

Department of Human Services
Bureau of Human Service Licensing

April 14, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: RIVERSTONE MANOR
ONE MAIN STREET
WALNUTPORT, PA, 18088
LICENSE/COC#: 22394

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *RIVERSTONE MANOR* License #: *22394* License Expiration: *11/09/2021*
Address: *ONE MAIN STREET, WALNUTPORT, PA 18088*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/15/2012* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *11/09/2021*

Inspection Dates and Department Representative

11/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *59*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *49* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *54* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2022*

Inspections / Reviews (*continued*)

01/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/12/2022*

01/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/31/2022*

04/14/2022 - 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

There was no carbon monoxide monitor installed outside the boiler room to monitor the home's gas boiler. This is required by the Care Facility Carbon Monoxide Monitoring Act.

Plan of Correction

Do Not Accept

Although there was a carbon monoxide detector in the basement with the boiler it was not within the required number of feet from the boiler. An additional carbon monoxide detector was immediately installed closer to the boiler, bringing the home in compliance before the inspection was over.

Completion Date: 11/09/2021

Update: 01/05/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-05-2022 MM

Plan of Correction

Accept

Although there was a carbon monoxide detector in the basement with the boiler it was not within the required number of feet from the boiler. An additional carbon monoxide detector was immediately installed closer to the boiler, bringing the home in compliance before the inspection was over. The added monitor was added to the monthly CO detector log.

The administrator will be responsible for ongoing compliance.

Completion Date: 11/09/2021

Update: 01/24/2022

Please send proof of compliance (picture). 1-24-2022 MM

Document Submission

Implemented

SEE ATTACHED

25c10 - Advance Notice

1. Requirements

2600.

- 25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

On or around 10/15/21 the home made a change to their smoking policy and eliminated the designated smoking area located in the courtyard and/or Ambulance loading area. The home's current policy requires residents to leave the grounds of the home to smoke. According to resident interviews, the residents were not provided 30 days advance notice of the change.

Plan of Correction

Accept

The residents were provided notice in writing of the changes made, however only a copy of such notice was able to be produced. From this point forward all residents will be required to individually sign off of any changes or announcements made, including an acknowledgement of this particular change.

The administrator will be responsible for continued compliance with this regulation.

Completion Date: 11/12/2021

25c10 - Advance Notice *(continued)*

Update: 01/05/2022

Please send/Attach proof of updated smoking policy. 1-5-2022 MM

Document Submission

Implemented

SEE ATTACHED

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit did not contain a thermometer.

Plan of Correction

Accept

As the home has switched to no touch thermometers that do not fit in the first aid kits there was not one in the first aid kit, however several are available throughout the home. In order to ensure compliance with this regulation, disposable under the tongue thermometers were purchased and put in the first aid kit. They have been added to the checklist for the first aid kit which is done monthly.

The administrator will be responsible for continued compliance with this regulation.

Completion Date: 11/10/2021

Document Submission

Implemented

132e - Fire Drill Sleeping Hours

1. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted sleeping hour drills on July 18th 2019 and again 7 months later on February 12th 2020. The home did not conduct a sleeping hour drill once every six months as required.

Plan of Correction

Accept

Fire drill scheduling will also include time of day to ensure this does not occur again. This will allow the home to catch an oversight before it happens.

The administrator will be responsible for continued compliance.

Completion Date: 11/15/2021

Update: 01/05/2022

Please send/Attach proof of fire drill record for December 2021. 1-5-2022 MM

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 #1's Documentation of Medical Evaluation (DME) form dated 09/13/21 was missing the following information: weight, pulse, blood pressure, and temperature.

Plan of Correction**Accept**

*At the next available doctor appointment, a new DME, properly filled out was requested. All paperwork from the doctors will be double checked for proper completion at the time of the service.
The administrator will be responsible for continued compliance.*

Completion Date: 11/17/2021

Update: 01/05/2022

Please send/Attach proof of Resident #1's updated DME. 1-5-22 MM

Document Submission**Implemented**

SEE ATTACHED

144d - Smoking Outside

1. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

At approximately 9:30 am during the initial walk through of the home, a resident was observed smoking under the porch area to the side of the home. The home's current policy prohibits smoking in this area and requires residents and staff to leave the grounds of the home to smoke.

Plan of Correction**Accept**

*A resident meeting was held to reinforce and remind the residents of the proper area for smoking. Because there are already no smoking signs in place, we will look to reinforce the proper smoking stations at all resident meetings.
The administrator will be responsible for continued compliance.*

Completion Date: 11/15/2021

Document Submission**Implemented**

SEE ATTACHED

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures (continued)

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

The glucometer belonging to resident #2 was not calibrated to the correct day and time.

Resident #3 requires regular blood glucose monitoring. On 11/8/21 the blood glucose reading was 218 but was documented as 216.

Resident #4 requires regular blood glucose monitoring. On 11/2/21 the blood glucose reading was 77 but was documented as 70.

Plan of Correction**Accept**

Glucometer calibrations have been added to the MAR so that they are not accidentally overlooked.

A staff meeting was held to remind the staff of the importance of accuracy when recording glucometer readings, medication admission etc.

A plan has been put in place to review the entries in all MAR's on a weekly basis to ensure no further mistakes are made.

Re-training has been given to the staff.

The administrator will be responsible for weekly checks and compliance

Completion Date: 11/15/2021

Update: 01/05/2022

Please send/Attach proof of staff training. 1-5-2022 MM

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

The Novolog insulin administration for resident #4 was not initialed as administered on 11/4/21 at 7am.

187a - Medication Record (continued)

The Novolog insulin administration for resident #2 was not initialed as administered on 11/4/21 at 7am.

Plan of Correction**Accept**

A staff meeting was held to go over the importance of accuracy in all MAR related activity to prevent mistakes.

A plan is in place to review all MAR activity weekly to ensure no further mistakes are made.

Re-training has been given to the staff.

The administrator will be responsible for weekly checks and compliance.

Completion Date: 11/15/2021

Update: 01/05/2022

please send/Attach proof of staff training. 1-5-2022 -MM

Document Submission**Implemented**

SEE ATTACHED