

Department of Human Services  
Bureau of Human Service Licensing

June 17, 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 04/19/2021 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: 04/13/2022  
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: 19      Working Staff: 14

**Inspection**

Type: Partial      Notice: Unannounced      BHA Docket #:  
Reason: Monitoring      Exit Conference Date: 04/19/2021

**Inspection Dates and Department Representative**

04/19/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 28      Residents Served: 18

**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: 18  
Diagnosed with Mental Illness: 1      Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 1      Have Physical Disability: 0

**Inspections / Reviews**

04/19/2021 Partial

Lead Inspector: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 06/17/2021

Inspections / Reviews *(continued)*

6/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *06/23/2021*

6/17/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*Resident #1 is prescribed Ozempic-2mg/1.5ml-Inject 1 mg subcutaneously every Tuesday. The manufacturer's instructions indicate to discard the pen 56 days after first use. The resident's pen was dated as opened on 9/8/20; however, the pen was still present in the home on 4/19/21.*

**Plan of Correction****Accept**

*An inventory of items in diabetic supply bags will be conducted weekly. Bags will only contain the current and necessary supplies needed. A Diabetic Bag Supply Procedure has been created to keep the bags organized. The outdated pen was empty and had been left in the bag. It was not still in use, but should have been removed from the bag. The employee who checks the bags weekly will sign and verify that only current and necessary items are included in the bag.*

**Completion Date:** 04/20/2021

**Document Submission****Implemented**

*Staff has been informed of the importance of only necessary items being present in the diabetic supply bags. They have also been educated on expiration dates of insulin pens and to verify that pens are not present in supply bags after their expiration date. A list of common pens and expiration dates are included on the Diabetic Bag Supply Procedure document.*

## 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.

**Description of Violation**

*On 4/6/21 at 10:38 am, resident #1's blood glucose level was 137; however, a blood glucose reading of 131 was documented on the resident's blood glucose log.*

**Plan of Correction****Accept**

*Staff will double check the number on the screen with what has been recorded on the blood glucose log after recording it. Staff has been informed of how easy it is to glance quickly at the meter and mistake a 1 for a 7, a 6 for an 8, or transpose numbers. Meters are checked every night and numbers are reviewed to make sure all numbers have been recorded accurately that day. This error was noted by the staff member who checked the numbers for that day. The goal is for the person who checks the log to never find errors. We already have a system in place that double checks all numbers recorded from that day. Emphasis will be put on everyone double checking what they write so there are no errors to be found by the person who checks the numbers for the day. A Blood Sugar Log Recording Procedure has been created to stress the importance of accurate readings being recorded.*

**Completion Date:** 04/20/2021

**Document Submission****Implemented**

*Documentation has been attached.*