

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

January 28, 2025

[REDACTED]
ALBRIGHT CARE SERVICES
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2024 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: 42 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/05/2024

Inspection Dates and Department Representative

12/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 41

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

12/05/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/05/2025

01/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/25/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/17/2025

Inspections / Reviews *(continued)*

01/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] had an unwitnessed fall on [redacted]. The resident was taken by Emergency Services to the hospital due to the amount of blood and a laceration on the nose. This incident was not reported until [redacted].

Resident [redacted] had an unwitnessed fall in the shower on [redacted] at approximately 807am. The resident was transported by Emergency Services to the hospital, where they received a diagnosis of a [redacted] and was admitted. This incident was not reported until [redacted] at [redacted] exceeding the 24 hour period.

Plan of Correction

Accept [redacted] 01/15/2025)

Following this inspection, we implemented a process for our staff to notify the PC Administrator & Director of Nursing via our "WorkRedE" app (workplace texting app) whenever one of our residents is being transported out of the facility. Often, the DON has been involved in the clinical evaluation of the resident anyway. The PC Administrator or DON then review the situation and prepare any necessary reports to the Regional Office in an effort to meet the 24-hour reporting deadline. This is to be done regardless of the time of day so that we can maximize our opportunity to hit the 24-hour goal. Recent successes that resulted from this process included reports made on 12/21 & 12/22 while the PC Administrator was on Paternity Leave & on 12/31 on New Year's Eve.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/28/2025)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted] most recent assessment portion of the Resident Assessment and Support Plan (RASP) was completed on [redacted]. The previous was completed on [redacted].

Plan of Correction

Accept [redacted] - 01/15/2025)

We are correcting this violation via a 2-step process:

- 1) Our 2nd shift LPN is actively reviewing the RASPs for all residents. This will enable her to create a log when the RASPs were last completed so we can create a calendar for 2025 of when RASPs need to be updated prior to the 1-year mark.
- 2) Using our log, we will use a feature in PCC that allows us to set a reminder that prompts us to update each resident's RASP. We will set the reminder at least 2 weeks prior to the annual renewal date to provide some leeway in completion.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented [redacted] 01/28/2025)