

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 18, 2023

[REDACTED]
THE RIDGE AT HERITAGE MEADOWS LLC
[REDACTED]

RE: THE RIDGE AT HERITAGE MEADOWS
1126 ROSS AVENUE
FORD CITY, PA, 16226
LICENSE/COC#: 45289

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2022, 07/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE RIDGE AT HERITAGE MEADOWS License #: 45289 License Expiration: 12/14/2022
 Address: 1126 ROSS AVENUE, FORD CITY, PA 16226
 County: ARMSTRONG Region: WESTERN

Administrator

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

Legal Entity

Name: THE RIDGE AT HERITAGE MEADOWS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/07/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 07/29/2022

Inspection Dates and Department Representative

07/28/2022 On Site [REDACTED]
 07/29/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 45 Residents Served: 21

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

07/28/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2022

09/12/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/14/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/14/2022

Inspections / Reviews *(continued)*

10/04/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/11/2022

04/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/28/22, at 10:15 a.m., a binder with licensing inspection summaries (LIS) and resident information was in the reception area of the home where guests sign in and out. The binder contained resident information to include the privacy coding document for the LIS dated [REDACTED]/22 with resident #1 listed, an audit list with the names and dates of admission for all residents in the home, and a complete resident assessment and support plan for resident #2.

POC Submission

Accepted [REDACTED] - 09/12/2022)

on 07/28/2022, immediately after discovering the papers in the inspection summary binder, these papers were removed and shown to the surveyor; the binder was placed back in the conspicuous area of the entryway.

Beginning 08/29/2022, a log sheet will be enacted to check 1 x weekly for 4 weeks then 1 x monthly: the inspection summary binder will be checked to ensure that no inappropriate information or documents have been placed in the binder.

This will be completed by the Administrator or assigned individual.

Licensee's Proposed Overall Completion Date: 08/29/2022

Implemented [REDACTED] - 04/18/2023)

63a - First Aid/CPR Training

2. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED]/22, from [REDACTED] p.m. to [REDACTED] p.m., 18 residents were present in the home. During this time there were no staff persons present in the home who were trained in first aid and certified in obstructed airways techniques and CPR.

On [REDACTED] 22, from 1 [REDACTED] a.m. to [REDACTED] a.m. and [REDACTED] p.m. to 1 [REDACTED] p.m., 18 residents were present in the home. During this time there were no staff persons present in the home who were trained in first aid and certified in obstructed airways techniques and CPR.

On [REDACTED]/22, from [REDACTED] a.m. to [REDACTED] a.m. and [REDACTED] p.m. to [REDACTED] p.m., 17 residents were present in the home. During this time there were no staff persons present in the home who were trained in first aid and certified in obstructed airways techniques and CPR.

63a - First Aid/CPR Training (continued)

POC Submission

Accept (█) - 10/04/2022)

The administrator believed that by following training for the required CPR/First Aid during the COVID-19 pandemic by having staff complete online training met the requirements of regulation 63a due to lack of in-person training availability in the facility.

Staff have online certification of CPR/First Aid/AED training but did not receive in-person training.

Administrator has reached out to the local Salvation Army program that is currently offering free courses to attempt to meet standard of regulation. If this option is not available, another training facility will be located and training will be scheduled for all staff that fall under this need.

The administrator will have all staff needing the correct training certified in CPR/First Aid by 09/30/2022

UPDATE: 09/13/2022:

Beginning with the next Quality Management Meeting in November, 2022, Administrator █ will include review of staff training and certifications for appropriate and BHS-accepted CPR/First Aid certifications.

All appropriate staff will be scheduled for in-person CPR/First Aid Training on 09/20/2022 with the Ford City EMS, a certified CPR instructor. This training will occur on-site at the PCH.

Administrator █ or designated individual will review staff certification and expiration dates bi-annually and coinciding with the annual Quality Management review.

Licensee's Plan Completion Date: 09/20/2022

Implemented (█) - 04/18/2023)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/28/22 at 11:14 a.m., the emergency exit door on the lower level of the home took multiple tries and considerable force to open. The wood on the bottom of the outside of the door was sticking up approximately 1/2 inch to 1 inch which blocked immediate egress from the home.

Repeat Violation: 3/15/22

POC Submission

Accept (█) - 10/04/2022)

Immediately, during the inspection on 07/28/2022, the maintenance employee was notified of the obstructed egress due to the door stoop being loose.

█ corrected the problem by tightening the screws to the door stoop, thereby allowing the door to open and close freely.

121a - Unobstructed Egress (continued)

On the following day, on 07/29/2022, at the beginning of Day 2 of the inspection, the surveyor re-evaluated the door
arm and found it to open freely and no obstructed egress.

Starting on 09/29/2022, a checklist will be used to assess all doors of egress in the facility to ensure that they are
functioning appropriately and that there is no concern for obstruction. This checklist will be completed 1 x weekly for
4 weeks and then monthly and as needed.

UPDATE:

Administrator [redacted] updated staff education on violation of regulation 121A that had previously been given to
staff to educate on various type of blocked egress. This staff education was released on 09/13/2022.

Licensee's Plan Completion Date: 09/13/2022

Implemented [redacted] - 04/18/2023)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent annual medical evaluation was completed on [redacted] 21.

POC Submission

Accept [redacted] 09/12/2022)

Resident 4 had been scheduled for a medical evaluation in the facility by the resident's PCP. However, as informed to
the surveyor, the facility began active testing of all staff and residents due to a staff member testing positive for
COVID-19. The DME was unable to be performed due to the need for quarantine.

