

Department of Human Services
Bureau of Human Service Licensing

June 25, 2021

██████████ ADMINISTRATOR
ALBRIGHT CARE SERVICES
90 MAPLEWOOD DRIVE
LEWISBURG, PA 17837

RE: RIVERVIEW MANOR
3201 RIVER ROAD
LEWISBURG, PA, 17837
LICENSE/COC#: 20298

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: RIVERVIEW MANOR **Licen e #:** 20298 **Licen e Expiration Date:** 05/19/2021
Addr e : 3201 RIVER ROAD, LEWISBURG, PA 17837
County: UNION **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5705226204 **Email:** [REDACTED]

Legal Entity

Name: ALBRIGHT CARE SERVICES
Address: 90 MAPLEWOOD DRIVE, LEWISBURG, PA, 17837
Phone: 5705226204 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/10/1991 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 33 **Waking Staff:** 25

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 03/22/2021

Inspection Dates and Department Representative

03/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 33

Secured Dementia Care Unit

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

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 3	Are 60 Years of Age or Older: 33
Diagnosed with Mental Illness: 15	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 1

Inspections / Reviews

03/22/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/02/2021*

5/4/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/11/2021*

6/25/2021 - 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 batteries in the Carbon Monoxide Detector located near the home s gas fireplace were installed 3/6/2019. The batteries are required to be replaced annually.

Plan of Correction

Accept

Batteries were changed in detector during inspection on 3/22/21. Batteries are changed every six months and TELS system identified the need to change batteries by 3/31/21. Maintenance Assistant signs off when batteries are changed. Environmental Services Manager or designee will monitor for 6 months to ensure batteries are changed according to scheduled frequency.

Completion Date: 03/22/2021

Update - 05/04/2021

Please send/Attach proof of compliance. 5-4-2021 - MM

Document Submission

Implemented

Batteries were changed on 3/22/21. TELS work order system revealed batteries are changed every 6 months. Environmental Services Manager will monitor for six months.

85d - Trash Receptacles

1. Requirements

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

A trash receptacle in the kitchen was observed without a cover and was not being actively used for cleanup.

Plan of Correction

Accept

Receptacle lid was replaced during survey on 3/22/21. Checklist is used to ensure all tasks are completed and signed off each night. Dining Service Manager or designee will monitor checklists three times a week for one month and then weekly for compliance.

Completion Date: 03/22/2021

Update - 05/04/2021

Please send/Attach proof of ongoing compliance. 5-4-2021-MM

Document Submission

Implemented

Lid was replaced during survey on 3/22/21. Dining Service Manager will double check closing checklist three times a week to ensure compliance.

103d - Storing Food Off Floor

1. Requirements

2600.

- 103.d. Food shall be stored off the floor.

103d - Storing Food Off Floor (*continued*)**Description of Violation**

There was a box of sweet potatoes and a loose bag of french fries observed on the floor of the walk-in freezer.

Plan of Correction**Accept**

Items on floor in freezer were disposed in trash. Daily inspections will be completed by Dining Service Manager or designee to ensure all items are placed neatly on shelves. Checklists will be reviewed three times a week for one month and then weekly for 3 months.

Completion Date: 03/22/2021

Update - 05/04/2021

Please send/Attach proof of compliance. 5-4-2021 - MM

Document Submission**Implemented**

This is part of the closing checklist. Dining Service Director will ensure compliance by auditing three times a week to ensure compliance.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 1 is prescribed 50mg of Sertraline daily. The pharmacy label on the sertraline indicated that Resident 1 is to receive 75mg daily.

Plan of Correction**Accept**

Policy for medication changes will be reviewed. Staff will be reeducated on the importance of making sure there is a 'medication change label' on the container. Nurse manager will double check all medication orders with medication containers to make sure the 'medication change label' is attached to the container. LPN Nurse Manager or designee will perform med cart audits weekly to make sure dosages compare with MAR's.

Completion Date: 03/22/2021

Update - 05/04/2021

Please send/Attach proof of staff training. 5-4-2021 -MM

Document Submission**Implemented**

Medication Change Label was added to medication during survey on 3/22/21. Med Techs were educated on this during change of shift on 3/22/21` by LPN Nurse Manager.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

The glucometer of Resident 2 indicated a blood sugar level of 142 at 6:00am and 276 at 11am on 3/18/2021. The Medical Administrative Record was incorrectly documented with a blood sugar level of 146 for 6am and 267 for 11am on 3/18/2021.

Plan of Correction**Accept**

Glucometer readings for Resident #2 were verified by LPN Charge Nurse during inspection on 3/22/21. Glucometer will be checked daily by 3rd shift Med Tech and compared to MAR for accuracy using a checklist. LPN Nurse Manager will monitor checklists three times a week for four weeks and then weekly for four weeks to ensure numbers match. All med techs will be reeducated on proper glucometer readings and documentation by 5/31/21.

Completion Date: 05/31/2021

Update - 05/04/2021

Please send/Attach proof of staff training. 5-4-2021 MM

Document Submission**Implemented**

LPN Nurse Manager monitors glucometer readings daily to ensure accuracy. All med techs will reminded during shift change on 3/22/21 of the importance to compare readings with documentation in MAR to ensure resident is getting accurate amount of insulin.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 1 was given their PRN medication, Acetaminphen, at 5:16pm on 3/12/2021. There was no reason documented for administering the medication.

Plan of Correction**Accept**

All med techs will be educated on the importance of documenting the reason for administering medication. LPN Nurse Manager will audit MAR's three times a week for four weeks and then weekly for four weeks to make sure reasons for administering PRN medications are documents.

Completion Date: 05/31/2021

Update - 05/04/2021

Please send/Attach proof of staff training. 5 4 2021 MM

Document Submission**Implemented**

Med tech who did not document reason was educated during survey of importance to document reason PRN medication was administered.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (*continued*)**Description of Repeat Violation**

Resident 2 received 12units from the Novolog flexpen at 11:00am on 3/18/2021. The glucometer indicated that ■■■ had a blood sugar level of 276. The Physician's order indicates that 8 units be given to Resident 2 when their blood sugar is between 251-300.

Plan of Correction**Accept**

Med techs were reeducated on the importance of reading the glucometers and recording accurate numbers in MAR to administer the correct amount of Insulin. LPN Nurse Manager or designee will audit glucometer readings and documentation on MAR to ensure accurate numbers are written. Medication error was noted and Reportable incident Completed and submitted day of inspection 3/22/21.

Completion Date: 03/22/2021

Update - 05/04/2021

Please send/Attach proof of staff training. 5-4-2021- MM

Document Submission**Implemented**

Med Tech who was responsible for making med error was disciplined on the importance of making sure accu checks are recorded accurately to make sure accurate insulin is administered immediately during survey on 3/22/21.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photograph of Resident 3 was taken 2/27/2019. Photographs are required to be updated every two years.

Plan of Correction**Accept**

Photo of Resident #3 was taken during survey on 3/22/21. All resident charts were reviewed to make sure all photos were updated. Personal Care Administrator or LPN Charge Nurse will audit charts on a monthly basis for 4 months and then quarterly to make certain photos are updated. A new photo will be taken each January and upon admission to make sure the photo is current.

Completion Date: 03/22/2021

Document Submission**Implemented**

All resident photos were taken on 3/31/21 to ensure they all were current.