

Department of Human Services
Bureau of Human Service Licensing

December 16, 2021

[REDACTED], ADMINISTRATOR
RIVERCLIFF TERRACE INC
120 ALLEGHENY AVENUE
KITTANNING, PA, 16201

RE: RIVERCLIFF TERRACE
120 ALLEGHENY AVENUE
KITTANNING, PA, 16201
LICENSE/COC#: 42661

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2021, 08/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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* License #: *42661* License Expiration:
Address: *120 ALLEGHENY AVENUE, KITTANNING, PA 16201*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7245487409* Email: [REDACTED]

Legal Entity

Name: *RIVERCLIFF TERRACE INC*
Address: *120 ALLEGHENY AVENUE, KITTANNING, PA, 16201*
Phone: *7245487409* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/05/1985* Issued By: *Dept. L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/12/2021*

Inspection Dates and Department Representative

08/11/2021 - On-Site: [REDACTED]

08/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* Residents Served: *26*

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: *26*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/11/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/30/2021*

Inspection Dates and Department Representative (*continued*)

10/01/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2021*

10/13/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/18/2021*

08/11/2021 - Document Submission

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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close-proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. However, on 8/11/21, carbon monoxide detectors were located approximately 3 feet from the home's four fossil fuel burning furnaces, which are located in the housekeeping/furnace room on the second floor of the old side and in the housekeeping/furnace room on the new side.

Plan of Correction

Accept

Three new carbon monoxide alarms were purchased by administrator, [REDACTED]. They were placed at least 15 ft away from the fossil fuel burning sources. The administrator, [REDACTED], installed these alarms the day following the inspection. The cited alarms were removed and discarded. The staff are not responsible for maintaining the alarms, but have been informed of their placement and reason why they have been relocated. All replacement alarms in the future will also be placed at least 15 ft away from the fossil fuel burning source. Notes about all violations from recent inspections will be kept and reviewed yearly during the Quality Management meeting as a reminder of all regulations that have been violated and to ensure they are followed properly in the future.

Completion Date: 08/13/2021

Document Submission

Implemented

N/A

Completion Date: 08/13/2021

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 8/11/21, there was an unlabeled, 500ml clear spray bottle containing Lemon Pine Sol located in the second floor old side housekeeping/furnace room. Original product labeling indicates contact poison control if swallowed.

Document Submission

Implemented

N/A

Completion Date: 08/13/2021

Plan of Correction

Implemented

No cleaning products will be placed in spray bottles without original labeling. The bottle of Pine Sol solution was immediately discarded by administrator [REDACTED]. Staff has been verbally informed on 09/12/2021 and 09/13/2021, by administrator [REDACTED], that all cleaning products must stay in containers with original labels and may not be placed in other bottles. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. All cleaning products that are needed in spray form will be purchased that way and will not be placed in bottles that do not contain original labeling. To prevent this violation from occurring in the future, administrator [REDACTED] will check all cleaning supply areas weekly to verify

82a - Poisonous Materials (continued)

that all cleaning products are being stored in original packaging. A record of these weekly checks will be kept to document that this is occurring weekly.

Completion Date: 08/13/2021

141a - Medical Evaluation

1. Requirements

2600.

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.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, the resident’s initial medical evaluation was completed on [REDACTED]

Plan of Correction

Directed

Resident #1 moved in during the pandemic. The doctor was not available for an appointment during the period of time the evaluation was needed. The resident’s most recent appointment was used since they were unable to see the doctor. This document was 74 days early, which is 14 days out of the acceptable range. Since this occurred during a pandemic the resident was admitted and an appointment was scheduled by administrator, [REDACTED], when the doctor was available to see the resident. This appointment occurred on June 10, 2020. In the future a resident will not be admitted if it is questionable whether they will be able to have an appointment within the acceptable 90 day range. The new resident checklist has been updated to include a space for the administrator to sign within 30 days of admission that all admission procedures are complete. Upon admission the resident and their family will be informed that if all of the state required items are not completed within 30 days of admission the resident will not be able to remain at the home, to verify that they have been informed of this they will sign the New Resident Checklist. A statement has been added to the checklist that states: All items on this checklist must be completed within the times stated next to each item, otherwise the resident will not be able to remain at the home.

(Directed)

By 10/18/21, the home will develop policy and procedures addressing initial medical evaluations. All resident discharges will be in accordance with Chapter 2600.228h.

(AD 10/13/21)

Completion Date: 11/13/2021

Document Submission

Implemented

N/A

Completion Date: 10/18/2021

184a - Labeling OTC/CAM

1. Requirements

The resident's name.

