

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

January 19, 2023

[REDACTED], MANAGEMENT
RIVERTON OPERATOR LLC

RE: RIVERTON ENHANCED SENIOR
LIVING
803 NORTH WAHNETA STREET
ALLENTOWN, PA, 18109
LICENSE/COC#: 23044

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2022 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: RIVERTON ENHANCED SENIOR LIVING License #: 23044 License Expiration: 01/24/2023
 Address: 803 NORTH WAHNETA STREET, ALLENTOWN, PA 18109
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: RIVERTON OPERATOR LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/15/2004 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/13/2022

Inspection Dates and Department Representative

12/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 29
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 8 Have Physical Disability: 0

Inspections / Reviews

12/13/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2023

01/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/19/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/20/2023

Inspections / Reviews *(continued)*

01/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183d Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A tube of [redacted] was found in the medication cart with the room number of resident #1 labeled on it. Resident #1 does not have an order for [redacted].

Plan of Correction

Accept [redacted] - 01/17/2023)

Education completed with staff on proper ordering time frame and process when medication isn't available along with the proper medication being in the cart at all times.

Please see attachment.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] - 01/19/2023)

187b Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 has an order for [redacted], 1 tablet at bedtime. The medication was not found in the medication cart. It was determined that a 30 day supply of the medication was last delivered to the home on [redacted]. The medication was initialed as administered but was not administered due to not being available in the med cart on the following dates: [redacted].

Plan of Correction

Accept [redacted] - 01/17/2023)

Education completed with staff on proper ordering time frame and process when medication isn't available along with the proper medication being in the cart at all times.

Please see attachment.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] - 01/19/2023)

187d Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident #2 has an order for [redacted], 1 tablet at bedtime. The medication has not been available in the medication cart since [redacted] and was not administered from [redacted].

Resident #1 has an order for [redacted] that was ordered [redacted]. The home did not start administering the cream until [redacted] due to the cream not being obtained until that date.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept () - 01/17/2023)

Education completed with staff on proper ordering time frame and process when medication isn't available along with the proper medication being in the cart at all times.

Please see attachment.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented () - 01/19/2023)

225c - Additional Assessment

4. 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

The home did not complete an annual support plan for resident #2. The most current support plan completed for resident #2 is dated ().

Plan of Correction

Accept () - 01/17/2023)

RASP completed for resident #2 Please see attachment.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented () - 01/19/2023)