

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

January 8, 2023

[REDACTED]
RIVERSTONE MANOR LLC
[REDACTED]

RE: RIVERSTONE MANOR
ONE MAIN STREET
WALNUTPORT, PA, 18088
LICENSE/COC#: 22394

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2022, 12/01/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RIVERSTONE MANOR License #: 22394 License Expiration: 11/09/2022
Address: ONE MAIN STREET, WALNUTPORT, PA 18088
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: RIVERSTONE MANOR LLC
Address: PO BOX 333, WALNUTPORT, PA, 18088
[Redacted] [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 03/15/2012 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 12/01/2022

Inspection Dates and Department Representative

11/30/2022 - On-Site: [Redacted]
12/01/2022 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	72	Residents Served:	63
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income:	53	Are 60 Years of Age or Older:	41
Diagnosed with Mental Illness:	63	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	0	Have Physical Disability:	1

Inspections / Reviews

11/30/2022 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/17/2022

12/18/2022 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/03/2023
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 12/27/2022

Inspections / Reviews *(continued)*

01/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the home's medication room did not contain tweezers.

Plan of Correction

Accept (MM - 12/18/2022)

The regulation is important because it ensures that everything that could be needed in an emergency is available to whomever needs it.

The violation happened because the tweezers were not replaced after being taken out of the first aid kit.

The tweezers were replaced, and a monthly log with a checklist of items was added to the home's monthly routine.

The administrator will be responsible for continued compliance with the log and the regulation.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (MM - 01/08/2023)

101j7 - Lighting/Operable Lamp

2. 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

Residents in rooms 11 and 13 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept (MM - 12/18/2022)

The regulation is important to ensure that residents have immediate access to adequate lighting should they need to get up in the middle of the night for any reason.

The violation happened because although the bedside lamps were working and bedside some of the residents were unable to reach them without getting out of bed.

Wall mounted push lights were added to any room where the potential for a resident to be unable to reach the lamp was seen. The lights were added just above the head of the bed to insure they could be reached properly. Additional lights were purchased to be sure that if this problem arises due to new residents, room changes or new furniture again it can be immediately corrected.

The administrator is responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (MM - 01/08/2023)

124 - Notice to Fire Department

3. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notification to the local fire department current census of residents was not current. The notice was dated 7/15/22 and indicated that the home had 65 residents. However, the homes current census is 63.

Plan of Correction

Accept (MM - 12/18/2022)

The regulation is important as it keeps the local emergency personnel informed of potential assistance that may be needed by staff and residents in emergency situations.

The violation happened because updated information was not relayed in a timely manner to the local fire department.

A new letter went out to the local fire department right away which was less specific with a phone number of administrator and designated persons to contact for up-to-date information in the event of emergency.

The new format for the fire letter will stay in place and the administrator will be responsible for continued compliance.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (MM - 01/08/2023)

183f - Discontinued Medications

4. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #1 is prescribed Freestyle Control Solution was discontinued on 10/30/22. The medication was in the med cart on 12/1/22.

Resident #2 was discharged from the home on [REDACTED] However, a prescription that belonged to the resident for Fluticasone Vilanterol was located in the med cart on 12/1/22.

Plan of Correction

Accept (MM - 12/18/2022)

The regulation is important because it protects from med errors and confusion when administering medications to residents.

The violation occurred because medications were missed when a discontinued or discharge check was done.

The medications were immediately removed. A new system/policy for final med checks is being implemented. All discontinued meds will be checked against the order and computer inventory at the time of order. Discharge medications will be reconciled against a medication review form even if only going back to the pharmacy.

The administrator will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (MM - 01/08/2023)

185a - Implement Storage Procedures

5. 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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #1 – At 4pm on 11/22/20 the reading on the glucometer was 354 but was incorrectly transcribed as 254.

Repeat Violation 11/9/21

Plan of Correction

Accept (MM - 12/18/2022)

The regulation is important to ensure the proper documentation and records are kept for the resident's safety and well-being.

The violation occurred because numbers were transcribed incorrectly onto the MAR.

The MAR was corrected and new procedures for spot checking of records against glucometers are in place to help be sure there are not additional errors in this capacity. These checks will be moved to weekly instead of monthly.

The administrator is responsible for maintaining compliance.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (MM - 01/08/2023)