

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

August 23, 2023

[REDACTED], ADMINISTRATOR
PLEASANT RIDGE MATURE LIVING, LLC
[REDACTED]

RE: PLEASANT RIDGE MATURE LIVING
981 PLEASANT HILL ROAD
LEECHBURG, PA, 15656
LICENSE/COC#: 42940

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2023 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: PLEASANT RIDGE MATURE LIVING License #: 42940 License Expiration: 09/09/2023
 Address: 981 PLEASANT HILL ROAD, LEECHBURG, PA 15656
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

Name: PLEASANT RIDGE MATURE LIVING, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 10/29/1998 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 1 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 07/12/2023

Inspection Dates and Department Representative

07/12/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 47
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 46
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 10 Have Physical Disability: 3

Inspections / Reviews

07/12/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/04/2023

Inspections / Reviews *(continued)*

08/07/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/11/2023

08/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/01/2023

08/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

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] at approximately [redacted] resident #1 fell from a Hoyer lift while being transferred by staff person A. Resident #1 was sent to the hospital by ambulance and received treatment for a skin tear to her left hand. However, this incident was not reported to the Department.

Plan of Correction

Directed [redacted] - 08/11/2023)

- 1. Administrator had meeting with all staff members on [redacted] on the policy and of a incident report and what is a incident report. Sign in sheet of meeting along with policy and procedure for reportable incident reports are attached.
- 2. Reportable was complete and sent to regional office on [redacted]
- 3. Shift Report sheets for any incidents put out for all shifts and was gone over in the [redacted] meeting. Resident Care Coordinator or designee to check daily. Copy of shift reports are attached. (DIRECTED: The daily review of the shift report sheets shall begin on [redacted] to ensure all reportable incidents specified in 2600.16a are reported to the Department within 24 hours. [redacted] 8/11/23).

Directed Completion Date: 08/15/2023

Implemented ([redacted] - 08/23/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident #1’s most recent assessment, dated [redacted], indicates resident #1 requires total physical assistance from staff persons to transfer in/out of bed/chair, and resident #1’s most recent support plan, dated [redacted], indicates resident #1 is to be transferred in/out of bed/chair with 2 staff persons with the use of a Hoyer lift.

On [redacted] at approximately [redacted] staff person A was transferring resident #1 with use of the Hoyer lift, without the assistance of a second staff member. Resident #1 fell from the Hoyer lift and landed on the ground. Resident #1 was transported to the hospital by ambulance for evaluation and received treatment for a skin tear to her left hand.

Plan of Correction

Directed [redacted] - 08/11/2023)

- 1. Director of Resident Care to check Support Plans that are being reviewed daily for one month, then Director of Resident Care to check monthly for compliance with all wellness staff. Director of Resident Care to report all findings to the Administrator. (DIRECTED: The daily review of assessments and support plans shall begin on 8/15/23. [redacted] 8/11/23).
- 2. Staff educated at the August 10, 2023 of this new policy. (DIRECTED: Documentation of the education shall be

23a Activities of Daily Living Assistance (continued)

kept in accordance with 2600.65i. [REDACTED] 8/11/23).

3. Proper use of a hoier lift was given to all wellness staff on 7/20/2023 by [REDACTED] RN and all wellness staff demonstrated correct use of the hoier lift. Sign in sheet of the training attached.

4. Director of Wellness will monitor and report to administrator of the proper use of the hoier lift by the wellness staff. Retraining of any wellness staff if felt that additional training is needed.

5. All new hires will be trained on the proper use of the hoier lift and record of training and record of training will be in their employee file. Director of wellness will provide the training at orientation.

All training done at orientation will be attached to the outside of the employee file. Copy is attached. All must be complete prior to the first day of being on their own for their job duties.

Hoier lift training to be emailed to you, will not attach

DIRECTED: By 9/1/23, then quarterly thereafter: The Administrator/Director of Wellness shall observe each direct care staff person complete a resident transfer with use of Hoyer lift to ensure proper transfer procedures are followed, which includes the use of 2 direct care staff persons to complete the transfer. Documentation of the observations shall be kept. [REDACTED] 8/11/23

Directed Completion Date: 09/01/2023

Implemented [REDACTED] - 08/23/2023)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B was hired on [REDACTED] however, a Pennsylvania criminal background check was not completed for staff person B until [REDACTED]

REPEAT VIOLATION: 05/10/2022, et. al.

Plan of Correction

Directed [REDACTED] - 08/11/2023)

All employee files checked for compliance of the Criminal Background check. Check sheet is attached. New employee file check sheet done and is attached to ensure all is complete prior to staff first day of being on their own for their job duties. This will be checked by the Administrator before the start of their first shift after training with another staff person. (DIRECTED: The new employee file check sheet shall be implemented by 8/15/23. Copies of the completed new employee file check sheets shall be placed in each staff person's record. All staff persons involved in the hiring process shall be educated on the new checklist. Documentation of the education shall be kept. [REDACTED] 8/11/23

DIRECTED: Beginning on 8/15/23: The administrator shall review all new hire records within 30 days of hire to ensure a Pennsylvania criminal background check was completed. Copies of completed background checks shall be kept in each staff person's record. LM 8/11/23

51 Criminal Background Check (continued)

Directed Completion Date: 08/15/2023

Implemented ([REDACTED] - 08/23/2023)