

Department of Human Services  
Bureau of Human Service Licensing

April 2, 2021

██████████ ADMINISTRATOR  
RIVERCLIFF TERRACE INC  
120 ALLEGHENY AVENUE  
KITTANNING, PA 16201

RE: RIVERCLIFF TERRACE ANNEX  
322 NORTH MCKEAN STREET  
KITTANNING, PA, 16201  
LICENSE/COC#: 42693

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

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:** RIVERCLIFF TERRACE ANNEX      **License #:** 42693      **License Expiration Date:** 04/13/2021  
**Address:** 322 NORTH MCKEAN STREET, KITTANNING, PA 16201  
**County:** ARMSTRONG      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7245435923      **Email:** [REDACTED]

**Legal Entity**

**Name:** RIVERCLIFF TERRACE INC  
**Address:** 120 ALLEGHENY AVENUE, KITTANNING, PA, 16201  
**Phone:** 7245435923      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 07/10/1983      **Issued By:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 21      **Working Staff:** 16

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 01/07/2021

**Inspection Dates and Department Representative**

01/07/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 28      **Residents Served:** 19

**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:** 19  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 2      **Have Physical Disability:** 0

**Inspections / Reviews**

01/07/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/25/2021

Inspections / Reviews (*continued*)

3/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/31/2021*

4/1/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/07/2021*

4/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

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 certificates for the home's 2 boilers, issued by the Pennsylvania Department of Labor and Industry, expired on 6/5/20.

Plan of Correction

Accept

In the past the Insurance Company sent out an inspector without prompting. I contacted the past inspector and stated that because of COVID they were not currently going into establishments that have visitation restrictions, unless they were contacted. had an inspector contact me immediately and the boilers were inspected on 01/20/2021. After the completion of the inspection we were informed that both boilers passed inspection. The certificate was issued on 01/27/2021. The certificate is valid through 01/20/2023. In the future, as part of the new year routine I will contact the inspector to verify that they have us scheduled for an inspection so this does not happen in the future.

Completion Date: 01/20/2021

Document Submission

Implemented

See Attachment

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.

Description of Violation

Resident #1 was admitted to the home on : however, no medical evaluation has been completed.

Plan of Correction

Accept

Resident #1 had an appointment with PCP on 08-06-2020. At the time of inspection I was unable to locate the DME. A new DME was completed for that appointment. All residents files have been reviewed and every resident has a completed DME. The new resident checklist has become part of the admission packet instead of a separate document to keep the process more organized. This will assist me in the future to assure all necessary documents are on file.

Completion Date: 03/31/2021

Document Submission

Implemented

See Attachment

225a - Assessment 15 Days

1. Requirements

2600.

225a - Assessment 15 Days (continued)

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 #1 was admitted to the home on [REDACTED]; however, no assessment has been completed.

REPEAT VIOLATION: 12/11/2019

**Plan of Correction**

**Accept**

An assessment for Resident #1 was completed the week following the inspection. All of the needed information necessary to complete the document was on file since [REDACTED] admission date. All residents files have been reviewed and every resident has a completed assessment on file. The new resident checklist has become part of the admission packet instead of a separate document to keep the process more organized. This will assist me in the future to assure all necessary documents are on file.

Completion Date: 03/31/2021

**Document Submission**

**Implemented**

See Attachment