

Department of Human Services
Bureau of Human Service Licensing

September 22, 2022

[REDACTED]
PARTNERS IN SENIOR CARE INC
ONE ELSTON WAY
HERMITAGE, PA, 16148

RE: RIDGEWOOD AT SHENANGO
VALLEY
ONE ELSTON WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 40302

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2022, 05/18/2022 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 - PUBLIC

Facility Information

Name: *RIDGEWOOD AT SHENANGO VALLEY* License #: *40302* License Expiration: *07/02/2023*
Address: *ONE ELSTON WAY, HERMITAGE, PA 16148*
County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PARTNERS IN SENIOR CARE INC*
Address: *ONE ELSTON WAY, HERMITAGE, PA, 16148*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/28/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/18/2022*

Inspection Dates and Department Representative

05/17/2022 - On-Site: [REDACTED]
05/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* Residents Served: *12*

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: *12*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/17/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2022*

Inspections / Reviews (*continued*)

08/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/01/2022*

09/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/19/2022*

09/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

On [redacted] attached to resident #1's bed was uncovered, with a pouch loosely attached, exposing an area 6" high between the mattress and the top rail support and 10" wide between the two side rail supports, posing a potential entrapment hazard.

Plan of Correction

Accept

- 1. Administrator notified resident and resident family member that a covering is required on [redacted] would need removed
- 2. On 6/18/22 family added a [redacted] (see attachment #1,#2)
- 3. Housekeeper on a weekly basis beginning 6/20/22 will ensure that [redacted] present are covered
- 4. Administrator will conduct monthly audits for safety and compliance of [redacted] beginning 7/1/22
- 5. Residents who require an [redacted] will be evaluated by Resident Care Coordinator and advised on type necessary and proper use

Completion Date: 09/01/2022

Document Submission

Implemented

- 1. Administrator notified resident and resident family member that a [redacted] would need removed
- 2. On 6/18/22 family added a [redacted] (see attachment #1,#2)
- 3. Housekeeper on a weekly basis beginning 6/20/22 will ensure that [redacted] when present are covered
- 4. Administrator will conduct monthly audits for safety and compliance of [redacted] beginning 7/1/22
- 5. Residents who require an [redacted] will be evaluated by Resident Care Coordinator and advised on type necessary and proper use

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/17/22, the fabric was torn on the lampshade in the sitting area between bedrooms [redacted]

Plan of Correction

Accept

- 1. Lamp and shade was removed and disposed of on 5/17/22
- 2. New lamp with shade was added 5/17/22(see attachment #3)
- 3. Housekeeping staff beginning 6/20/22 and continuing weekly will ensure that furnishings are in good repair
- 4. Administrator and Maintenance supervisor will conduct monthly facility walk thru beginning 7/1/22

95 - Furniture and Equipment (continued)

4. By 7/31/22 staff will be educated on regulation 2600.95 , documentation shall be kept. Education completed 6/26/22

Completion Date: 08/31/2022

Document Submission

Implemented

- 1. Lamp and shade was removed and disposed of on 5/17/22
- 2. New lamp with shade was added 5/17/22(see attachment #3)
- 3. Housekeeping staff beginning 6/20/22 and continuing weekly will ensure that furnishings are in good repair
- 4. Administrator and Maintenance supervisor will conduct monthly facility walk thru beginning 7/1/22
- 4. By 7/31/22 staff will be educated on regulation 2600.95 , documentation shall be kept. Education completed 6/26/22

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 5/17/22, resident #3 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

- 1. Lamp was added to bedside on 5/17/22(see attachment #4)
- 2. Housekeeping staff will ensure a light source is available during weekly housekeeping of room beginning 6/20/22
- 3. Items required will be verified during administrator and maintenance supervisor monthly walk thru beginning 7/1/22
- 4. By July 31, 2022 all staff will be educated on regulation 2600.101.j , documentation shall be kept. Education completed 6/26/22.

Completion Date: 09/01/2022

Document Submission

Implemented

- 1. Lamp was added to bedside on 5/17/22(see attachment #4)
- 2. Housekeeping staff will ensure a light source is available during weekly housekeeping of room beginning 6/20/22
- 3. Items required will be verified during administrator and maintenance supervisor monthly walk thru beginning 7/1/22
- 4. By July 31, 2022 all staff will be educated on regulation 2600.101.j , documentation shall be kept. Education completed 6/26/22.

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 5/17/22 at 10:25 a.m. the following unsealed items were in the walk in freezer:

103g - Storing Food (continued)

- * 1 box of chicken filets, with the plastic bag containing the filets unsealed
- * 1 unsealed plastic bag of mozzarella cheese
- * 1 unsealed plastic bag of cheddar cheese
- * 1 unsealed bag of cauliflower florets

Plan of Correction

Accept

1. On 5/17/22 dining manager sealed the items that were unsealed (see attachment #5)
2. Dining manager will weekly beginning 6/20/22 audit freezer for compliance of 2600.103.g
3. All dining staff have been educated on regulation 2600.103.g(see attachment #6) Completed 6/22/22
4. Administrator will conduct monthly audits of freezer and cooler beginning 7/1/22

Completion Date: 09/01/2022

Document Submission

Implemented

1. On 5/17/22 dining manager sealed the items that were unsealed (see attachment #5)
2. Dining manager will weekly beginning 6/20/22 audit freezer for compliance of 2600.103.g
3. All dining staff have been educated on regulation 2600.103.g(see attachment #6) Completed 6/22/22
4. Administrator will conduct monthly audits of freezer and cooler beginning 7/1/22

103i - Outdated Food

1. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/17/22, there were 4 unlabeled and undated plastic containers containing various cereals in the dry storage area.

