Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[redacted], ADMINISTRATOR

RE: RIVERCLIFF TERRACE ANNEX
322 NORTH MCKEAN STREET
KITTANNING, PA, 16201
LICENSE/COC#: 42693

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/08/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 ANNEX* **License #**: *42693* **License Expiration**: *04/13/2023*

Address: *322 NORTH MCKEAN STREET, KITTANNING, PA 16201*

County: *ARMSTRONG* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/10/1981* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/08/2022*

Inspection Dates and Department Representative

02/08/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* **Residents Served**: *24*

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**: *24*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

02/08/2022 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/27/2022*

Inspections / Reviews *(continued)*

02/28/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/07/2022*

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The black enabler bar attached to resident #1's bed was not secured to the bedframe and moved up and down approximately 3", posing and entrapment/fall hazard.

The black enabler bar attached to resident #2's bed was uncovered, with an opening approximately 12" x 7 ½", posing an entrapment hazard. The enabler bar was not secured to the bedframe and moved back and forth approximately 4" - 5", posing and entrapment/fall hazard.

Plan of Correction ***Accept***

Resident #1 had a bed rail that was secured to the bed frame with an adjustable strap that needed be be tighter. The bed rail was only used as a convenience for getting in and out of bed, but was not a necessity. Since the rail was not absolutely necessary it was immediately removed from the bed.

Resident #2 had a bed rail that did not have a strap to secure it to the bed frame and did not have a cover over the rails. The family was immediately informed of the violation and they purchased a bed rail that secures to the bed frame and has a cover over the rails. The family immediately began looking for a rail that met the requirements. They consulted with me before actually purchasing it to make sure it was appropriate. This new rail was purchased and installed within a week of the inspection.

All staff were verbally informed by [redacted], the administrator, on 02-08-2022 & 02-09-2022 of the dangers of bed rails and requirements needed for a resident to have one on their bed. In the future, all residents who request the use of a bed rail will be provided with the information about bed rails contained in the RCG. The necessity of the bed rail will be discussed and the resident will need to discuss the need for a bed rail with their doctor as well. A copy of the information from the RCG will be provided to the doctor as well so they are aware of the discouragement of bed rails being used. Only with the approval from a doctor will a bed rail be allowed.

Completion Date: *02/16/2022*

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 has an enabler bar attached to his bed to assist with transferring in and out of bed. However, the resident's initial assessment and support plan, dated 5/26/21, indicates the resident is independent with transferring in/out of bed and repositioning in bed/chair. The support plan does not address this device or indicate what need it will fulfill and how the resident and staff will care for and maintain for this device.

225c - Additional Assessment (continued)

Resident #2 has an enabler bar attached to her bed to assist with transferring in and out of bed. However, the resident's initial assessment and support plan, dated 10/14/21, indicates the resident is independent with transferring in/out of bed and repositioning in bed/chair. The support plan does not address this device or indicate what need it will fulfill and how the resident and staff will care for and maintain for this device.

Plan of Correction ***Accept***

Resident #1 immediately had their bed rail removed since it was was not medically necessary. For this reason this resident's assessment and support plan has not been changed.

Resident #2 had an order written from [redacted] doctor determining that the bed rail is necessary for her to use when entering and exiting the bed. The order states that due to a previous stroke it is a necessary item. The doctor is aware that the rail is positioned at the head of the bed and does not in any way prevent her from independently entering or exiting the bed. With the written order from her doctor additional information has been added to her assessment and support plan addressing the use of the device.

All staff were verbally informed by [redacted], the administrator, on 02-08-2022 & 02-09-2022 that every morning when the bed is made the rail needs checked to assure it is snug against the mattress. They were also informed that her current rail will be removed and replaced with one that secures to the bed frame. The strap on the bed rail must be adjusted so the rail is snug against the mattress at all times. This will be part of the routine in [redacted] room every morning. This is stated in the resident's assessment and support plan so this procedure is officially documented as part of [redacted] care plan.

Completion Date: *02/16/2022*