

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

March 21, 2024

[REDACTED], EXECUTIVE DIRECTOR  
RIVERTON OPERATOR LLC  
[REDACTED]

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 02/08/2024, 02/14/2024 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:** RIVERTON ENHANCED SENIOR LIVING      **License #:** 23044      **License Expiration:** 01/24/2025

**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]

**Certificate(s) of Occupancy**

Type: C-2 LP	Date: 06/25/1983	Issued By: L&I
Type: C-2 LP	Date: 07/26/1989	Issued By: L&I
Type: C-2 LP	Date: 05/18/1983	Issued By: L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 45      **Waking Staff:** 34

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal, Complaint      **Exit Conference Date:** 02/14/2024

**Inspection Dates and Department Representative**

02/08/2024 - On-Site: [REDACTED]

02/14/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 90      **Residents Served:** 37

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 37
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 8	<b>Have Physical Disability:</b> 1

**Inspections / Reviews**

02/08/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/08/2024

Inspections / Reviews (*continued*)

## 03/11/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/20/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/17/2024

## 03/21/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/20/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's quality management plan states that the home will conduct meetings monthly. The home did not conduct meetings in October 2023, November 2023, December 2023, or January 2024.

Plan of Correction

Accept ( [redacted] - 03/11/2024)

QAPI policy has been revised for periodic review on 2/13/2024 by ED
ED was educated on Regulation 2600 26A by VP of Operations on 2/8/2024.
Education on QAPI meetings with department heads occurred 2/27/2024 by ED
QAPI meeting was held by ED and occurred on 2/27/2024
ED or designee will audit QAPI notes 1 time per month for the next 2 months

Licensee's Proposed Overall Completion Date: 05/08/2024

Implemented ( [redacted] - 03/21/2024)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The staff member did Provide a university degree from University of [redacted].

Plan of Correction

Accept ( [redacted] - 03/11/2024)

Education on Regulation 54a occurred by ED with HR director 2/9/2024
HR contacted [redacted] at DPW for waiver on [redacted].
Audit of all DCS HR files to ensure appropriate educational documentation will be completed by HR or designee by 2/29/2024
HR or Designee will obtain HS diploma/ GED or PA nurse aide registry prior to onboarding and will audit all new hire files weekly for 1 month.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented ( [redacted] - 03/21/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person B, hired on [REDACTED]. However, the staff person's file does not contain the Department-approved direct care training certificate.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

DPW Certification for employee was received on [REDACTED]  
Education with HR, DOW and Wellness Coordinator was completed by ED on [REDACTED]  
Audit of all existing DCS staff files completed by ED by [REDACTED]  
Audit of new hire DCS will occur weekly by ED or designee for 1 month

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [REDACTED] - 03/21/2024)

85a - Sanitary Conditions

4. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

In the bathroom of the home's Conference Room, a converted resident bedroom, there was a black and green mold-like substance on the floor of the shower.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

Room 302 was cleaned by housekeeping on 2/9/2024  
Education with housekeeping staff on Regulation 85a was provided by ED and Director of Housekeeping completed by 2/26/2024  
Audit of all vacant rooms will occur by housekeeping director or designee by 3/4/2024  
Housekeeping Director or designee will perform 1 random audit 1 time per week for 1 month

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [REDACTED] - 03/21/2024)

85b - Infestation

5. Requirements

2600.  
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

There were an excess of 20 box elder bugs on the window sill of the 2nd floor stairwell.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

Exterminator arrived and provided treatment for insects on 2/9/2024  
ED provided education on Regulation 85b to Director of Maintenance and Housekeeping Director on 2/9/2024  
Daily cleaning of stairwells added to housekeeping schedule on 2/26/2024  
Bi Weekly exterminator services arranged by Maintenance Director on 2/9/2024

85b - Infestation (continued)

Maintenance Director or Designee with perform 1 random audit 3 times a week for 1 month for pest infestation.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented (JH - 03/21/2024)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/8/24 at approximately 945 am during the initial walk through, lint was found in the dryers on Westminster hallway on floor 2, 4 and 5. The dryers were not warm to touch, and no clothes were found inside.

Plan of Correction

Accept ( ) - 03/11/2024

On 2/8/2024 all lint was removed from dryers during survey by inspector and ED.

ED posted signs on dryers for all residents and staff as a reminder to clean lint on 2/9/2024

ED provided notifications in resident mailboxes and emails sent to responsible party on 2/11/2024

Education on cleaning the dryer lint traps performed by ED with DCS, maintenance, Housekeeping staff completed on 2/21/2024

Housekeeping Director or Designee will complete 1 random audit 3 times a week for 1 month.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented ( ) - 03/21/2024

132b - Safety Inspection/Fire Drill

7. 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

The home's most recent fire safety inspection completed 6/19/23. The home's previous inspection was completed 4/21/22.

Plan of Correction

Accept (JH - 03/11/2024)

Education was provided to Maintenance Director on regulation 132b on 2/9/2024 by ED

Appointment for June 19, 2024 scheduled with Pa Fire Safety Training and Consulting for annual inspection in compliance with DHS regulation 132b

Maintenance Director or designee will complete an audit 1 time per month for 2 months to ensure compliance with Regulation 2600 132b

Maintenance Director or designee will confirm appointment ,May 8 2024

Licensee's Proposed Overall Completion Date: 05/08/2024

Implemented ( ) 03/21/2024

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s medical evaluation dated [redacted] written on after it was signed by the authorized medical professional. No documentation that an authorized medical professional made the updates or approved the updates.