Plan of Correction

Accept

1. On 5/17/22 dining manager labeled and dated plastic containers containing cereal(see attachment #7)
2. Dining manager will audit at least weekly beginning 6/20/22 for compliance
3. All dining staff have been educated on regulation 2600.103.i(see attachment #6) Education completed 6/22/22
4. Administrator will conduct monthly audits of food storage beginning 7/1/22

Completion Date: 09/01/2022

Document Submission

Implemented

1. On 5/17/22 dining manager labeled and dated plastic containers containing cereal(see attachment #7)
2. Dining manager will audit at least weekly beginning 6/20/22 for compliance
3. All dining staff have been educated on regulation 2600.103.i(see attachment #6) Education completed 6/22/22
4. Administrator will conduct monthly audits of food storage beginning 7/1/22

132c - Fire Drill Records

1. Requirements

- 2600.
- 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 2/24/22 at 3:05 does not indicate a.m. or p.m.

132c - Fire Drill Records (continued)

Plan of Correction

Accept

- 1. Administrator spoke to previous maintenance supervisor via telephone on 5-19-22 to verify time he conducted drill . He indicated it was 3:05pm(see attachment #8)
- 2. Educated current maintenance supervisor on regulation 2600.132.c (see attachment #9) Drill beginning in June of 2022 will indicate am/pm as will all monthly drills moving forward
- 3. Administrator will verify monthly beginning in June 2022 at time of drill that documentation is correct and accurate

Completion Date: 09/01/2022

Document Submission

Implemented

- 1. Administrator spoke to previous maintenance supervisor via telephone on 5-19-22 to verify time he conducted drill . He indicated it was 3:05pm(see attachment #8)
- 2. Educated current maintenance supervisor on regulation 2600.132.c (see attachment #9) Drill beginning in June of 2022 will indicate am/pm as will all monthly drills moving forward
- 3. Administrator will verify monthly beginning in June 2022 at time of drill that documentation is correct and accurate

185a - Implement Storage Procedures

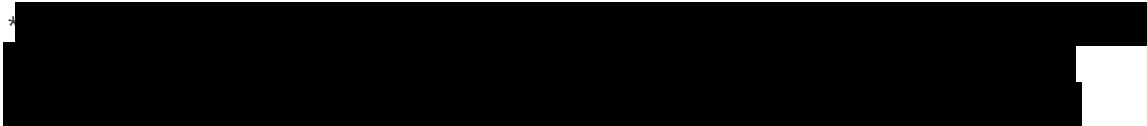
1. Requirements

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

Resident #2 is prescribed the following medications:



However, on [redacted], these medications were not available in the home.

Plan of Correction

Accept

- 1. Resident Care Coordinator discussed these items with resident whom chose not to have them obtained, residents physician was notified and a discontinue order was requested and received on 6/20/22(see attachment #10)
- 2. On 6/21/22 Resident Care Coordinator was educated on regulation 2600.185.a(see attachment #11)
- 3. All medication trained staff will be educated on this regulation by 7/31/22
- 3. A cart audit will be conducted by Administrator & Resident Care Coordinator by 7/15/22
- 4. Pharmacy representative will conduct quarterly cart audits beginning 8/3/22

Completion Date: 07/15/2022

Document Submission

Implemented

- 1. Resident Care Coordinator discussed these items with resident whom chose not to have them obtained, residents physician was notified and a discontinue order was requested and received on 6/20/22(see attachment #10)
- 2. On 6/21/22 Resident Care Coordinator was educated on regulation 2600.185.a(see attachment #11)
- 3. All medication trained staff will be educated on this regulation by 7/31/22
- 3. A cart audit will be conducted by Administrator & Resident Care Coordinator by 7/15/22
- 4. Pharmacy representative will conduct quarterly cart audits beginning 8/3/22

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:

- 4. Strength.

Description of Violation

Resident #1 is [REDACTED] three times a day. However, the resident's [REDACTED] medication administration record (MAR) indicates [REDACTED].

Plan of Correction

Accept

1. Order verification requested and received by physician 6/20/2022. Order reads as [REDACTED] indicated(see attachment #12)
2. Correct dose of [REDACTED] received on 6/21/22(see attachment #13)
3. All medication trained staff will be educated by 7/31/22 on this regulation. Education completed on 7/12/22
4. Monthly medication audits will be conducted by Resident Care Coordinator or lead PCA beginning July 2022. First audit completed 6/27/22
5. Administrator and Resident Care Coordinator will conduct PRN medication cart audit by 7/15/22. Audit completed 6/27/22
6. Pharmacy provider will conduct quarterly audits beginning 8/3/22

Completion Date: 09/01/2022

Document Submission

Implemented

1. Order verification requested and received by physician 6/20/2022. Order reads as [REDACTED] Mar indicated(see attachment #12)
2. Correct dose of [REDACTED] and received on 6/21/22(see attachment #13)
3. All medication trained staff will be educated by 7/31/22 on this regulation. Education completed on 7/12/22 (see attachment #15)
4. Monthly medication audits will be conducted by Resident Care Coordinator or lead PCA beginning July 2022. First audit completed 6/27/22
5. Administrator and Resident Care Coordinator will conduct PRN medication cart audit by 7/15/22. Audit completed 6/27/22
6. Pharmacy provider will conduct quarterly audits beginning 8/3/22