The DME was performed after the facility was cleared of no new positive cases and a new appointment in-facility
could be performed by the PCP. The PCP did document that the DME had not been able to be performed due to this
situation.

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented [redacted] - 04/18/2023)

187c - Refusal of Medication

5. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record
and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless
otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported
as required by the prescriber.

Description of Violation

Resident #5 refused to take scheduled doses of [redacted] apply one application topically to
areas at risk or to open areas three times per day, on the following dates and times:

On [redacted] /22, [redacted] /22, [redacted] 22, [redacted] /22, [redacted] /22, [redacted] /22 [redacted] /22, [redacted] /22, [redacted] /22, [redacted] /22, [redacted] /22, [redacted] /22, [redacted] /22,
and [redacted] 22 at [redacted] a.m.

On [redacted] /22, [redacted] /22, [redacted] /22, [redacted] /22, [redacted] /22, [redacted] 2, [redacted] /22, [redacted] /22, [redacted] 22, [redacted] /22, and [redacted] /22 at [redacted] p.m.

187c - Refusal of Medication (continued)

On [REDACTED]/22, [REDACTED]/22, [REDACTED] 22, [REDACTED]/22, [REDACTED]/22 at [REDACTED] p.m.

The home did not report the refusals to the prescriber.

POC Submission

Accept [REDACTED] - 10/04/2022)

The Administrator notified the PCP on the date of the inspection, 07/29/2022, of the medication review and the resident's frequent refusal of [REDACTED]; it was requested that the PCP consider changing this order to PRN (as needed) to avoid further refusals.

On [REDACTED] 2022, a follow-up message was sent to the PCP asking for consideration of the order to be changed to PRN. The order continues to be scheduled; the PCP is aware the the resident intermittently refuses this [REDACTED]

The PCP will be seeing residents on [REDACTED] 2022; the Administrator will again request the PCP to consider changing the [REDACTED] order to PRN.

UPDATE:

Administrator [REDACTED] issues staff education on violation of regulation 187C in regards to refusal of medications and notification to medical providers in a timely manner. This staff education was released on 09/13/2022.

Licensee's Plan Completion Date: 09/13/2022

Implemented [REDACTED] 04/18/2023)

187d - Follow Prescriber's Orders**6. Requirements**

2600.

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

Description of Violation

Resident #6 is prescribed [REDACTED]g, take one tablet by mouth in the morning and one & ½ tablets by mouth at bedtime nightly. However, resident #6 was not administered the medication on [REDACTED]/22 and [REDACTED] 22 at [REDACTED] a.m. and [REDACTED]/22 at [REDACTED] p.m.

In addition, resident #6 is prescribed [REDACTED] give 2mg by mouth two times daily. However, resident #6 was not administered the medication on [REDACTED]/22 at [REDACTED] p.m.

POC Submission

Accept [REDACTED] - 09/12/2022)

Administrator [REDACTED] reviewed the documentation of the medications passed on residents and the assigned med tech for the evening shift of [REDACTED]. The [REDACTED] and [REDACTED] were the only medications not documented of all residents.

The med tech responsible for medications on the evening of [REDACTED] was on vacation during the week of the inspection. Upon [REDACTED] return to work on [REDACTED]/2022, this information was reviewed with the med tech, who verified that [REDACTED] would have passed the medications and administered as directed and was unable to recall any reasons that they would not have been administered; [REDACTED] was unsure why it did not chart off. Upon receiving this information, Administrator

187d - Follow Prescriber's Orders (continued)

corrected the administration record to accurately reflect the administration of medications for Resident #6.

On 7/5/2022 and 7/6/2022, it was documented and charted that the medications were not given as the medication had been requested for refill and had not been supplied due to the pharmacy requesting a new order for refill from the physician that the resident is under the care of.

Staff did request a refill; the pharmacy did send request for refill to the agency.

Beginning 08/29/2022, a directive will be given to staff that in the event that there are less than 5 doses of medication left, they are to call the assigned agency and notify them that a refill has not been received, so that the hospice agency can take the appropriate steps to avoid disruptions in medication administration. Furthermore, staff will be educated on, in the event of an emergency, the agency will be notified to allow their alternative pharmacy to deliver medications if the event would occur that would cause a missed dose.

This educational information will be typed for staff to read and sign by 08/29/2022.

Licensee's Proposed Overall Completion Date: 08/29/2022

Implemented - 04/18/2023)

225c - Additional Assessment**7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4's assessment, dated 21, was not updated to include the diet which was ordered on /22.

POC Submission

Accept - 10/04/2022)

Resident #4 requests that foods be provided in pureed consistency as prefers food that way. current RASP had not been updated, however, staff had been educated on this, in person, by Administrator upon the resident's request.

Immediately, during the inspection of 07/28/2022-07/29/2022, Administrator corrected the current RASP under the Dietary information to indicate the resident requested foods be provided in pureed format.

The residents new RASP, dated /2022, indicates that the diet will be provided in pureed format, at request

Beginning /2022, the administrator, or designated individual, will audit all resident RASP 1 x monthly for review of correct information to ensure up-to-date information is included and documented.

As of 2022 - documentation from medical provider to clarify when Resident #4 diet was discontinued but resident #4 requested diet to continue per preference) is still pending; Administrator will follow up on /2022. Once received, this information will be sent to supervisor .

225c - Additional Assessment *(continued)*

Licensee's Plan Completion Date: 09/14/2022

Implemented ([REDACTED] - 04/18/2023)