

Department of Human Services
Bureau of Human Service Licensing

January 22, 2021

[REDACTED], BOARD PRESIDENT
PARTNERS IN SENIOR CARE INC
ONE ELSTON WAY
HERMITAGE, PA 16148

RE: RIDGEWOOD AT SHENANGO
VALLEY
ONE ELSTON WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 40302

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *RIDGEWOOD AT SHENANGO VALLEY* License #: *40302* License Expiration Date: *07/02/2021*
Address: *ONE ELSTON WAY, HERMITAGE, PA 16148*
County: *MERCER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7243470998* Email: [REDACTED]

Legal Entity

Name: *PARTNERS IN SENIOR CARE INC*
Address: *ONE ELSTON WAY, HERMITAGE, PA, 16148*
Phone: *7243470998* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/25/1998* Issued By: *Labor & Industry*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/12/2020*

Inspection Dates and Department Representative

08/05/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* Residents Served: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

08/05/2020 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2020*

Inspections / Reviews (*continued*)

9/9/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/11/2020*

10/14/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/15/2020*

1/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 8/2/2020 at approximately 8:00 pm, staff person A entered resident #1's bedroom to administer [redacted] nightly medication. During this interaction, a physical altercation occurred between staff person A and the resident, resulting in a 2" X 3" bruise on resident #1's upper left forearm, a 1" X 3" bruise on [redacted] left wrist area and a laceration in the shape of a fingernail on [redacted] left wrist area. At approximately 8:15 pm, staff person B entered resident #1's bedroom to check on [redacted]. Resident #1 was walking towards the door, shaking, crying and bleeding from the laceration on [redacted] left wrist. Staff person B applied a band aid to the laceration. Resident #1 begged staff person B "Not to let the [redacted] back into [redacted] apartment."

On 8/2/2020, shortly after 8:00 pm, resident #1 called [redacted] and said [redacted] was bleeding and a [redacted] came in and just kept hitting [redacted]. Resident #1's [redacted] called staff person C's cell phone (the home's [redacted]) and reported this allegation of abuse. At approximately 9:10 pm, staff person C arrived at the home to investigate the incident and at 10:40 pm attempted to report the allegation of abuse to Mercer County AAA and received a recording of their office hours for Monday, 8/3/2020. However, the home did not submit to the Department a notice of staff person A's suspension until 8/3/2020 at 11:30 am.

Plan of Correction

Directed

- 1. Staff member was suspended by Administrator on 8/2/2020
- 2. The Administrator or Administrator designee will be responsible and shall immediately submit to the BHSL regional office a plan of supervision or suspension of affected staff member.

10/14/20 - SQ

By 11/14/20, all staff shall be reeducated regarding the requirement that if there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person and the home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person in accordance with 2600.15(b) and 2600.15(c). Documentation shall be kept.

Completion Date: 11/14/2020

Document Submission

Implemented

see attachment #1

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

On 8/2/2020 at approximately 8:00 pm, staff person A entered resident #1's bedroom to administer ████ nightly medication. During this interaction, a physical altercation occurred between staff person A and the resident, resulting in a 2" X 3" bruise on resident #1's upper left forearm, a 1" X 3" bruise on ████ left wrist area and a laceration in the shape of a fingernail on ████ left wrist area. At approximately 8:15 pm, staff person B entered resident #1's bedroom to check on ████. Resident #1 was walking towards the door, shaking, crying and bleeding from the laceration on ████ left wrist. Staff person B applied a band aid to the laceration. Resident#1 begged staff person B "Not to let the ████ back into ████ apartment."

Plan of Correction**Directed**

1. Staff member A was suspended on 8/2/2020 by Administrator post incident
2. Upon completion of investigation by AAA, BHSL and Administrator Staff member A was terminated on ████
3. Within 40 scheduled working hours all staff shall have orientation that includes the mandatory reporting of abuse and neglect. This education will be provided by the Administrator or the Administrator designee.
4. All staff members will receive education on The Older Adult Protective Services Act as part of the required 12 hours of training annually. This education will be provided by the Personal Care Nurse educator at the monthly staff education all day retreat.
5. The Administrative Assistant is responsible to schedule staff to attend the all day retreat annually and documentation of attendance shall be kept.
6. All current staff will be educated by the one of the following staff (Administrator, Nurse Educator, Resident Care Coordinator) by 9/30/2020 on the Mandatory reporting of abuse and neglect. Documentation of this training shall be kept.

10/14/20 - SQ

Immediately, then weekly for 1 month and monthly thereafter, the administrator or designee shall privately interview at least 2 residents regarding care and treatment, including treatment by staff. Documentation shall be kept and discussed during quality management plan reviews.

The next quality management plan review shall be conducted by 11/14/20, at which time the home shall place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

Completion Date: 11/14/2020

Document Submission**Implemented**

See attachment #2 #3

141a - Medical Evaluation

1. Requirements

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.

141a - Medical Evaluation (*continued*)**Description of Repeat Violation**

Resident #1 was admitted on [REDACTED]; however, [REDACTED] medical evaluation was completed on 1/15/2020.

Repeat Violation: 02/14/2019

Plan of Correction**Directed**

1. The Administrator or Administrator Designee shall be responsible to obtain the Documentation of Medical Evaluation within 60 days prior to admission on the specified form.
2. If DME is not available on date of admission, Resident Care Coordinator will schedule appointment with residents physician within 30 days post admission to obtain required evaluation and documentation of the evaluation.
3. Administrator will be responsible to audit all new resident files to ensure all required documents are present.

10/14/20 - SQ

By 11/14/20, the administrator or designated staff person shall audit all resident records to ensure an initial medical evaluation is completed within 60 days prior or within 30 days after admission. The audit shall also include ensuring all required information on the medical evaluation is accurate and complete. Missing or incomplete medical evaluations shall immediately be returned to the physician for completion or new medical evaluations shall be scheduled. Documentation of the audits shall be kept.

Completion Date: 11/14/2020

Document Submission**Implemented**

see attachment #4