184a - Labeling OTC/CAM (continued)

3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed [REDACTED] to affected area on scalp at bedtime and after washing on days that you use [REDACTED]. However, the pharmacy label does not indicate the resident's name, the date the prescription was issued, and the prescribed dosage and instructions for administration.

Resident #2 is prescribed [REDACTED], premeal if eating, 20 units before breakfast, 18 units before lunch, and 18 units before supper, and with sliding scale as follows: blood glucose reading <70 = 0 units, 70-80 = -3 units, 81-100 = -2 units, 101-160 = 0 units, 161-250 = 1 unit, 251-340 = 2 units, 341-410 = 3 units, >410 = seek care. However, the pharmacy label does not include the sliding scale.

Document Submission**Implemented**

N/A

Completion Date: 08/13/2021**Plan of Correction****Implemented**

Resident #2 was ordered a new container of [REDACTED] lotion with a readable label, by direct care staff [REDACTED]. Administrator, [REDACTED] was the responsible person for this violation. [REDACTED] did not initiate a new order for the item when the label from the bottle present at inspection faded and became difficult to read. To prevent future violations packing tape is wrapped around the label of any product that may fade to prevent future occurrences of faded labels. This medication has been discontinued so is not currently in use. Staff has been informed that medication with labels that start to fade should be replaced before they become unreadable. Placing packing tape over the label will assist with keeping labels in good condition. Lotion and shampoo labels will be wrapped with packing tape in the future to prevent fading. Staff has been verbally informed on 09/12/2021 and 09/13/2021, by administrator [REDACTED], that all medication labels that would be in danger of fading need wrapped with packing tape. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. All medications that are not packaged in card form will be checked weekly by [REDACTED] to verify all labels are readable. This will be documented weekly to assure that this process is occurring.

Resident #2 has a sliding scale, but it was not present on the pharmacy label. The responsible person for this violation was [REDACTED]. The pharmacy was immediately contacted, by direct care staff [REDACTED], and informed them that it must appear on the pharmacy label. The box now has the sliding scale present on the pharmacy label. When insulin arrives for any resident with a sliding scale the packaging will be checked to ensure the sliding scale is present on the packaging. Staff has been verbally informed on 09/12/2021 and 09/13/2021, by [REDACTED], that all residents with a sliding scale must have a label on the insulin box with the current sliding scale present. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. To verify insulin is delivered with a sliding scale on the label each order will be documented and marked as "arrived with the sliding scale present on the label" on the document. [REDACTED] will complete this documentation each time a new box of insulin arrives for a resident with a sliding scale.

Completion Date: 08/13/2021

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

On 8/2/21, resident #2 was prescribed [REDACTED], premeal if eating, 20 units before breakfast, 18 units before lunch, and 18 units before supper, and with sliding scale as follows: blood glucose reading <70 = 0 units, 70-80 = -3 units, 81-100 = -2 units, 101-160 = 0 units, 161-250 = 1 unit, 251-340 = 2 units, 341-410 = 3 units, >410 = seek care. However, the resident's August 2021 medication administration record (MAR) does not include the sliding scale.

Document Submission

Implemented

N/A

Completion Date: 08/13/2021

Plan of Correction

Implemented

The pharmacy was immediately contacted, by direct care staff [REDACTED], and informed that all future copies of the MAR are required to contain the sliding scale. A new copy of the MAR was provided to the home by the pharmacy on the morning of 09/13/2021. Documentation began with the proper process the day following the inspection, 09/13/2021. Staff has been verbally informed on 09/12/2021 and 09/13/2021, by [REDACTED], that that every month the new copies of the MAR need checked to verify that the sliding scale is present and that it matches the current sliding scale prescribed. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. At the end of every month the MAR for the following month is checked to verify all information appears exactly as it was at the end of the current month. This checking process will be done by [REDACTED]. A document has been created to verify that this has been completed every month.

Completion Date: 08/13/2021

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

On 8/2/21, resident #2 was prescribed [REDACTED], premeal if eating, 20 units before breakfast, 18 units before lunch, and 18 units before supper, and with sliding scale as follows: blood glucose reading <70 = 0 units, 70-80 = -3 units, 81-100 = -2 units, 101-160 = 0 units, 161-250 = 1 unit, 251-340 = 2 units, 341-410 = 3 units, >410 = seek care. However, the resident's August 2021 MAR does not include the amount of insulin administered.

