

Department of Human Services  
Bureau of Human Service Licensing

September 23, 2022

[REDACTED]

P.A.L., INC.  
122 RIDGEVIEW STREET  
YOUNGWOOD, PA, 15697

RE: RIDGEVIEW RESIDENTIAL CARE  
122 RIDGEVIEW STREET  
YOUNGWOOD, PA, 15697  
LICENSE/COC#: 42858

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2022, 08/24/2022 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: *RIDGEVIEW RESIDENTIAL CARE* License #: *42858* License Expiration: *11/06/2022*  
Address: *122 RIDGEVIEW STREET, YOUNGWOOD, PA 15697*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *P.A.L., INC.*  
Address: *122 RIDGEVIEW STREET, YOUNGWOOD, PA, 15697*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/18/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *08/24/2022*

**Inspection Dates and Department Representative**

08/23/2022 - On-Site: [REDACTED]  
08/24/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *40* Residents Served: *34*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/23/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2022*

Inspections / Reviews (*continued*)

09/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2022*

09/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/16/2022*

09/23/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], direct care staff person A, one of the home's administrators, was notified by the Westmoreland County Area Agency on Aging of an allegation of [redacted] resident #1 who alleged that an unnamed staff person had pushed the resident on [redacted]. However, this allegation of abuse was not immediately reported to the Department until [redacted].

Plan of Correction

Directed

On [redacted] resident had fallen and cut [redacted] head on an unknown object. [redacted] was sent to the hospital immediately and received stitches on the back of [redacted] head. The resident also had a slight fracture in [redacted] clavicle. I reported that fall on [redacted]. Later that same day the Area Agency on Aging came to Ridgeview and told us someone reported us about abuse of that resident. The AAA never said someone accused us of pushing the resident. I didn't know that until I spoke to [redacted] later that day.

I overlooked making a second report to DHS. I did send another incident report to DHS [redacted] at approximately [redacted]. A copy was also given to our inspector.

Moving forward myself and my co-administrator will discuss all such incidents and we will report them immediately to DHS and AAA in a timely manner. A copy of the incident will be in the resident's file as required.

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall review all reportable incidents and conditions weekly to ensure required reporting in accordance with Regulation 2600.16(c). 9/12/22. [redacted]

Completion Date: 09/11/2022

Document Submission

Implemented

On [redacted] a resident had fallen and cut [redacted] head on an unknown object. [redacted] was sent to the hospital immediately and received stitches on the back of [redacted] head. The resident also had a slight fracture in [redacted] clavicle. I reported that fall on [redacted]. Later that same day the Area Agency on Aging came to Ridgeview and told us someone reported us about abuse of that resident. The AAA never said someone accused us of pushing the resident. I didn't know that until I spoke to [redacted] later that day.

I overlooked making a second report to DHS. I did send another incident report to DHS [redacted] at approximately [redacted]. A copy was also given to our inspector.

Moving forward myself and my co-administrator will discuss all such incidents and we will report them immediately to DHS and AAA in a timely manner. A copy of the incident will be in the resident's file as required.

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall review all reportable incidents and conditions weekly to ensure required reporting in accordance with Regulation 2600.16(c). 9/12/22. [redacted]

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 8/23/22 at approximately 12:36 p.m., the home's lower-level kitchen Whirlpool Microwave was splattered with dried yellow liquid of unknown origin, bits of unidentifiable brown substances, and what appears to be dried buds from broccoli florets on the top, bottom, and the sides of the microwave.

REPEAT VIOLATION 8/4/21 et. al.

Plan of Correction

Accept

On 8/23/22, the inspector found our lower level kitchen microwave with food splattered in it. One of the staff cleaned it immediately. I spoke to all of the staff who does kitchen work and reminded them to keep the microwave clean. They will now make cleaning the microwave part of their kitchen clean-up daily after each meal to ensure it always stays clean.

Completion Date: 09/01/2022

Document Submission

Implemented

On 8/23/22, the inspector found our lower level kitchen microwave with food splattered in it. One of the staff cleaned it immediately. I spoke to all of the staff who does kitchen work and reminded them to keep the microwave clean. They will now make cleaning the microwave part of their kitchen clean-up daily after each meal to ensure it always stays clean.

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 8/23/22 at approximately 12:28 p.m., the right window opposite the door to resident room # [redacted] belonging to resident #1 and resident #3 was not securely screened.

Plan of Correction

Accept

On 8/23/22, the inspector found a lower-level bedroom window without a screen. We aren't sure why the screen was gone. Maintenance said it may have blown out of the window. The screen was replaced that same day. All other windows were double checked for screens. The maintenance person will check for missing screens weekly as part of his weekly outside yard work. The staff also knows to report any missing screens they may notice. A pic of the window with the screen replaced is attached,

Completion Date: 09/01/2022

Document Submission

Implemented

On 8/23/22, the inspector found a lower-level bedroom window without a screen. We aren't sure why the screen was gone. Maintenance said it may have blown out of the window. The screen was replaced that same day. All other windows were double checked for screens. The maintenance person will check for missing screens weekly as part of his weekly outside yard work. The staff also knows to report any missing screens they may notice. A pic of the window with the screen replaced is attached,

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 8/23/22 at approximately 11:59 a.m., the second furthest green armchair from the television on the window side of the home's piano room had a tear in the rear upholstery measuring approximately two and one half inches tall by two inches wide.

