

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

December 4, 2025

[REDACTED], ADMINISTRATOR
RIVERCLIFF TERRACE INC
120 ALLEGHENY AVENUE
KITTANNING, PA, 16201

RE: RIVERCLIFF TERRACE
120 ALLEGHENY AVENUE
KITTANNING, PA, 16201
LICENSE/COC#: 42661

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2025 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 License #: 42661 License Expiration: 11/16/2025
 Address: 120 ALLEGHENY AVENUE, KITTANNING, PA 16201
 County: ARMSTRONG Region: WESTERN

Administrator

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

Legal Entity

Name: RIVERCLIFF TERRACE INC
 Address: 120 ALLEGHENY AVENUE, KITTANNING, PA, 16201
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/05/1985 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/16/2025

Inspection Dates and Department Representative

10/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 34 Residents Served: 26

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: 25
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/16/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2025

11/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/28/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/28/2025

Inspections / Reviews (*continued*)

12/04/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2025

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 last 2 fire safety inspections and fire drills observed by a fire safety expert were conducted on 6/17/24 and 7/17/25.

Plan of Correction

Accept ([redacted] - 11/14/2025)

The fire safety and inspection and observed drill was scheduled to occur on June 12, 2025. The fire chief was [redacted] unavailable on the scheduled date. [redacted] came on July 17, 2025 since this was [redacted] first available date [redacted]. Through discussion with the inspector it was determined that if the fire chief is not available any member of the fire department who is trained in fire safety is able to conduct the inspection. In the future another member of the department will be scheduled to do the inspection if the chief is not available. The fire department was contacted on October 17, 2025 by administrator [redacted], to verify that the department would be able to send another fire safety expert in the chief's place any time [redacted] may not be available. [redacted] will continue to schedule yearly inspections with the fire department as [redacted] has done in the past. If there are circumstances that do not allow the chief to do the inspection [redacted] will contact the fire department and schedule another representative to do the inspection instead. This plan was discussed with and approved by co-administrator [redacted].

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 12/04/2025)

185a - Implement Storage Procedures

2. 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.

Description of Violation

On 10/16/25 at 3:29 p.m., resident #1's glucometer display indicated the date and time as 10/15/25 at 8:32 p.m. Additionally, the resident's glucometer reading on 10/10/25 during the breakfast check was 176, but the Medication Administration Record (MAR) documented the result as 179.

Plan of Correction

Accept ([redacted] - 11/14/2025)

[redacted] corrected the date and time on the glucometer immediately on the day of inspection. On October 17, 2025 a new procedure was put into place by administrator [redacted]. Dates and times on all glucometers will be checked weekly by [redacted] in [redacted] absence they will be checked by [redacted]. [redacted] will indicate that the glucometers have been checked by initialing the Weekly Glucometer Checklist which was put into place the week of October 20, 2025. In addition to this, a procedure was put into place to verify that the glucose readings have been documented correctly. Administrator [redacted] created a two check system that has been put into place. Every time a glucose reading is recorded the current number will be double checked and the previous number will be re-checked, to verify that both were recorded correctly. Any time a previous reading is not accurate it will be marked as an error, the correct number will be recorded, and administrator [redacted] will be informed to ensure proper care of diabetic residents. A reminder flyer is posted on the drawer where the glucometers are located. All staff who check blood sugars were informed of the procedure on

185a - Implement Storage Procedures (continued)

October 17, 2025 and were shown the flyer that is to remind them of the new procedure.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 12/04/2025)

185b - Medication Procedures

3. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 1. Documentation of the receipt of controlled substances and prescription medications.

Description of Violation

The home's procedures for the safe use and management of medications does not include a written policy for documenting the receipt of controlled substances.

Plan of Correction

Accept ([redacted] - 11/14/2025)

A policy for accepting controlled substances from the pharmacy was created on October 21, 2025 by [redacted]. All controlled substances will be recorded on a chart when they are brought into the building so there is a record of who has handled them. This chart includes the following: date received, medication name and dosage, number of pills received, who received the medication from the pharmacy driver, and who secured the medication in the double locked area. [redacted] will keep track of the entries on this chart. [redacted] keeps track of all pharmacy orders and will cross reference controlled substances on the MAR with orders of these medications from the pharmacy. This will verify that all controlled substances are being recorded when they are received. [redacted] will initial each entry verifying that the medication was received and is double locked. If the medication was secured by [redacted] administrator [redacted] will verify the receipt and proper storage of the controlled medication and initial the chart as a two check system. This chart is kept in the medication storage room. All employees who handle medications were informed of this procedure by [redacted] on October 21, 2025.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 12/04/2025)

221b - Activity Types

4. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The activity calendar and resident interviews indicate that only bingo, games, and movies are offered as weekly activities.

Plan of Correction

Accept ([redacted] - 11/14/2025)

Exercises and the availability of puzzles and games was added to the weekly activities schedule on October 20, 2025, by [redacted]. A new activities schedule has been created. Exercises have been included to ensure physical activity and books, magazines, puzzles and games are being offered to residents for mental stimulation. A group puzzle table is available in the living room along with games for residents and visitors. Books and magazines are also located in the living room. The schedule includes instructions for requesting particular reading material,

221b - Activity Types (continued)

games, puzzles, or activities. These requests are to be directed to administrator [REDACTED]. All employees were informed of the new activities schedule that was posted on Monday, October 20, 2025.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([REDACTED] - 12/04/2025)