

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

March 14, 2024

[REDACTED], ADMINISTRATOR
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 12/20/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RIVERSTONE MANOR License #: 22394 License Expiration: 11/09/2023
 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: [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, Complaint Exit Conference Date: 12/20/2023

Inspection Dates and Department Representative

12/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 72 Residents Served: 62
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 58 Are 60 Years of Age or Older: 41
 Diagnosed with Mental Illness: 59 Diagnosed with Intellectual Disability: 16
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

12/20/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2024

01/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/27/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2024

Inspections / Reviews *(continued)*

03/14/2024 POC Submission

Submitted [REDACTED]

Date Submitted: 03/01/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/08/2024

03/14/2024 Document Submission

Submitted By [REDACTED]

Date Submitted: 03/14/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. 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

The personnel file for direct care staff member A did not contain a finalized PA background check that meets the requirements of the OAPSA. The staff member has been retained beyond the 30- day permissible time frame.

Plan of Correction

Accept (█ - 01/29/2024)

All background was submitted through PA epatch and the reports will be submitted as soon as they become available.

In the future the Administrator will make sure that all background check for all employees obtained through the source that meet the requirements of the OAPSA.

The Administrator is responsible to maintain this procedure in compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented (█ - 03/14/2024)

102i - Soap Dispenser

2. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

Bar soap was found in the main building 2nd floor ladies share shower room that was not in a labeled container.

Plan of Correction

Accept (█ - 01/29/2024)

Bar soaps were removed from all bathrooms and Bar soaps were replaced with body wash.

In the future, the administrator will keep close supervision to avoid the usage for any bar soap at any bathroom in the facility.

The administrator is responsible for implementation and outgoing compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented (█ - 03/14/2024)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home had no documentation that the home reviewed the home's emergency preparedness annually.

The home's written emergency procedures have not been reviewed since July of 2021.

Plan of Correction

Accept (█ - 01/29/2024)

Emergency plan was reviewed and sent; confirmation will be submitted shortly.

107d Procedure Emergency Management Agency Submission (continued)

In the future the administrator will make sure to review the emergency plan every year and get it submitted to the local emergency agency.

The administrator will be responsible to maintain the compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 03/14/2024)

130f - Testing Smoke Detectors

4. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home's most recent test of the home's fire alarm system was not completed annually. The home had their emergency alarm system was last checked by Eastern Time Inc. on 10/11/2022.

Plan of Correction

Accept [redacted] - 01/29/2024)

Fire Alarm system inspection was already scheduled for 12/29/2023. Eastern time completed inspection on 12/29/2023. Report attached.

In the future, the administrator will make sure that inspection is schedule on time.

Administrators is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 03/14/2024)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

There is no record of a supervised fire safety drill for 2023. The observed fire drill by a fire safety expert was not signed by the fire safety expert. The document is dated 7 3 23 but does not include a signature.

Plan of Correction

Accept [redacted] - 03/05/2024)

Administrator is still looking for a safety expert to complete inspection. The documentation will be sent as soon as possible.

In the future, [redacted] the administrator will make sure that the fire safety can be complete on time. Started working a new company, since February 2024, and they will keep us in a yearly calendar. Please see report attached.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [redacted] - 03/14/2024)

132f - Alternate Exit Routes

6. Requirements

132f - Alternate Exit Routes (continued)

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The Main front, gb side, and the main side were the only exits used in 11 of the last 12 fire drills. The 6-3-23 drill also used the gb front exit.

Plan of Correction **Accept** () - 01/29/2024)

Alternate route will be included in the fire drill plan for this year. (Fire drill plan is attached).

In the future the administrator will make sure that alternate exit routes are used during fire drills. Administrator is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 03/14/2024)

132g - Fire Drills Days/Times

7. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home had no fire drills during morning or early afternoon hours. No drills were held between 4:09 am and 1:58 pm from 1-6-23 until 11-25-23.

Plan of Correction **Accept** () - 01/29/2024)

Different days of the week and different times was included in the new drill calendar (attached).

In the future the administrator will make sure that drills are conducted in different days of the week and different times. Administrator is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 03/14/2024)

162d - Past Menus

8. Requirements

2600.
162.d. Past menus of meals that were served, including changes, shall be kept for at least 1 month.

Description of Violation

The home did not have the menus posted in a public and conspicuous area for the weeks of 12/17/23 thru 12/22/23 and 12/24/23 thru 12/31/23.

Plan of Correction **Accept** () - 01/29/2024)

Menus were posted in the dining room and the board by kitchen.

In the future the administrator will make sure that kitchen staff keep the menus posted as well as keeping the old ones in the inspection Binder.

The administrator and the Cook will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/26/2024

162d - Past Menus (continued)

Implemented (█) - 03/14/2024

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 's RASP Dated █ did not indicate that they were receiving Physical therapy.

Resident #2 's RASP dated █ did not address that the resident's was receiving hospice services.

Plan of Correction

Accept █ - 03/05/2024

RASPS were updated for both residents (see attached)

In the future the administrator will make sure that all Rasps an all-residents document can get updated on time. The administrator is responsible to keep documents up to date.

█, Administrator is responsible for fixing the problem, a new feature was added to Tabula (senior software) to send alerts when any resident's documents need to be updated. Deysi Ynoa, Administrator is responsible to monitor compliance every week for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (█) - 03/14/2024