

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

April 2, 2025

[REDACTED], ADMINISTRATOR
RIVERCLIFF TERRACE INC
[REDACTED]

RE: RIVERCLIFF TERRACE ANNEX
322 NORTH MCKEAN STREET
KITTANNING, PA, 16201
LICENSE/COC#: 42693

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2025 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: RIVERCLIFF TERRACE ANNEX License #: 42693 License Expiration: 04/13/2025
 Address: 322 NORTH MCKEAN STREET, KITTANNING, PA 16201
 County: ARMSTRONG Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: RIVERCLIFF TERRACE INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/10/1983 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/11/2025

Inspection Dates and Department Representative

02/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 24
 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: 24
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/11/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2025

03/27/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/31/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/31/2025

Inspections / Reviews *(continued)*

04/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60b - Additional Staffing

1. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

During the fire drill on 3/20/24, at 1:35 am., 8/25/24, at 3:50 am., and 2/4/25, at 1:53 am., residents evacuated to multiple designated interior fire-safe areas/stairwell. The staff schedule indicates the home routinely schedules only one staff person on the 10:00 pm. to 6:00 am. therefore; staff is not able to check all meeting places within 30 seconds to ensure all residents' supervision needs are met.

Plan of Correction

Accept (█ - 03/27/2025)

It was determined during the review of the schedule during the inspection that an additional staff member should be scheduled during the night shift since there are two fire safe areas in the building. On 02/12/2025 the administrator, █, began advertising and collecting applications for additional staff. Also, █ created an updated master schedule on 02/18/2025 in preparation for adding additional staff. I, █, have been collecting applications and communicating with applicants over the past month. An additional employee has been added to the schedule. A combination of the addition of this employee and adjusting the schedules of current employees I am able to staff two employees on night shift. This officially starts on a permanent basis as of today 03/13/2025.

To ensure that the night shift will be staffed with two employees, all schedules from this point forward will have two staff scheduled for night shift. This will be ongoing and every week when I, █ make the schedule I will make sure I schedule 2 employees on night shift.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented (█ - 04/02/2025)

83a - Indoor Temperature

2. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

At 10:00 am., when residents were present in the home, the temperature in the sitting room/dining room used by the residents was 66.7 degrees Fahrenheit.

At 3:24 pm., when residents were present in the home, the temperature in the sitting room/dining room used by the residents was 68.3 degrees Fahrenheit.

Plan of Correction

Accept (█ - 03/27/2025)

The temperature of the building at the time of the inspection was below the required 70 degrees. The electricity went out for a few seconds at breakfast that morning, 02/11/2025, which caused the boiler to turn off. At 10:00 AM when it was noted that the temperature was 66.7 degrees I, █, immediately checked the boilers and they were off. I restarted the first one, but the 2nd one didn't restart. The entire system will run with one boiler, so the heat came back on. It takes a little longer with only one working to increase the temperature of the building. I called the

83a - Indoor Temperature (continued)

HVAC company at approximately 10:20 AM and they arrived during lunch time and corrected the issue. Something was loose which caused the 2nd boiler not to start. Both boilers were up and running when the HVAC technician left the building. I checked the temperature in the evening and it came up to 72 degrees. There was not an issue prior to that day or since that day.

From this point forward any time the electricity flickers or there is any break in service, during winter months, the boilers will be checked to make sure they didn't shut off. All staff have been informed of this. If I am not in the building when this occurs the staff person in charge at the time will make sure this happens. I created an Electrical Outage Procedure. This will ensure that the boilers are checked any time the power goes out.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented () - 04/02/2025

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 1:05 pm., the temperature in the left upper refrigerator was 50 degrees Fahrenheit and at 3:50 pm., it was 50 degrees Fahrenheit.

Plan of Correction

Accept () - 03/27/2025

The upper left refrigerator was 50 degrees during inspection day. The refrigerators are checked daily so this was an unexpected violation. On the evening of 02/11/2025 the administrator, (), found that the juice containers were lined up against the back of the refrigerator blocking air flow. After space was created by pulling the containers away from the back wall and putting space between them the temperature returned to the below 40 degree range. It read 32 degrees that evening.

A sign was placed on the refrigerator on 02/11/2025 reminding staff that space must be left behind the juice containers and space between them for proper cooling, The refrigerators are checked daily by night shift. They will verify that the refrigerator is continuing to remain at proper temperatures on a daily basis by completing the temperature chart. If temperatures are out of range the administrator, (), is to be notified. The administrator will also sign off on the chart weekly to verify that there are no issues with temperatures of refrigerators or freezers.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented () - 04/02/2025

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

There were unlabeled, undated bags of vegetables in the middle freezer and an unlabeled, undated bag of crab cakes in the right freezer in the pantry.

