



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: tammy.speece@albrightcare.org
MAILING DATE: May 14, 2020

Ms. Lennea Brown
Executive Director
Albright Care Services
90 Maplewood Drive
Lewisburg, Pennsylvania 17837

RE: Riverview Manor
3201 River Road
Lewisburg, Pennsylvania 17837
License #: 202980

Dear Ms. Brown:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 11, 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 "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: RIVERVIEW MANOR

License Number: 20298

Address: 3201 RIVER ROAD, LEWISBURG, PA 17837

County: UNION

Region: NORTHEAST

Administrator

Name: Tammy Speece

Phone: 5705226204

Email: TammySpeece@ALBRIGHTCARE.ORG

Legal Entity

Name: ALBRIGHT CARE SERVICES

Address: 90 MAPLEWOOD DRIVE, LEWISBURG, PA, 17837

Certificate(s) of Occupancy

Type: C-2 LP

Date: 07/10/1991

Issued By: Pa L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 39

Waking Staff: 29

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

03/11/2020 - On-Site: Ann O'Haire, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 38

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 38

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not state on the home's fire drill logs the number of residents who were in the home at the time of the fire drills on 03/18/19 at 12:10 AM and 04/25/19 at 8:16 AM.

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.)

Fire drill logs will be completed in its entirety by maintenance personnel. Logs will be reviewed by maintenance Director or designee. All maintenance personnel were educated on proper completion of forms.
Personal Care Administrator will conduct audits to assure compliance once a quarter for four quarters

Legal Entity Representative

Tambra Speece
Signature

Tambra Speece, PCA
Printed Name and Title

4/17/20
Date

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

The above plan of correction is approved as of 5-5-2020
(Date)

Plan of correction implementation status as of 5-5-2020
(Date)

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

Implemented
 Not Implemented

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's fire drill log indicates that on 08/31/19 the home conducted a fire drill that went over the home's allowable evacuation time of 10 minutes 0 seconds as indicated by a fire safety expert. Fire drill conducted on 08/31/19 at 9:00 PM had an evacuation time of 10 minutes 10 seconds.

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.)

Maintenance personnel along with personal care staff were educated on the importance of getting residents evacuated in a safe, but timely manner. If drill is not conducted in time allotted by fire safety expert (10 minutes), fire drill will be repeated. This will be audited by Personal Care Administrator or Designee for compliance once a quarter for four quarters.

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Signature

Tambra Speece, PCA 4/17/20
Printed Name and Title Date

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132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Through interviews with staff it was determined that the home was not correctly documenting the home's evacuation routes during their monthly fire drills. The home was documenting were the identified simulated fire was and did not reflect the actual exit routes utilized by the residents during the fire drills.

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 fire drill log will be completed in it's entirety identifying evacuation routes used during drill. Staff were trained on proper way to conduct fire drill. Exit routes will be designated on fire drill record. Maintenance Director or Designee will oversee all fire drills for compliance.

Immediately and Ongoing:

The administrator shall monitor ALL monthly fire drills for compliance with this regulation, monthly times 6 months. 5-5-2020 -MM

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141a - Medical Evaluation

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.

Description of Violation

Resident #1's DOA 5/8/19, their initial DME form was dated 12/11/19 for the date the form was completed but no physical exam date was listed on the form. It can't be determined if resident #1's had a physical exam completed by a physician within 30 days prior to his admission into the facility or 60 days following his admission into the facility.

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.)

Resident #1's DME was resent to primary care physician for completion. (See attached). All DME's were reviewed by LPN Nurse Manager to ensure all areas are completed. Personal Care Administrator will perform quarterly audits for 4 quarters to ensure compliance

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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

Resident #2's DOA 11/1/19 initial DME dated 10/13/19 was incomplete and the following information was missing:
Date of physical evaluation, immunization history and body positioning.

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.)

DME for Resident #2 was returned to Primary care physician for completion (see attached). All DME's will be audited to ensure all blanks are filled in. Personal Care Administrator will perform audits on all charts to ensure compliance

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3's MAR for March 2020 states that resident #2's blood glucose testing was to be completed two times a day as ordered by the prescriber, however, the home has been completing blood glucose testing only one time a day.

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.)

Fax sent to Primary care Physician of Resident # 3 (see order attached) medication technician was following physician recommendation of Accu check once daily. Order change in Medication Administration Record to match order. LPN Nurse Manager will review all orders to ensure MAR matches physician orders. Audits of MAR's will be conducted monthly for four quarters to ensure compliance.

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224a - Preadmission Screen Form

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.

Description of Violation

Resident #2's Preadmission form dated 10/31/19. did not indicate that home was able to meet resident #2's needs at the facility.

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.)

Pre-Admission form for Resident #2 was updated to indicate home was able to meet resident needs during annual survey on 3/11/20. All pre-admission screenings were reviewed to make certain all blanks are completed prior to admission. Audits will be performed by Personal Care Administrator monthly for all new admissions to assure compliance.

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