

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

June 21, 2024

[REDACTED], EXECUTIVE DIRECTOR  
ALBRIGHT CARE SERVICES  
[REDACTED]

RE: RIVERVIEW MANOR  
130 MAGNOLIA DRIVE  
LEWISBURG, PA, 17837  
LICENSE/COC#: 20298

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2024 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: RIVERVIEW MANOR License #: 20298 License Expiration: 05/19/2025  
 Address: 130 MAGNOLIA DRIVE, LEWISBURG, PA 17837  
 County: UNION Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED]

**Legal Entity**

Name: ALBRIGHT CARE SERVICES  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/18/2023 Issued By: DLI

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 35 Waking Staff: 26

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/02/2024

**Inspection Dates and Department Representative**

05/02/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 100 Residents Served: 35

**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: 35  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

05/02/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/02/2024

06/07/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/21/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2024

Inspections / Reviews *(continued)*

06/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

06/21/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. 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 Resident Assessment and Support Plan (RASP) dated [redacted] indicates supervision in the home and accompaniment outside the home. On [redacted] the resident was outside from [redacted], unaccompanied and without a coat. On [redacted] the resident was unaccompanied outside the home at approximately [redacted] and again at [redacted]. The facility is not meeting the needs of the resident as outlined in the RASP.

Plan of Correction

Accept ([redacted] - 06/21/2024)

Resident #1 was discharged from the home on [redacted] and moved to a Secured Personal Care/Memory Care facility. Moving forward, the following plan has been established to ensure the safety of residents identified as at risk for eloping. (1) After an elopement, the LPN will assess the resident to determine if the resident is at risk for eloping again and if his/her needs can be met by the facility. If confirmed that the facility cannot meet the resident's needs, the LPN Supervisor or administrator will contact the family and a referral will be made to an appropriate facility offering a higher level of care, with the goal of transferring the resident to a secure setting as soon as possible. (2) After an elopement, the resident will be placed on hourly safety checks by care staff who will also notify the LPN Supervisor if an issue arises during these checks. These safety checks will continue until the resident is no longer an elopement risk or is transferred to a secured facility. Safety checks will be documented by the care staff who are conducting them. The administrator will ensure ongoing compliance.

Note: \*All side exit doors have been alarmed to alert staff if a resident leaves the building. The alarmed doors are to only be used as emergency exits. The main entrance door and doors to the interior court yards are not alarmed.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ([redacted] - 06/21/2024)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most current Documentation of Medical Evaluation (DME) is dated [redacted] exceeding the annual requirement as the resident was not discharged until [redacted].

Plan of Correction

Accept ([redacted] - 06/21/2024)

Resident #1 was discharged from the home on [redacted] and moved to a Secured Personal Care/Memory Care facility. As of June 7, 2024, the LPN Supervisor has confirmed all residents' DMEs are current.

The LPN Supervisor has created a reminder file listing the due dates for each resident's DME; thereby ensuring timely completion of the DME.

The LPN Supervisor is also in the process of adding automated reminders to our Electronic Medical Record; thereby ensuring timely completion of the DME.

The LPN Supervisor reviews this file at the beginning of each month and notifies the provider of the need for a new DME. DMEs are also completed if there is a status change. When completed by the provider, the LPN Supervisor reviews the DME for accuracy. The completed DME is placed in the resident chart.

141b1 Annual Medical Evaluation (continued)

The Administrator will communicate with the LPN Supervisor monthly, or as needed, regarding the DMEs and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented ( ) - 06/21/2024)

227d - Support Plan Medical/Dental

3. 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 was placed on hourly checks ( ), due to the resident starting to wander outside the facility. This was not updated on the Resident Assessment and Support Plan (RASP) dated ( ). After Resident #1 wandered outside on ( ) around ( ) without a coat, the RASP dated ( ) was not updated as to how the facility would meet the new needs of the resident.

Plan of Correction

Accept ( ) - 06/21/2024)

Resident #1 was discharged from the home on ( ) and moved to a Secured Personal Care/Memory Care facility. All current Resident Assessment Support Plans (RASP) are being reviewed by the LPN Nurse Supervisor to accurately reflect the care that is being provided to each resident. RASPs will be updated annually or upon significant change with a resident's needs. The LPN Supervisor has created a reminder file listing the due dates for each resident's RASP; thereby, ensuring timely completion of the RASP.

The LPN Supervisor is also in the process of adding automated reminders to our Electronic Medical Record; thereby ensuring timely completion of the RASP.

Each residents' needs are reviewed daily during the home's clinical meeting. If there is a change discovered during this review, it is documented by the LPN Supervisor or designee. Participants in this clinical meeting include the Administrator, LPN Supervisor, RiverWoods' Infection Control Nurse, Therapy Director and available care staff.

The LPN Supervisor and Administrator will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented ( ) - 06/21/2024)