

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

May 27, 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 04/08/2025 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: 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 04/08/2025

Inspection Dates and Department Representative

04/08/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 39

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: 39
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

04/08/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/27/2025

04/29/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/23/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/06/2025

Inspections / Reviews *(continued)*

05/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/23/2025

05/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]. Between [REDACTED] and [REDACTED] the resident had [REDACTED] and [REDACTED], and a [REDACTED] that required staples. In November 2024, Area Agency on Aging assessed the resident and determined the resident was Nursing Facility Clinically Eligible. On [REDACTED], there was an agreement with the facility and the responsible party to hire a private caregiver to assist the resident in the home. On [REDACTED] the home advised the responsible party that due to their inability to secure a private caregiver for the resident, a 30-day notice would be initiated. This notice was never issued to the resident, and no private caregiver has been hired. The resident continued to have falls, and the home did not take appropriate action to ensure the resident was at the correct level of care.

Plan of Correction

Directed [REDACTED] - 05/14/2025)

[REDACTED] Submission: [REDACTED] was discharged from Riverview Manor on Wednesday, April 21st & admitted to the Oak Glen skilled nursing facility. All Riverview Manor residents have been evaluated for fall risk and have identifiable fall risk lanyards and door cards in place to alert staff. Staff have been educated on the "RiseWell" fall recognition and prevention program and we have implemented the process for all residents Ongoing monitoring of our falls program is being conducted during staff meetings.

4/28/2025 Submission: We recognize the thoroughness taken by the Department of Human Services representatives in their review of [REDACTED] case, and appreciate the time taken by supervisor [REDACTED] to discuss the matter by phone. We respectfully dispute the primary citation under "42b – Abuse" provided in the April 17, 2025 report, with the following explanations:

[REDACTED] had a series of falls in October & November 2024 that concerned our team, leading to the 11/19/2024 evaluation by the Area Agency on Aging. According to our calculations, the majority (55%) of the falls cited in the 4/17/2025 report occurred in that two- month period (Oct-Nov 2024). On 12/02/2024 Aaron Barth assumed the PC Administrator responsibilities and [REDACTED], RN began [REDACTED] clinical leadership role as the Director of Nursing for the Personal Care home. That same week on 12/05/2024, [REDACTED] performed a follow-up inspection based on the recent falls reported on [REDACTED] and another former resident. Our understanding of the conversation was that if the home and family did not implement further interventions for [REDACTED] a move to a higher level of care was recommended.

As we evaluated [REDACTED] during that period, we believed that more interventions could be implemented by our team in conjunction with [REDACTED] family to keep [REDACTED] safe within Riverview Manor. Our team took many actions to try to mitigate falls. We enrolled [REDACTED] in therapy & adjusted components of [REDACTED] room layout. We placed [REDACTED] on q2-hour checks beginning in January 2025. We proactively arranged an ophthalmology visit, which enabled [REDACTED] to get better prescription glasses. [REDACTED] also saw a neurologist twice to better manage [REDACTED] PSP. We purchased low-profile footwear to help ensure [REDACTED] feet would not stick when ambulating. Above all, we gave regular patient education on an ongoing basis with [REDACTED]. We believe that these efforts had a direct impact in reducing falls, as [REDACTED] had a significantly lower incidence of falls from December 2024 onwards.

42b Abuse (continued)

██████████ fall, which precipitated ██████████' inspection, was unfortunate for many reasons, especially because of the skin tears & need for stiches. We believe that the fact that this was the first such report of a fall with injury since November 2024 is evidence of our team's tremendous efforts to keep ██████████ in a safe and secure environment that maximized ██████ ability to thrive given ██████ limited functionality. Both the PCHA & DON made regular efforts to demonstrate personal care to ██████████ in keeping with our resident focused mission statement of "Exploring Possibilities to live your Best Life." With all this in mind, we request that the "42 b Abuse" citation be removed based on the evidence provided above.

Regardless of the outcome of this appeal, ██████████ successfully transferred to Oak Glen Healthcare and Rehabilitation Center on our campus on Wednesday, April 23, 2025.

Proposed Overall Completion Date: 05/05/2025

(Directed)

In addition to the above plan of correction, the administrator or designee will complete monthly fall risk assessments on all residents for 6 months. Any identified changes will be immediately addressed and safeguards implemented to prevent falls up to and including discharge of residents whose needs can no longer be safely met by the home. If a resident is determined to need a higher level of care, the home will provide the needed staffing and supervision to meet the resident's needs until a safe discharge can be completed. Fall assessments will be documented with the date, resident assessed, staff completing the assessment, change in fall risk if identified, and additional safeguards implemented if needed. In addition to a monthly fall risk assessment, any resident that has a fall will be evaluated for change in their fall risk assessment within 24 hours of the fall.

Directed Completion Date: 05/23/2025

Implemented ██████ - 05/27/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

On ██████████ the most recent medical evaluation for Resident ██████ was completed on ██████████.

Repeat Violation ██████████

Plan of Correction

Accept ██████ - 04/28/2025)

We successfully obtained a signed DME for ██████████ on ██████████. We performed an audit of all other resident charts on 04/19/2025. We are in compliance with all 38 out of 38 residents.

Unfortunately, we cannot build a prompt/reminder in our Point Click Care system because the DME is not a form in the system. As a result, we have set a outlook calendar reminder for the 1st of each month to look review all charts and renew DMEs up to 3 months in advance.

Licensee's Proposed Overall Completion Date: 04/23/2025

141b1 Annual Medical Evaluation (*continued*)

Implemented [REDACTED] - 05/27/2025)