Plan of Correction

Directed

On 8/23/22 the inspector found a tear on the back of a green wing-chair in our piano room. It had been caught on a window crank behind the chair and it tore the fabric. One of the staff patched it for us and it looks good. Administration and staff will continue to watch for any furniture that needs repaired or replaced. This already is something we do on a daily basis. The tear on the wing chair that the inspector noticed was on the back of the chair. We had not noticed it before or we would have addressed it. The chair was turned facing a different direction because someone had moved it out of its normal place. Otherwise we would have corrected it. Staff and Administration will continue to watch for and report any repairs that need done on furniture and equipment. A picture of the chair with the repaired fabric is attached. See attached

Directed

Within five calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit the home weekly to ensure compliance with regulation 2600.95 9/12/22 JK

Completion Date: 09/11/2022

Document Submission

Implemented

On 8/23/22 the inspector found a tear on the back of a green wing-chair in our piano room. It had been caught on a window crank behind the chair and it tore the fabric. One of the staff patched it for us and it looks good. Administration and staff will continue to watch for any furniture that needs repaired or replaced. This already is something we do on a daily basis. The tear on the wing chair that the inspector noticed was on the back of the chair. We had not noticed it before or we would have addressed it. The chair was turned facing a different direction because someone had moved it out of its normal place. Otherwise we would have corrected it. Staff and Administration will continue to watch for and report any repairs that need done on furniture and equipment. A picture of the chair with the repaired fabric is attached. See attached

Directed

Within five calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit the home weekly to ensure compliance with regulation 2600.95 9/12/22 [REDACTED]

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept

On 8/23/22 the inspector found resident #4's DME dated [REDACTED] [REDACTED] dmission date was [REDACTED] The doctor signed & dated that DME on [REDACTED]. There were several things missing on the DME so we asked the doctor to do another one and he didn't sign it until [REDACTED]. This made [REDACTED] initial DME over 30 days.

141b1 - Annual Medical Evaluation (continued)

About 6 months ago, when the staff that was doing most of the DME's up to that point. retired. Administration went through all the resident's charts and made a copy of all of them and started a new filing method. We filed all the copies of the DME'S into this new system. Instead of putting each resident into the month the DME was due, we put it into the month before the annual DME was due just to give us extra time to get them out to the doctor to get annual DME'S completed. Sending them out the month prior to them being due has helped with the delay in getting things back from the doctors on time. So far, this has really helped.

Resident #4's new annual DME is dated [redacted]. A copy of the 2021 and the 2022 annual DME is attached. See Attached

Completion Date: 09/11/2022

Document Submission

Implemented

On 8/23/22 the inspector found resident #4's DME dated [redacted] admission date was [redacted]. The doctor signed & dated that DME on [redacted]. There were several things missing on the DME so we asked the doctor to do another one and he didn't sign it until [redacted]. This made [redacted] initial DME over 30 days.

About 6 months ago, when the staff that was doing most of the DME's up to that point. retired. Administration went through all the resident's charts and made a copy of all of them and started a new filing method. We filed all the copies of the DME'S into this new system. Instead of putting each resident into the month the DME was due, we put it into the month before the annual DME was due just to give us extra time to get them out to the doctor to get annual DME'S completed. Sending them out the month prior to them being due has helped with the delay in getting things back from the doctors on time. So far, this has really helped.

Resident #4's new annual DME is dated [redacted]. A copy of the 2021 and the 2022 annual DME is attached. See Attached

223a - Description of Service

1. Requirements

2600.

- 223.a. The home shall have a current written description of services and activities that the home provides including the following:
  - 2. The criteria for admission and discharge.

Description of Violation

The home's current written description of criteria for admission and discharge does not include specific discharge criteria.

Plan of Correction

Accept

On 8/23/22 and 8/24/22, the inspector discussed with administration how we need to clarify our description of services to include additional criteria concerning immobility of residents. Administration has added Addendum F to our contract and also to our Description of Services Policy. This will clarify to current and incoming residents that if they become immobile, we will give the resident and family a 30-day notice to relocate the family member. We will assist in any way we can to relocate them. A copy of Addendum F is attached.

Completion Date: 09/01/2022

Document Submission

Implemented

On 8/23/22 and 8/24/22, the inspector discussed with administration how we need to clarify our description of services to include additional criteria concerning immobility of residents. Administration has added Addendum F to our contract and also to our Description of Services Policy. This will clarify to current and incoming residents that if they become immobile, we will give the resident and family a 30-day notice to relocate the family member. We will assist in any way we can to relocate them. A copy of Addendum F is attached.

228h - Grounds Discharge/Transfer

1. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- 3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.

Description of Violation

Resident #2 was admitted to [REDACTED]  
 On [REDACTED] the hospital social worker attempted to discharge the resident back to the personal care home with a diagnosis for a [REDACTED]. The home's administrator, direct care staff person A, advised [REDACTED] that the home was unable to take the resident back in the resident's current condition. However, the home's criteria for admission and discharge did not specify the discharge criteria, resident #2 was forced to make alternate living arrangements on [REDACTED] and the resident did not meet any other grounds for discharge or transfer.

Plan of Correction

Accept

On 8/23/22 and 8/24/22, the inspector and administration talked in length about this situation. He told me how I should have given the resident and family a 30-day notice. The updated Description of Services policy will help clarify our criteria for discharge. It now states that immobility is one of our criteria for a 30-day notice with help of relocation. Administration will ensure that going forward any resident who becomes immobile will be given a 30-day written notice and we will help to relocate the resident if the family needs help.

Completion Date: 09/01/2022

Document Submission

Implemented

On 8/23/22 and 8/24/22, the inspector and administration talked in length about this situation. He told me how I should have given the resident and family a 30-day notice. The updated Description of Services policy will help clarify our criteria for discharge. It now states that immobility is one of our criteria for a 30-day notice with help of relocation. Administration will ensure that going forward any resident who becomes immobile will be given a 30-day written notice and we will help to relocate the resident if the family needs help.