

Department of Human Services  
Bureau of Human Service Licensing

October 22, 2021

[REDACTED], ADMINISTRATOR

RE: RIDGEVIEW RESIDENTIAL CARE  
122 RIDGEVIEW STREET  
YOUNGWOOD, PA, 15697  
LICENSE/COC#: 42858

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2021, 08/05/2021 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**

**Facility Information**

Name: *RIDGEVIEW RESIDENTIAL CARE* License #: *42858* License Expiration Date: *11/06/2021*  
Address: *122 RIDGEVIEW STREET, YOUNGWOOD, PA 15697*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/18/1999* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/05/2021*

**Inspection Dates and Department Representative**

08/04/2021 - On-Site: [REDACTED]  
08/05/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *40* Residents Served: *36*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

## Inspections / Reviews

08/04/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2021*

10/22/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/25/2021*

10/22/2021 - Document Submission

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

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 8/4/21, at approximately 11:30 a.m., there was a green laminated sign upright on the table at resident #1's seat in the dining room, indicating: "Resident #1's first name - Use black handled silverware and chop food fine - Chop everything stay away from breads & buns for now- Give [redacted] something else." Dated 6/4/21.

Plan of Correction

Accept

On 8/4/21, while the inspector was present, I took the note down off of the dining room table that had resident #1's first name. The note was a reminder that [redacted] should use certain silverware and about specific food items that [redacted] shouldn't eat right now.

We won't post reminders in areas that other residents can see to address personal issues with residents. The staff was made aware of this and administrative staff will monitor this to make sure notes aren't posted where other residents can see them.

Completion Date: 08/04/2021

Document Submission

Implemented

See attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/4/21, the ceiling exhaust fan in the private bathroom of bedroom #3 was covered with approximately 1/4" layer of dust on the slats.

Plan of Correction

Accept

The exhaust fan was cleaned while the inspector was here on 8/4/21 by maintenance. The exhaust fans are cleaned by housekeeping every 2-3 months. This particular exhaust fan must have been missed on the normal cleaning schedule.

This violation was discussed with housekeeping and exhaust fans will still be cleaned approximately every 2 months. A cleaning schedule will be used and each room will get checked off individually by room number every 2 months to make sure no rooms get overlooked. It will be signed by housekeeping and dated.

Administrative staff will monitor this to make sure it is getting done in a timely manner.

A copy of the exhaust fan cleaning schedule is attached.

Completion Date: 08/04/2021

Document Submission

Implemented

See attached

85e - Trash Outside Home

1. Requirements

2600.

85e - Trash Outside Home *(continued)*

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 8/4/21 and 8/5/21, between the hours of 9:00 a.m. and 5:00 p.m., both lids to the home's dumpsters were open. There were approximately five small bags of garbage in the dumpster.*

**Plan of Correction**

**Accept**

*Beginning 8/6/21, our maintenance staff will make sure the lids to the dumpster are closed daily after use. Our dumpsters are located in a parking lot across from our driveway entrance. Our maintenance staff was made aware of the need for the lids to be closed at all times. He is the only one who uses the dumpster on a regular basis so he will make sure the lids stay closed.*

*The waste company empties the dumpster weekly. They do leave the lids open when they empty it. Maintenance will have to close the lids as soon as possible on these days. Administrative staff will also monitor this.*

**Completion Date:** 08/06/2021

**Document Submission**

**Implemented**

*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**

*On 8/4/21, there was a thick layer of dried mud/dirt with dried leaves and rocks of assorted covering the entire concrete pad of the exterior side of the emergency exit door #4 on the lower level posing a trip/fall hazard.*

**Plan of Correction**

**Accept**

*This area was cleaned up by maintenance on 8/4/21 while the inspector was here. Hard rains had washed the mud and other debris out of the landscaping and down onto the landing area outside of door #4. Maintenance will be responsible for keeping that area cleaned up. Maintenance cuts the grass about every 4-5 days so he will check that area often when doing yard work. During the winter when there is no grass to cut, maintenance will check it for debris every 4-5 days and he also shovels snow there so he will monitor it then also. Administrative staff will also monitor this area out door #4 weekly. A picture of the cleaned area is attached.*

**Completion Date:** 08/04/2021

**Document Submission**

**Implemented**

*See attached*

141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #2’s medical evaluation dated [REDACTED], did not indicate if the resident required body positioning/movement or not. The section is blank.

**Plan of Correction**

**Accept**

On 8/13/21, we sent another medical evaluation to [REDACTED]. He filled out a new medical evaluation and dated it 8/25/21. [REDACTED] filled out section #8 indicating resident #2 needs a wheeled walker.

We went back through the other resident’s records and made sure this section was completed on all other medical evaluations on current residents.

All medical evaluations will now be double checked for completion by 2 staff and initialed at the bottom to indicate it was double checked by administrative staff. A copy of resident #2’s medical evaluation dated 8/25/21 is attached.

**Completion Date:** 08/25/2021

**Document Submission**

**Implemented**

See attached

183e - Storing Medications

**1. Requirements**

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

**Description of Violation**

Resident #3’s prescribed [REDACTED] eye drops does not indicate a “date opened” on the bottle or box. According to the manufacturer’s instructions discard medication if not used within 6 weeks from date opened.

**Plan of Correction**

**Accept**

On 8/6/21, I put an expiration date on the bottle of [REDACTED] for resident #3 of 9/10/21 which was 6 weeks after the prescription was filled since we didn’t know the exact open date.

We went back through all the open bottles to check and make sure all other bottles were dated.