Plan of Correction

Accept [redacted] - 03/11/2024)

Education by ED to DOW and Wellness coordinator on practitioner filling out the DME form was completed 2/28/2024.

Audit of all resident DME forms will be completed by DOW or designee by 3/15/2024.

DOW or designee will complete 1 random audit 1 time a week for 1 month

Licensee's Proposed Overall Completion Date: 04/16/2024

Implemented [redacted] - 03/21/2024)

182b - Prescription Medication

9. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff Person C administers residents’ medications but was last certified to do so through the Department’s Medication Administration Training in [redacted]. Staff Person A has not completed an Annual Practicum and therefore is not certified to administer medications to residents.

Repeat Violation 8-10-23.

Plan of Correction

Accept [redacted] 03/11/2024)

Employee was removed from the schedule as a med tech effective immediately. Education was provided by ED to DOW and Wellness Coordinator on 2/19/2024

An audit of all med tech documentation completed 3/4/2024 by ED

ED or designee will perform 1 random audit 1 time a week or 1 month

182b - Prescription Medication (continued)

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented ( ) - 03/21/2024)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed ( ) eye drop. The medication label does not document the medications instructions to wait 5 min between drops, and to not touch bottle of tip to eyes.

Resident #3 is prescribed ( ) eye drop. The medication did not have a pharmacy label containing instructions for administration.

Repeat Violation 1/31/23.

Plan of Correction

Accept ( ) - 03/11/2024)

Unlabeled ( ) for resident #3 was removed from the cart and replaced with a new, labeled eye drop on 2/16/2024. Additional instructions were included on the ( ) for resident #3 were placed on the box by med tech on 2/27/2024.

Education on proper labeling of medications was provided by DOW to Med Techs 2/16/2024 to be completed 2/29/2024

Audit of all medication labels to be completed by DOW or designee by 3/15/2024.

DOW or designee will perform a random audit 1 time a week for 1 month.

Licensee's Proposed Overall Completion Date: 04/16/2024

Implemented ( ) - 03/21/2024)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #3 is prescribed ( ). The medication dose that the home is using is ( ), with directions to administer 2 tabs. The resident's medication record states to administer 1 ( ).

Repeat Violation 1-31-23.

Plan of Correction

Accept ( ) - 03/11/2024)

( ) for Resident #3 was discontinued and dose was updated by CRNP on ( ).

Education on matching orders with medications on hand was provided by DOW to Med Techs 2/16/2024 to be

187a - Medication Record (continued)

completed by 2/29/2024

Audit of all medications to be completed by DOW or designee by 3/15/2024.

DOW or designee will perform a random audit 1 time a week for 1 month.

Licensee's Proposed Overall Completion Date: 04/16/2024

Implemented [redacted] 03/21/2024)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed [redacted] with directions to administer every 8 hours as needed. On [redacted] the medication was administered at [redacted], less than 8 hours apart.

Repeat Violation 1/31/23.

Plan of Correction

Accept ( [redacted] - 03/11/2024)

Education on following prescribers orders was provided by DOW to Med Techs 2/16/2024 to be completed on 2/29/2024

Audit of all medications to be completed by DOW or designee by 3/15/2024.

DOW or designee will perform a random audit 1 time a week for 1 month.

Licensee's Proposed Overall Completion Date: 04/16/2024

Implemented [redacted] - 03/21/2024)

227d - Support Plan Medical/Dental

13. 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 #5 utilizes an enabler bar. Resident #5's assessment and support plan dated [redacted] does not contain required verbiage regarding safe use of an enabler bar, to include the following:

- The specific need for the device
- The intended use and any risks associated with the use
- The resident's ability to use the device safely for the purpose it was intended
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines

Repeat Violation 1-31-23.

227d Support Plan Medical/Dental (continued)

**Plan of Correction**

Accept [REDACTED] - 03/11/2024)

Resident # 5 RASP to include enabler bar was updated on [REDACTED]  
ED providing education with staff regarding regulation and policy on Enabler bars to be completed by 3/1/2024  
ED provided notification to residents and responsible parties on 2/11/2024 to inform enabler bars are not permitted without first communication to ED or DOW.  
Audit of Enabler bars was completed by ED on 2/16/2024.  
DOW or designee will perform 1 random audit 1 time per week for 1 month.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [REDACTED] - 03/21/2024)

251c - Standardized Forms

**14. Requirements**

2600.  
251.c. The home shall use standardized forms to record information in the resident's record.

**Description of Violation**

The facility has documented Resident #2's assessment and support plan on the Department's ASP form, instead of the required RASP form.

**Plan of Correction**

Accept [REDACTED] - 03/11/2024)

Resident #2's RASP updated to the correct 2600 regulation RASP form by DOW on [REDACTED].  
Education by ED to DOW and Wellness coordinator on use of 2600 RASP form was completed on [REDACTED].  
Audit of all resident RASP forms will be completed by DOW or designee by [REDACTED]  
DOW or designee will complete 1 random audit 1 time a week for 1 month

Licensee's Proposed Overall Completion Date: 04/16/2024

Implemented [REDACTED] - 03/21/2024)