

Department of Human Services
Bureau of Human Service Licensing

November 3, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: PLEASANT RIDGE MATURE LIVING
981 PLEASANT HILL ROAD
LEECHBURG, PA, 15656
LICENSE/COC#: 42940

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2021, 05/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *PLEASANT RIDGE MATURE LIVING* License #: *42940* License Expiration Date: *09/09/2021*
Address: *981 PLEASANT HILL ROAD, LEECHBURG, PA 15656*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/29/1998* Issued By: *Dept of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/27/2021*

Inspection Dates and Department Representative

05/26/2021 - On-Site: [REDACTED]
05/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *41*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

05/26/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/26/2021*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/01/2021*

8/31/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/15/2021*

11/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 did not sign [redacted] resident-home contract, dated [redacted]

Plan of Correction

Directed

Started Immediately that all contracts will be checked by The Resident Care Coordinator and Assistant Resident Care Coordinator to ensure that the signature is obtained by resident before filling. It will be initialed upon completion.

Resident #1 is not longer living in the home. [redacted] 8/31/21

Completion Date: 07/01/2021

Document Submission

Implemented

THE RESIDENT CARE COORDINATOR WILL HAVE RESIDENT SIGN CONTRACT AND THE ASSISTANT CARE COORDINATOR WILL MAKE ALL SIGNATURES NEEDED ON THE CONTRACT ARE CORRECT BEFORE FILING.

SEE ATTACHED

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, date of hire [redacted], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed

Starting Immediately the Staff Coordinator to check all items of employment and start a tickler system for any GED that is not completed in the proper time frame. This will be kept in a file and checked monthly.

Directed Plan of Correction

Staff person A will not be permitted to perform direct care duties with residents until obtaining a high school diploma, GED diploma or active registry status on the Pennsylvania Nurse Aide Registry.

[redacted] 8/31/21

By 9/15/21 - The administrator or designee will review the staff records to ensure all direct care staff have documentation of a high school diploma, GED diploma or active registry status on the Pennsylvania Nurse Aide Registry. [redacted] 8/31/21

Completion Date: 07/01/2021

54a - Direct Care Staff (continued)

Document Submission

Implemented

THE ADMINISTRATOR OR DESIGNEE WILL REVIEW THE STAFF RECORDS TO ENSURE ALL DIRECT STAFF DOCUMENTATION IS CORRECT. ALL STAFF FILES HAVE BEEN REVIEWED. SEE ATTACHED

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 5/27/2021.

Plan of Correction

Directed

Immediately starting Staff Coordinator to check all employee check list and ensure all is complete before to ensure that it is complete before working unsupervised.

By 9/15/21 - The administrator or designee will review staff records to ensure all direct care staff persons have documentation of completing and passing the Department-approved direct care training course and competency test prior to providing unsupervised ADL services.

[REDACTED] 8/31/21

Completion Date: 07/01/2021

Document Submission

Implemented

THE ADMINISTRATOR OR DESIGNEE WILL REVIEW STAFF RECORDS TO ENSURE ALL DIRECT CARE STAFF HAVE DOCUMENTATION OF COMPLETING AND PASSING THE DEPARTMENT APPROVED DIRECT CARE TRAINING. ALL EMPLOYEE FILES HAVE BEEN REVIEWED. SEE ATTACHED

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There was a 7" by 7" hole in the middle of the eighth floor board from the ramp on the side deck of the home posing a trip and fall hazard. In addition, a board on the deck railing in that area is separated and sticking up approximately 1 and 1/2 inches. The edge of the board is sharp and poses a laceration hazard.

100a - Exterior - Free of Hazards (*continued*)**Plan of Correction****Accept**

Repairs were made prior to completion to annual inspection and verified. All exterior exits were checked to be in good repair and free of hazards. Maintenance will complete weekly checks to ensure compliance.

Completion Date: 06/29/2021

Document Submission**Implemented**

SEE ATTACHED

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 5/26/2021, there was an approximate 1/4 inch accumulation of lint in the lint trap of the commercial dryer in the laundry room. There were no clothes in the dryer at the time.

Plan of Correction**Accept**

Staff has been education to the risks of fire hazards due to dryer lint, staff will sign off on lint removal after each load to maintain compliance for one month. Maintenance will verify compliance on scheduled days of work. Attached is a sign off form.

Completion Date: 07/01/2021

Document Submission**Implemented**

SEE ATTACHED

123b - Emergency Procedures Posted

1. Requirements

2600.

- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's and municipality's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Starting immediately the Resident Care Coordinator is to check that the Emergency Preparedness binder is in the proper public place for all resident's, visitors and staff to review. The Resident Care Coordinator will check weekly to ensure proper placement and will update any necessary changes to the EOP annually.

Completion Date: 07/01/2021

Document Submission**Implemented**

SEE ATTACHED

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 has a supra pubic catheter which [REDACTED] cannot care for [REDACTED]. Concordia Home Health nursing has come in to take care of the catheter since 4/28/2020. The home's staff check it every 2 hours and empty it. The services provided by Concordia Home Health is not included on the support plan dated 12/2/2021.

Plan of Correction

Directed

Effective Immediately the Resident Care Assistant to meet with Resident Care Coordinator on all MD orders and start of Home Health/Hospice to ensure compliance on Resident Care Plans.

Directed Plan of Correction

By 9/15/21 - The administrator or designee shall update resident #2's support plan to include the services provided by Home Health.

8/31/21

By 9/15/21 - The administrator or designee shall review all support plans for timeliness, accuracy and completion, including all services provided by Home Health companies or other outside providers.

[REDACTED] 8/31/21

Completion Date: 07/01/2021

Document Submission

Implemented

SEE ATTACHED