Document Submission**Implemented**

N/A

Completion Date: 08/13/2021**Plan of Correction****Implemented**

The pharmacy was immediately contacted, by direct care staff [REDACTED], and informed that all future copies of the MAR are required to contain a space for the amount of insulin administered. A new copy of the MAR was provided to the home by the pharmacy on the morning of 09/13/2021. Documentation began with the proper process the day following the inspection, 09/13/2021. Staff has been verbally informed on 09/12/2021 and 09/13/2021, by [REDACTED], that that every month the new copies of the MAR need checked to verify that there is a space present to record the amount of insulin given according to the sliding scale. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. At the end of every month the MAR for the following month is checked to verify all information appears exactly as it was at the end of the current month. This checking process will be done by [REDACTED]. A document has been created to verify that this has been completed every month.

Completion Date: 08/13/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 was prescribed [REDACTED] lotion to affected area on the scalp at bedtime and after washing on days using [REDACTED]. However, on multiple days, including the following, the medication was not administered:

- 8/1/21, 8/2/21, 8/4/21, 8/5/21, 8/7/21, 8/8/21, and 8/10/21 at bedtime.
- 8/2/21, 8/5/21, and 8/9/21 at 3pm after after washing the resident's scalp with [REDACTED] shampoo.

Plan of Correction**Accept**

The MAR has been updated, by direct care staff [REDACTED], with the days blocked out that the medication is not administered and open spaces for the days it needs to be administered. This will ensure that the resident gets treatment on the proper days.

Staff has been verbally informed on 09/12/2021 and 09/13/2021, by [REDACTED], that it is essential that the instructions on medication labels are followed exactly as written. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. At the end of every month, when the MAR is checked to verify it matches the previous month, the MAR will be set up for the whole month. If there are any changes throughout the month the same process will be followed when a new entry is placed in the MAR midmonth so that

187d - Follow Prescriber's Orders (continued)

it is evident which days medications, that are not daily, will be administered. This checking process will be done by [REDACTED]. A document has been created to verify that this has been completed every month. The resident is not currently on the same combination of shampoo and lotions, but the current orders are following this same process to ensure proper treatment.

Completion Date: 08/13/2021

Document Submission

Implemented

N/A

Completion Date: 08/13/2021

227d - Support Plan Medical/Dental

1. Requirements

2600.

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's initial support plan, dated [REDACTED] does not indicate the care and services the home will provide to address the resident's diagnoses of type II diabetes, heart failure, constipation, and hypertension as indicated on the resident's initial assessment, dated [REDACTED].

Document Submission

Implemented

N/A

Completion Date: 08/13/2021

Plan of Correction

Implemented

The administrator, [REDACTED], updated the support plan to include the care the resident gets for each of the diagnoses. Support Plans of all residents have been reviewed to ensure all residents have a description of care with each listed diagnosis. The New Resident Checklist now includes a reminder to include a description of each diagnosis. This checklist will be signed by the administrator, [REDACTED], within 30 days of the residents admission date to verify all essential items have been completed that are required as part of the admission process. Staff has been verbally informed on 09/12/2021 and 09/13/2021, by administrator [REDACTED], that all support plans must include the care a resident is receiving for each diagnosis. Each employee was guided to the particular page the change occurred of the Support Plan to assure they are aware of what was corrected. In addition to the verbal explanation a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. This will ensure in the future that staff has a description of care available for every resident.

Completion Date: 08/13/2021

251b - Record Entries Legible

1. Requirements

251b - Record Entries Legible *(continued)*

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used in multiple areas on the lunchtime documentation columns of resident #1's blood sugar log, including on 7/13, and the date, blood glucose reading, and time were written over top of the correction fluid.

Document Submission

Implemented

N/A

Completion Date: 08/13/2021

Plan of Correction

Implemented

Correction fluid will not be used to edit any errors on official documentation. Administrator, [REDACTED], verbally informed staff on 09/12/2021 and 09/13/2021 that any time an error occurs on a blood sugar chart, or any documentation required by the state, it will have a line drawn through it and initialed. The correct information will then be written next to the error, or a corrected version will be entered in a new space. In addition to the verbal explanation, a written list of all cited items has been distributed to all employees as a reminder of recent changes due to inspection violations from the inspection conducted on 09/11/2021 and 09/12/2021. Administrator: [REDACTED], will check all bloodsugar charts weekly to assure that employees do not continue to use correction fluid on blood sugar charts. A record of these weekly checks will be kept to document that this is occurring weekly.

Completion Date: 08/13/2021