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

August 9, 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 06/05/2024, 06/10/2024 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: *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] **Email:** [redacted]

Legal Entity

Name: *ALBRIGHT CARE SERVICES*

Address: [redacted]

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *12/12/1975* **Issued By:** *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *37* **Waking Staff:** *28*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date:** *06/10/2024*

Inspection Dates and Department Representative

06/05/2024 - On-Site: [redacted]

06/10/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *36*

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:** *36*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *1* **Have Physical Disability:** *0*

Inspections / Reviews

06/05/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/12/2024*

07/10/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/17/2024*

Inspections / Reviews *(continued)*

08/01/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/06/2024*

08/09/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

132b - Safety Inspection/Fire Drill

1. 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 Fire Safety Inspection was completed 2-24-23 and then on 3-15-24, exceeding the annual requirement.

Plan of Correction ***Accept ([redacted] - 07/10/2024)***

The 2025 Fire Safety Inspection has been scheduled for March 1, 2025, within the 12 month time frame as required by regulation 132b.
Moving forward, after completion of the annual Fire Inspection, the Facilities Director will schedule the next annual Fire Inspection for the following year, within the required 12-month time frame. The scheduled date will be shared with the Administrator and placed on their Fire Safety schedules. The Facilities Director and Administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: *07/03/2024*

Implemented ([redacted] - 08/09/2024)

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 Documentation of Medical Evaluation (DME) prior to 5-10-24 could not be located, exceeding the annual requirement.

Plan of Correction ***Accept ([redacted] - 07/10/2024)***

Resident #1 has a current Documentation of Medical Evaluation (DME).
The LPN Supervisor has audited the DMEs for all residents presently in the facility, thereby confirming that all DME's are current. A spreadsheet has been created listing all residents' DME due dates. The LPN Supervisor will monitor the spreadsheet weekly and schedule residents to receive a new DME annually, as required by 141.b. New residents will receive a DME at the time of admission and will be added to the spreadsheet.
The LPN Supervisor will communicate with the Administrator weekly. The Administrator or designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/19/2024*

Implemented ([redacted] - 08/09/2024)

185a - Implement Storage Procedures

3. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident #4's Glucometer had a reading of 101 on 6-9-24 at 1243. It was recorded incorrectly on the Medication Administration Record as 102.

Repeat 5-23-23

Plan of Correction ***Accept (- 07/10/2024)***

All Personal Care Staff have received education regarding Medication Administration due to several PCAs enrolling in the Med Tech program in the near future. Focus was on the 5 Rights of Medication Administration by the LPN Supervisor with an emphasis on proper documentation. Specific attention was given to the importance of accurately recording Glucometer readings on the medication record.
The LPN Supervisor will monitor Glucometer readings for the next 4 weeks to ensure accuracy and compliance. The LPN Supervisor and Administrator will discuss during their weekly 1:1 meeting.

Licensee's Proposed Overall Completion Date: *07/31/2024*

Implemented (- 08/09/2024)

225c - Additional Assessment

4. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 Resident Assessment and Support Plans (RASP) were completed and then on exceeding the annual requirement.

Resident #3 Resident Assessment and Support Plans (RASP) were completed and then on exceeding the annual requirement.

Plan of Correction ***Accept (- 07/10/2024)***

All Resident Assessment Support Plans (RASP) are being audited again during the next two weeks by the LPN Supervisor.
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.
The LPN Supervisor and Administrator will review the due dates during their weekly 1:1 meeting to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/19/2024*

Implemented (- 08/09/2024)

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 #1 Resident Assessment and Support Plan (RASP) dated [redacted] does not address the resident use of an enabler bar nor does the RASP address the following requirements:

1. the specific need for the device,
2. the intended use, any risks associated with the device,
3. the resident's ability to use the device safely for the intended purpose,
4. identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Resident # 2 Resident Assessment and Support Plan (RASP) dated [redacted] does not address the resident use of an enabler bar, nor does it address the following requirements:
1. the specific need for the device,
2. the intended use, any risks associated with the device,
3. the resident's ability to use the device safely for the intended purpose,
4. identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Resident #3 Resident Assessment and Support Plans (RASP) dated [redacted] does not address the need of a mechanical soft diet.

Plan of Correction ***Accept ([redacted] - 08/01/2024)***

The Resident Assessment Support Plans (RASPs) for Residents #1, #2 and #3 have been updated.
Residents #1 and #2 were re-evaluated by Physical Therapy. The Four requirements regarding enabler bar use have been confirmed in each resident's RASP.
The RASP for Resident # 3 has been updated, addressing the need of a mechanical soft diet.
Moving forward, upon admission, if enabler bars are requested, the residents will be assessed for use of an enabler bar. This will be recorded in the RASP. In addition, mechanical diets (as well as other special diets) will be documented in the RASP.
Each resident's 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. Participants in this clinical meeting include the Administrator, LPN Supervisor, RiverWoods' Infection Control Nurse, Therapy Director and available care staff.
The Administrator will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2024*

Implemented ([redacted] - 08/09/2024)

227g -Support Plan Signatures

6. Requirements

2600.

227g -Support Plan Signatures *(continued)*

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 did not sign the Resident Assessment and Support Plans (RASP), nor was there an indication of the residents inability or refusal to sign.

Plan of Correction ***Accept ([redacted] - 08/01/2024)***

As of 7/16/24, all current Resident Assessment Support Plans (RASP) have been audited by the LPN Nurse Supervisor and contain the required information per regulation 227g, specifically signatures by the resident and noted if they refused to sign. (See attached audit sheet)
Moving forward:
Upon completion of new resident RASPs and updated RASPs, the LPN supervisor or designee will ensure they are being signed or marked accordingly. The RASPs will be tracked via a spreadsheet.
The LPN Supervisor and Administrator will review the due dates during their weekly 1:1 meeting to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/17/2024*

Implemented ([redacted] - 08/09/2024)