All med techs were reminded that all bottles need dated when opened. All med techs will be responsible for checking on this daily when they are passing meds. Administrative staff will also monitor this.

**Completion Date:** 08/06/2021

183e - Storing Medications (continued)

Document Submission

Implemented

See attached

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3's prescribed [redacted] - take one capsule by mouth twice daily as needed for constipation. However, the medication is not included on the residents August 2021 medication administration record (MAR).

Plan of Correction

Accept

[redacted] was not on the E-Mar for resident #3. We didn't know it at the time but it had dropped off of [redacted] E-Mar on 7/29/21 automatically. We verified this with [redacted] while the inspector was here on 8/5/21. [redacted] faxed us a copy of the electronic transmittal so we could see what had happened with the docusate sodium. [redacted] said after one year of non-use of a resident's PRN order, it will drop off of the E-Mar without any notice to us. This is what happened in this case and the docusate sodium dropped off of resident #3's E-Mar on 7/29/21, which was just a few days before inspection.

The pharmacy will let us know when this happens in the future and then we can pull the PRN med and see if it is wanted any longer. In this case, resident #3 did not want it refilled. [redacted] said it would be a waste of money since [redacted] never uses it.

A copy of the electronic transmittal from [redacted] is attached.

Completion Date: 08/05/2021

Document Submission

Implemented

See attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

**Description of Violation**

Resident #4 is prescribed blood glucose testing four times daily, (8:00a.m., 12:00 p.m., 4:30 p.m. and 8:00 p.m.) and prescribed Novolog Flexpen Syringe Insulin before meals 8:00 a.m., 11:00 a.m.; 4:30 p.m.) and at bedtime (8:00 p.m.) per sliding scale: 151-180=2U; 181-200=4U; 201-250=6U; 251-300=8U; 301-350=10U; 351-400=12U; >400 give units and call MD.

On 7/31/21, resident #4 was out of facility with a family member who checks blood glucose levels and administers any insulin, if needed. However, the resident returned at approximately 8:00 p.m., without the glucometer. The glucometer was not available in the home from approximately 8:00 p.m. on 7/31/21 to 8/2/21. Therefore, the home was unable to test resident #4's blood glucose levels on 8/1/21 at 8:00 a.m., 12:00 p.m., 4:30 p.m. and 8:00 p.m. or 8/2/21 at 8:00 a.m., as prescribed. Also, without the blood glucose testing, it could not be determined if the resident needed insulin per the sliding scale on 8/1/21 at 8:00 a.m., 12:00 p.m., 4:30 p.m. and 8:00 p.m. or 8/2/21 at 8:00 a.m., therefore no insulin was administered to the resident.

**Plan of Correction**

**Accept**

A new glucometer and test strips were purchased 8/5/21 and delivered 8/6/21 to have a back-up glucometer here for any resident who gets their blood sugar checked. This will be used immediately for any situation where the resident's glucometer isn't available or isn't working for some reason. That new glucometer will then be marked with the resident's name and will only be used for that particular resident. A new glucometer will be available for each resident getting blood sugar checks.

A copy of the receipt from Walmart for the new glucometer is attached.

Completion Date: 08/06/2021

**Document Submission**

**Implemented**

See attached

227a - Support Plan 30 Days

**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident #2's support plan, dated [REDACTED], does address the services provided by hospice or frequency. The resident is assessed with minimal mobility needs. However, utilizes a wheeled walker when ambulating and is unsteady at times. The wheel walker is not addressed in the resident's support plan.

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept

On 1 [redacted] an updated support plan was completed to include resident #2's hospice agency information and the frequency of visits. Also it was updated to include the use of a wheeled walker to ambulate. We reviewed all other resident's support plans to make sure walkers and hospice information is addressed on other current support plans. Moving forward, the walkers, canes, etc. will be part of our double check when reviewed by a second staff and initialed by that person on the bottom of the support plans. A copy of resident #2's support plan dated [redacted] is attached.

Completion Date: 10/15/2021

Document Submission

Implemented

See attached

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's support plan, dated [redacted], was not updated to address the mental health services provided at Crimebrook Agency nor was it added to the formal supports. The resident is followed by a psychiatrist and does not address frequency of services. The resident is assessed as a minimal mobility need. However, the support plan does not address the residents need for a wheeled walker to ambulate. The resident has a left drop foot and is prescribed a bolster to elevate foot while in bed and a special sock to use while sleeping, which is not addressed anywhere in the residents support plan.

Plan of Correction

Accept

On [redacted] an updated support plan for resident #3 was completed. This addressed mental health services information on the formal support section, the use of a wheeled walker, a left foot drop, a bolster to elevate her foot and a sock to sleep in. The other resident's support plans were double checked to make sure everything was addressed. These items will be double checked on future support plans. This will be part of the double checking and initialing by a second administrative staff for each newly completed support plan. A copy of the support plan dated [redacted] for resident #3 is attached.

Completion Date: 10/15/2021

Document Submission

Implemented

See attached

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.

227g -Support Plan Signatures (continued)

**Description of Violation**

Resident #2's support plan, dated [REDACTED], was not signed by the assessor.

Resident #5's support plan, dated [REDACTED] was not signed by the resident.

**Plan of Correction**

**Accept**

On [REDACTED] updated support plans were done for resident #2 and resident #5. They were reviewed with each resident and the resident signed and dated them [REDACTED].

All other current resident's support plans were reviewed for signatures.

Moving forward, signatures will be part of the second check done on support plans by a second staff member. The support plans will be initialed by the second staff member.

A copy of resident #2 and resident #5's support plans are attached.

Completion Date: 10/15/2021

**Document Submission**

**Implemented**

See attached