

Department of Human Services
Bureau of Human Service Licensing

November 29, 2021

[REDACTED], BOARD PRESIDENT
PARTNERS IN SENIOR CARE INC
ONE ELSTON WAY
HERMITAGE, PA 16148

RE: RIDGEWOOD AT SHENANGO
VALLEY
ONE ELSTON WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 40302

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2021, 06/23/2021 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: *RIDGEWOOD AT SHENANGO VALLEY* License #: *40302* License Expiration Date: *07/02/2022*
Address: *ONE ELSTON WAY, HERMITAGE, PA 16148*
County: *MERCER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7243470998* Email: [REDACTED]

Legal Entity

Name: *PARTNERS IN SENIOR CARE INC*
Address: *ONE ELSTON WAY, HERMITAGE, PA, 16148*
Phone: *7243470998* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/25/1998* Issued By: *Labor & Industry*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/23/2021*

Inspection Dates and Department Representative

06/22/2021 - On-Site: [REDACTED]
06/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

06/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/06/2021*

8/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/02/2021*

11/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

There was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer in hall #400. There were no clothes in the dryer at the time.

Plan of Correction

Accept

- 1. Lint was removed from lint trap immediately and all other dryer lint traps were checked
- 2. Added signage on dryer to remind all persons to clean lint trap after each use
- 3. On 8/4/21 Residents who do their own laundry were educated on lint removal
- 4. All staff will be educated by 9/1/21 regarding removal of lint after use of dryer - see attachment #1
- 5. Midnight lead pca will be responsible to check lint traps nightly
- 6. Ductwork of dryers is cleaned quarterly by maintenance and documentation is kept

Completion Date: 09/01/2021

Document Submission

Implemented

documents attached 11/22/21

225a - Assessment 15 Days

1. Requirements

2600.

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's initial assessment, dated [redacted], does not include the diagnosis of [redacted] [redacted], as indicated on [redacted] initial medical evaluation, dated 4/28/21.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

- 1. On 6/24/21 Resident Care Coordinator added missing diagnosis as an attachment to support plan - See attachment #2
- 2. Resident Care Coordinator was educated on this regulation- See attachment #3
- 3. Once Support plan is complete , resident care coordinator will give the nurse educator the support plan for review so she can compare with DME to ensure all diagnosis are present
- 4. LPN nurse educator will conduct monthly audits of DME/Support plans to ensure all diagnosis are present
- 5. Resident Care Coordinator and LPN nurse educator will meet monthly to review

Completion Date: 08/03/2021

Document Submission

Implemented

documentation sent 8/3/21

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan, dated [REDACTED], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #2's support plan, dated [REDACTED], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept

- 1. On [REDACTED] Resident Care Coordinator obtained signature on Resident #1 and #2 see attachments #4 and #5
- 2. Resident Care Coordinator was educated on this regulation - see attachment #3
- 3. During monthly audit of DME/Support plans , LPN nurse educator will review support plan to verify resident signature is present

Completion Date: 08/03/2021

Document Submission

Implemented

documentation sent 8/3/21