

Department of Human Services
Bureau of Human Service Licensing

January 28, 2021

[REDACTED] ADMINISTRATOR

RIVERCLIFF TERRACE INC
120 ALLEGHENY AVENUE
KITTANNING, PA 16201

RE: RIVERCLIFF TERRACE
120 ALLEGHENY AVENUE
KITTANNING, PA, 16201
LICENSE/COC#: 42661

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/22/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

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**

Facility Information

Name: *RIVERCLIFF TERRACE* License #: *42661* License Expiration Date: *11/16/2021*
Address: *120 ALLEGHENY AVENUE, KITTANNING, PA 16201*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7245487409* Email: [REDACTED]

Legal Entity

Name: *RIVERCLIFF TERRACE INC*
Address: *120 ALLEGHENY AVENUE, KITTANNING, PA, 16201*
Phone: *7245487409* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/05/1985* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/22/2021*

Inspection Dates and Department Representative

01/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* Residents Served: *22*

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: *22*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/22/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

No Deficiencies Identified