

Department of Human Services
Bureau of Human Service Licensing

June 10, 2022

[REDACTED], OWNER/ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: PLEASANT RIDGE MATURE LIVING
981 PLEASANT HILL ROAD
LEECHBURG, PA, 15656
LICENSE/COC#: 42940

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/10/2022, 05/11/2022 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,
[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: *PLEASANT RIDGE MATURE LIVING* License #: *42940* License Expiration: *09/09/2022*
Address: *981 PLEASANT HILL ROAD, LEECHBURG, PA 15656*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PLEASANT RIDGE MATURE LIVING, LLC*
Address: *369 BETHEL ROAD, NORTH HUNTINGDON, PA, 15642*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/29/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *05/11/2022*

Inspection Dates and Department Representative

05/10/2022 - On-Site: [REDACTED]
05/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *2*

Inspections / Reviews

05/10/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/27/2022*

06/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2022*

06/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/17/2022*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 5/10/22 at 11:10 am, an agent of the Department requested staff person C's record; however, the home did not provide staff person C's record to the agent of the Department until 5/11/22 at 9:40 am, because staff person C's record was stored offsite.

Plan of Correction**Accept**

A copy of staff person C's record was copied and a binder was made to keep on site. All staff records were checked to ensure all staff records would be available. This will be audited by the Director Quarterly to ensure compliance.

Completion Date: 06/08/2022

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home has not conducted a quality management review within the past year.

Plan of Correction**Accept**

On May 12, 2022 quality management meetings were resumed. A copy of this meeting was recorded. Meetings will be held and recorded quarterly by the homes Director. The Admin will audit the QM to maintain compliance.

Completion Date: 06/08/2022

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on 10/18/21; however, a Pennsylvania criminal history check was not completed until 4/6/22.

Staff person B was hired on 10/20/20; however, a Pennsylvania criminal history check was not completed until 6/4/21.

51 - Criminal Background Check (*continued*)**Plan of Correction****Directed**

All employees files will be reviewed to ensure compliance by May 16, 2022. Criminal Background checks will be completed prior to orientation completion. A staff check list has been added to the QM to ensure ongoing compliance. (DIRECTED: The new staff checklist shall be implemented within 5 calendar days of receipt of the plan of correction. The completed new staff checklist shall be kept in each staff person's record. LM 6/10/22).

Completion Date: 06/08/2022

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/10/22, the home served 45 residents, requiring a minimum of 135 gallons of drinking water for a 3-day supply; however, there was only 56 gallons of emergency drinking water on-site. The home does not have a contract with a local bottled water supplier that includes the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request 24-hours-per-day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction**Accept**

A letter from the homes food provider has been obtained. The home has also purchased enough water to meet regulation. The home will audit this compliance biannually.

Completion Date: 06/06/2022

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 4/15/21.

Plan of Correction**Directed**

The home had an inspection scheduled prior to survey. It was conducted by the Director of Public Safety of Allegheny Twp on 5/13/22. The home will continue to conduct fire drill according to regulation. The drill will be added to the QM to ensure it is reviewed quarterly. (DIRECTED: Documentation of the fire safety inspection and fire drill conducted by the fire safety expert shall be kept. LM 6/10/22).

Completion Date: 06/08/2022

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 medical evaluation, dated 4/14/22, was updated in the ability to self-administer medications section after the medical evaluation was completed; however, the update does not include the date, time, and person spoken to on the medical evaluation next to the correction.

Plan of Correction

Directed

The Director of resident care was made aware of this detail. The DRC audited all ME's for compliance. The DRC will implement in all future ME's The DME was returned to physician on 5-10-2022 a copy is in residents chart returned 5-11-2022. A check list has been added to the QM to ensure compliance. (DIRECTED: The new resident checklist shall be implemented within 5 calendar days of receipt of the plan of correction. The completed new resident checklist shall be kept in each resident's record. LM 6/10/22).

Completion Date: 06/08/2022

162c - Menus Posted

1. Requirements

2600.
 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 5/10/22, the only menu posted in the home was dated 5/9/22 through 5/15/22.

Plan of Correction

Accept

The Menu and activities calendars will be posted 5-10-2022 then weekly. This will be kept in a locked view box to keep them secure as of 6-20-2022. Copies will be available for residents. This will be monitored daily by the Dietary Director.

Completion Date: 06/20/2022

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

Resident #1 is prescribed [REDACTED]; however, resident #1's May 2022 medication administration record (MAR) does not include the initials of the staff person who administered the medication to resident #1 on 5/3/22 at 2:00 pm.

Resident #2 is prescribed [REDACTED] by mouth twice daily; however, resident #2's May 2022 MAR does not include the initials of the staff person who administered the medication to resident #2 on 5/5/22 at 2:00 pm.

Resident #2 is prescribed [REDACTED] by mouth 3 times daily; however, resident #2's May 2022 MAR does not include the initials of the staff person who administered the medication to resident #2 on 5/5/22 at 2:00 pm.

Resident #2 is prescribed [REDACTED] by mouth 3 times daily; however, resident #2's May 2022 MAR does not include the initials of the staff person who administered the medication to resident #2 on 5/5/22 at 2:00 pm.

Plan of Correction**Directed**

Post each medpass the Medtech is now responsible to complete the dashboard in the quick mar program to qualify a complete med pass. A medication deviation report will be completed by the Nursing director daily to ensure compliance. All med tech were re-educated on 5-12-2022 on the above. (DIRECTED: Documentation of the staff education shall be kept. LM 6/10/22).

Completion Date: 06/08/2022

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] 100 unit/ml-Inject subcutaneously per sliding scale before meals: 151-175=2 units; 176-200=3 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; >400=12 units, hold meal and call MD immediately. However, the resident's blood glucose was not taken before lunch on 5/3/22 at 12:00 pm, so it is unable to be determined if resident #1 should have received insulin in accordance with the prescribed sliding scale.

Plan of Correction**Directed**

Post each medpass the Medtech is now responsible to complete the dashboard in the quick mar program to qualify a complete med pass. A medication deviation report will be completed by the Nursing director daily to ensure compliance. All med tech were re-educated on 5-12-2022 on the above. (DIRECTED: Documentation of the education shall be kept. LM 6/10/22).

Completion Date: 06/08/2022

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 5/10/22, the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept

The Menu and activities calendars will be posted 5-10-2022 then weekly. This will be kept in a locked view box to keep them secure. Copies will be available for residents. This will be monitored daily by the Dietary Director.

Completion Date: 06/20/2022

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening, dated 4/14/22, does not include a determination the home can meet the needs of the resident. This section of the form is blank.

Plan of Correction

Directed

The Director of resident care was made aware of this detail. The DRC audited all preadmission screenings for compliance. The DRC will implement in all future Pre Screens within 30 day prior admission. Resident #1s Pre Screen was updated on 5-10-2022. A check list has been added to the QM to ensure compliance. (DIRECTED: The new resident checklist shall be implemented within 5 calendar days of receipt of the plan of correction. The completed new resident checklist shall be kept in each resident's record. LM 6/10/22).

Completion Date: 06/08/2022