

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

August 1, 2024

[REDACTED], ADMINISTRATOR  
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 05/29/2024, 06/20/2024 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]

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]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 47 Waking Staff: 35

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 06/20/2024

Inspection Dates and Department Representative

05/29/2024 - On-Site: [Redacted]
06/20/2024 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 90 Residents Served: 36
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 2
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 11 Have Physical Disability: 1

Inspections / Reviews

05/29/2024 - Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2024
07/09/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 07/30/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/16/2024

Inspections / Reviews *(continued)*

07/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/30/2024

08/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*Resident # 1 was verbally mistreated by Staff A. Staff A was identified as the voice on a voicemail on the nurse's line yelling at the resident, "If you stayed were we put you, you wouldn't have fallen and this [REDACTED] wouldn't have happened. Also telling resident, "Don't say anything, just be quiet, we don't want to hear you. You always do what you want." Staff B entered the room due to the commotion, and stated as Staff B was trying to care for the resident, Staff A continued to yell at the resident and escalated the situation, not treating the resident with dignity or respect.*

**Plan of Correction**

Accept ([REDACTED] - 07/09/2024)

*Employee suspected of inappropriate treatment was suspended immediately on [REDACTED] by ED. Following the investigation, employee was terminated on [REDACTED].*

*During investigation, 3 random residents were interviewed by ED 4/19-4/21/2024*

*ED or designee will educate staff on regulation 2600 42c by 7/30/2024.*

*ED or Designee will complete 5 random residents audits per week for 4 weeks to review resident rights and appropriate treatment.*

**Licensee's Proposed Overall Completion Date:** 08/01/2024

Implemented ([REDACTED] - 08/01/2024)

## 60a - Staff/Support Plan

## 2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*The facility has 36 residents. Of the 36 residents, there are 10 residents who require a 1 person assist for transferring and 1 resident who requires a 2 person assist to transfer. Residents of the differing mobility needs are spread over 4 floors. The facility does have a skilled nursing unit adjacent to the building, and the skilled nursing staff do assist routinely with fire drills. During the fire incident on 5-27-24, it was reported that 3 staff came from the skilled nursing unit to assist in evacuations, to allow 1 staff per floor. An interview with Resident # 2, who lives on the 4th floor and requires 2 persons to assist in transferring from bed to wheelchair, no one came to the room to assist in evacuation when the fire alarm was going off. The fire department did not take control of the scene for 9 minutes, and made decision after an assessment for remaining residents in their rooms to shelter in place because of the smoke in the hallways. This incident indicates even with staff from the skilled nursing building assisting in evacuation, they did not have enough staff to meet the needs of their residents in the event of an emergency.*

**Plan of Correction**

Accept ([REDACTED] - 07/19/2024)

*ED called [REDACTED] PA Fire Safety Trainig and Consulting on 6/3/2024 to confirm annual fire inspection, training and inform [REDACTED] of the fire from 5/27/2024. On June 19, 2024, [REDACTED], PA Fire Safety Training and Consulting completed Annual Fire Inspection and Training resulting in an increase in the time for evacuation to be 10 minutes 0 seconds.*

*ED Educated DOW and Wellness Coordinator on staffing requirements as specified in residents support plans on 7/1/2024.*

60a - Staff/Support Plan (continued)

ED in conjunction with NHA from Riverton Rehab created an addendum to the Emergency Plan on 7/15/2024 which SNF staff will respond to Riverton Senior Living with the activation of the Emergency Alarm. ED or Designee will educate skilled nursing Supervisors on addendum and process by 7/30/2024. ED or Designee will educate Med Techs on addendum to Emergency Plan by 7/30/2024 ED or Designee will audit fire drills to ensure participation monthly for 4 months.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ( ) - 08/01/2024

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident # 3 refused staff requests and fire fighter requests to evacuate to a fire safe area or a designated meeting place outside during the fire incident on 5-27-24 at 0214.

Plan of Correction

Accept ( ) - 07/19/2024

Resident #3 was discharged on ( ) due to not following House Rules.

ED educated staff on fire drills, fire safe areas and evacuation process initiated on 5/31/2024 to be completed by 7/30/2024.

ED reviewed fire and evacuation procedure with Residents present at resident council meeting, June 3, 2024 and July 1, 2024. All Residents were provided a copy of the Resident Council Meeting Minutes by Life Enrichment Director on June 5, 2024 and July 3, 2024

( ), PA Fire Safety Training and Consulting completed Annual Fire Inspection and Training with staff in attendance on June 19, 2024.

ED, Director of Maintenance or designee will hold monthly staffing meetings for 4months to review fire drills. ED or designee will review fire drills process at resident council meetings monthly for 4 months. ED or designee will review fire drill process with all new residents upon move in during contract signing.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ( ) - 08/01/2024

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 - Smoking Area Guidelines (continued)

**Description of Violation**

Per the Administrator, Resident # 3 was given a verbal 30 day notification due to multiple occasions when a strong odor of marijuana odor was found coming from [redacted] room. Per the Administrator, Resident # 3 did not admit to smoking marijuana in the room, but did admit to smoking it on the balcony. The administrator states this has been going on for several months. The facility allows smoking in a designated area outside the building.

**Plan of Correction**

Accept ( [redacted] - 07/19/2024)

Resident was observed smoking on [redacted] outside balcony on May 9. Resident was provided a verbal notification to move out at that time. POA was notified. Resident was discharged from community on [redacted] for not following House Rules

The community remains a smoke free campus per contract. ED or designee will review smoking policy upon contract signing with new residents.

ED or designee will review smoking policy during resident council meetings for 4 months.

ED , HR or designee will educate staff on smoking policy to be completed by 7/30/2024 HR or designee will educate new hires on the smoking policy during orientation.

ED, Director of Maintenance or designee with complete 3 random audits per week for 4 weeks of resident rooms, balconies and grounds for smoking.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ( [redacted] - 08/01/2024)

227d - Support Plan Medical/Dental

**5. 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 # 3 Resident Assessment and Support Plan (RASP) dated 5-10-24, does not include information on the behaviors of smoking in the room or on the balcony or how staff should address this behavior when it is identified.

Repeat 2-8-24

**Plan of Correction**

Accept ( [redacted] - 07/09/2024)

Resident #3 discharged on [redacted]

ED completed Audit of personal care residents for additional smokers on 7/1/2024. No additional residents that smoke were identified.

ED educated DOW and wellness coordinator on including behaviors into the RASP 7/1/2024.

ED, DOW or designee will complete audits of all resident RASPs to ensure behaviors are documented appropriately. Audit will be completed by 7/15/2024

DOW or designee will perform 1 random audit 1 time per week for 4 weeks to ensure behaviors are included in RASP.

Licensee's Proposed Overall Completion Date: 08/01/2024

227d - Support Plan Medical/Dental (*continued*)

*Implemented ( [REDACTED] - 08/01/2024)*