Plan of Correction

Accept (█ - 03/27/2025)

Items were in the freezer that were opened were not dated. These items were matched with the menu and dated on 02/11/2025 during the inspection by the administrator, █. All staff have been reminded, by █ that all food items whether they are refrigerated or frozen must be dated. This occurred within 1 week of the inspection. Each staff member was individually told of the violation and due to schedules it was 1 week until all staff was informed.

Signs were created on 02/12/2025, by █, that reminds employees it is a regulation to date opened food items. These signs are displayed in multiple areas of the kitchen and pantry. To monitor the dating of opened food items a document has been created, by █, that will be completed by █. The kitchen and pantry will be checked weekly for dates on opened items. Using the menu these items will be dated accordingly if possible. If an item is found to be undated and it is unknown when it was opened it will be thrown away. If items are not dated they will be noted on the form so the person who was working the shift when the item was used can be reminded that dating opened food items is required. This began the week of 02/17/2025.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented (█ - 04/02/2025)

130a - Smoke Detector 15 ft Bedroom

5. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The nearest operable smoke detector to resident bedroom #205 is approximately 17 feet from the bedroom door.

The nearest operable smoke detector to resident bedroom #303 is approximately 20 feet from the bedroom door.

The nearest operable smoke detector to resident bedroom #304 is approximately 35 feet from the bedroom door.

The nearest operable smoke detector to resident bedroom #311 is approximately 31 feet from the bedroom door.

Plan of Correction

Accept (█ - 03/27/2025)

Smoke detectors are present in every resident room, but smoke detectors in the hallway was not within the required 15 ft for rooms 205, 303, 304, and 311. Smoke detectors were purchased by the administrator, █, on 02/12/2025 and were delivered on 02/14/2025. They were installed on 02/19/2025 by a handman service. One additional smoke detector was installed on the 2nd floor 3.5 feet from the center of the doorway of room 205. On third floor two additional smoke detectors were installed near rooms 303, 304, and 311. The current distance of these rooms from the smoke detectors are 4 feet from room 303, 13 feet from room 304, and 10.5 feet from room 311.

130a - Smoke Detector 15 ft Bedroom (continued)

To ensure these smoke detectors are operable they will be tested monthly, by [REDACTED] when fire drills are done. The montly fire drill log contains a column for notes. It will be noted that the 3 stand alone smoke detectors were tested and are functional during each fire drill. The batteries will be changed, by [REDACTED], at the beginning of each year. This will be noted on the fire drill log at the beginning of each year. A line above the first fire drill of the year was created that verifies that the batteries have been changed and the smoke detector was tested and is functional.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 04/02/2025)

133.1 - Exit Signs

6. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There were no exit signs over the sliding glass exit doors. The home currently serves 24 residents.

Plan of Correction

Accept ([REDACTED] - 03/27/2025)

There are three sliding glass doors that are not used as exits and were not marked as exits. On 02/12/2025 signs were ordered that dispay the words "Emergency Exit Only" by [REDACTED], the administrator. These signs arrived on 02/15/2025 and were placed on the doors on 02/18/2025 by [REDACTED]. The signs have strong adheasvie on the back so will not fall off the door.

The doors will be checked monthly by the administrator, [REDACTED], to ensure the signs are still present. A checklist was created by [REDACTED] and will be completed by [REDACTED] to ensure these signs remain on the doors.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 04/02/2025)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 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], did not include dietary needs.

Plan of Correction

Accept ([REDACTED] - 03/27/2025)

On 02/11/2025 Resident #1 should have had the "none" box checked on the DME stating that the resident has no special Health or Dietary Needs. When completing this form on the computer only one box is able to be selected. The box for "This resident CAN safely use or avoid poisonous materials" was selected. In the future I, [REDACTED], will need to make sure I remember to select this box by hand after the document is printed. Resident #1 was seen by the doctor on 03/11/2025 and an updated DME was completed on 03/13/2025 from this appointment to replace the one with the error. This DME was faxed to the provider to review and edit, sign and date, then will fax the completed DME back to me.

To ensure this procedure is followed in the future a checklist has been created for completing DME documents. I, [REDACTED], will use this document to verify I have completed the document correctly before faxing it to the doctor. This document also includes items I need to check for when the provider faxes the document back to me. Before placing the DME in the binder these checks will be made to ensure the document is completed correctly.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 04/02/2025)

221c - Post Activity Calendar

8. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept ([REDACTED] - 03/27/2025)

On 02/11/2025 the activity calendar was not displayed on the bulletin board. During the inspection the administrator, [REDACTED] printed a new copy and posted it on the bulletin board. [REDACTED] pointed out to the inspector that it was on the bulletin board during the inspection. The inspector noted that the correction was made during the inspection.

To ensure that the schedule remains posted the bulletin board will be checked weekly by the administrator, [REDACTED]. This began the week of February 17th, the week following the inspection. This will continue to be checked

221c - Post Activity Calendar (continued)

weekly in the future. A checklist has been created to verify that it will be checked weekly.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 04/02/2025)