell off the wall when an agent of the Department touched the wall-mounted soap dispenser in the second resident bathroom/shower on the right, in the second floor hallway.

The right side door of the vanity is falling off in the bathroom on the left side of the second floor hallway.

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.)

THOSE BATHROOMS MENTIONED ABOVE ARE NOT UTILIZED BY RESIDENTS

THE HOME IMMEDIATELY REMOVED MIRROR FOR THE SAFETY OF RESIDENTS.

MAINTENANCE DEPARTMENT WAS NOTIFIED AND WILL BE FIXED BY SEPTEMBER 15TH. WILL SEND PROOF

Legal Entry Representative

[Handwritten Signature]

Signature

TANYA PALMER, PDRC 7/20/20

Printed Name and Title

Date

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, the thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the in the second floor nursing station does not include a thermometer, scissors, and tweezers.

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 MISSING ITEMS. HOWEVER THE HOME DOES HAVE MULTIPLE FIRST AID KITS THAT WERE ON SITE DURING INSPECTION

THE HOMES DESIGNEE WILL CHECK ALL FIRST AID KITS MONTHLY X12 MONTHS.

Legal Entity Representative

[Handwritten Signature]

Signature

TANYA PALMER POPE

Printed Name and Title

7/20/20

Date

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(Initials)

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

Residents #2 does not have a source of lighting that can be turned on/off at bedside.

Resident #3 does not have a source of lighting that can be turned on/off at bedside. The bedside lamp was unplugged.

REPEAT VIOLATION: 08/28/19

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.)

THE HOME IMMEDIATELY PLUGGED THE LAMP IN AND IT WAS OPERABLE

THE HOME REMINDED RESIDENT #3 NOT TO UNPLUG THEIR LAMP

RESIDENT #2 AND #3 HAVE BEDSIDE TOUCH LIGHT THE HOME REMINDED RESIDENTS NOT TO REMOVE TOUCH LIGHTS.

THE HOMES DESIGNED TO DO SPOT CHECKS FOR THE NEXT SIX MONTHS

Legal Entity Representative

Tanya Palmer
Signature

TANYA PALMER, DORC 7/20/20
Printed Name and Title Date

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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

There was no soap in the second shared bathroom/shower on the first floor. Also, the soap dispenser cover was falling off.

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 FILLED UP THE SOAP DISPENSER? FIXED IT

HOUSEKEEPING HAD NOT ATTENDED TO THE BATHROOM YET.

Legal Entity Representative

Tanya Palmer

Signature

Tanya Palmer, DORC

Printed Name and Title

7/20/20

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 Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:24 am, there was no thermometer in the "bread" freezer in the pantry.
At approximately 10:25 am, the temperature in the white upright freezer in the pantry measured 14 degrees Fahrenheit and at 2:08 pm, the temperature measured 16 degrees Fahrenheit.
At approximately 10:46 am, the temperature in the clear cooler in the pantry measured 50 degrees Fahrenheit and at 2:07 pm, the temperature measured 48 degrees Fahrenheit.

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 ANY HVAC ISSUES.
HOWEVER THE STAFF WAS IN & OUT OF THOSE MENTIONED ABOVE

THE HOME DESIGNER OR KITCHEN MANAGER WILL LOG TEMPERATURES 2X DAILY FOR 6 MONTHS

Legal Entity Representative

Tanya Palmer
Signature

TANYA PALMER, DORE 7/20/20
Printed Name and Title Date

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 Implemented
 Not Implemented
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130e - Hearing Impairment

Regulations

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident #8 is unable to hear the fire alarm system due to nerve deafness, as indicated on the medical evaluation, dated 1/14/2020. The home does not have a signaling device, approved by a fire safety expert and tested to ensure that resident #8 is alerted in the event of a fire.

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

HOME CURRENTLY HAS NO HEARING DEFICIT RESIDENTS.

RESIDENT #8 CTB. - JRW 7/24/2020

Legal Entity Representative

Tanya Palmer, Dore
Signature

Tanya Palmer, Dore 7/20/20
Printed Name and Title Date

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(Date) (Date)

Implemented
 Not Implemented

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(Initials)

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There were lancets and glucose test strips for resident #5 unlocked and accessible in the dining room closet.

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 LOCKED THE CART THAT THE GLUCOSE SUPPLIES WERE IN.

THE HOME'S DESIGNEE WILL AUDIT DAILY THAT THE CLOSET DOOR & CART IS LOCKED. FOR THE NEXT 6 MONTHS.

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Name and Title]

Printed Name and Title

[Handwritten Date]

Date

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[Handwritten Initials]
(initials)

- Implemented
- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #6 is prescribed Fluticasone 50mcg, 2 sprays into left nostril daily. The resident did not receive the medication on 2/1/2020 and 2/2/2020, as the medication was not available in the home.

Resident #6 is prescribed Acetaminophen 325mg, take 2 tablets 4 times a day (8am, 12pm, 4pm, 8pm). However, on 2/5/2020, she was not administered the 8:00 pm., medication until 10:00 p.m. Staff and resident interviews indicate on 2/5/2020, multiple residents were not administered their 8:00 pm medications until 10:00 pm.

REPEAT VIOLATION 10/4/19 and 11/31/19

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.)

THE HOME HAS ORDERS TO CONTACT MD AFTER MISSING 3 CONSECUTIVE DOSES OF MEDICATIONS. MEDICATION WAS AVAILABLE THE EVENING OF 2/2/2020.

ON THE ABOVE DAYS THERE WERE SEVERAL CIRCUMSTANCES THAT HAD HAPPENED WHERE MEDICATION WAS INDEED LATE. DR. WAS NOTIFIED OF THE LATE DOSE SEE ATTACHED

Legal Entity Representative

Tanya Palmer
Signature

Tanya Palmer, RN 7/20/20
Printed Name and Title Date

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(Initials)

Implemented
 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

There is no documentation of the resident's education on the right to question or refuse a medication if the resident believes there may be an error for residents #1, #6 and #7,

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

The right to refuse a medication is indicated in the resident-home contract of residents #1, #6 and #7. - JRW 7/24/2020

Legal Entity Representative

Tanya Palmer

Signature

Tanya Palmer, Dore

Printed Name and Title

7/20/2020

Date

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Implemented

Not Implemented

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #6's assessment, dated 10/14/19, indicates the resident is independent with transfers in/out of bed/chair. However, staff interviews indicate the resident requires full assistance with transfers in/out of bed/chair.

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 UPDATED RASP
SEE ATTACHED

DIRECTOR OF RESIDENT CARE WILL AUDIT ALL RASP; DIME TO MAKE SURE THEY ARE ALL IN COMPLIANCE X 6 MONTHS.

Legal Entity Representative

Cheryl Palmer
Signature

Tanyal Palmer, DRC 7/20/20
Printed Name and Title Date

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Implemented
 Not Implemented

254b - Policy and Procedures

Regulations

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have a policy or procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

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

Policy on record accessibility, security, storage, authorized use and release and who is responsible for the records completed. - JRW 7/24/2020

Legal Entity Representative

Tanya Palmer
Signature

Tanya Palmer, DORC 7/24/20
Printed Name and Title Date

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