

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

March 27, 2026

[REDACTED]
RIVERCLIFF TERRACE INC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2026 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: 04/13/2026
 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: 03/05/1985 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/10/2026

Inspection Dates and Department Representative

02/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 21
 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: 21
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/10/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2026

03/11/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/25/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/01/2026

Inspections / Reviews *(continued)*

03/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were multiple red/brown specks of blood on the face of Resident [REDACTED] glucometer.

Plan of Correction

Accept [REDACTED] - 03/11/2026)

All employees were informed of all possible violations in writing on 02/10/26-02/11/26 by administrator [REDACTED] [REDACTED] Employees who take blood sugars were also verbally informed to be observant of any foreign substances that are on glucometers. If there are any substances or smudges on a glucometer direct care staff will clean the meter with an alcohol wipe. To reinforce this [REDACTED] created a glucometer care policy on 02/18/26 and it is posted in the medication room. Glucometers will be checked weekly for cleanliness. A document was created on 02/18/2026 to verify that the meters are being checked weekly for cleanliness. A designated direct care staff employee will sign this document weekly.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 03/27/2026)

91 - Telephone Numbers

2. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/11/2026)

All employees were informed of all possible violations in writing on 02/10/26-02/11/26 by administrator [REDACTED] [REDACTED] This was not the responsibility of the direct care staff to post, but I inform them of all possible violations. There was a sign posted in this resident's room, but it was on a wall that was not close to [REDACTED] telephone. On 02/18/26 the sign was moved to a wall directly behind the table the telephone is located on, by administrator [REDACTED] I checked all resident rooms on 02/18/26 to verify all residents have emergency numbers posted near their phones. I added "relocating or adding signs to resident rooms upon admission" to my new resident checklist on 02/18/2026. This form is started when each resident's contract is signed and items on the checklist are marked as they are completed. This will verify that residents with telephones have a sign located near their telephone.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 03/27/2026)

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 Furniture and Equipment (continued)

Description of Violation

The lift rod handle of the sink in the second floor shower room was broken. As a result, the stopper would not close.

Plan of Correction

Accept [redacted] - 03/11/2026

All employees were informed of all possible violations in writing on 02/10/26 02/11/26 by administrator [redacted] [redacted] I immediately contacted the person who does maintenance for the building on 02/10/26 to inform them of the issue. [redacted] agreed to fix or replace the faucet so that the stopper is functional. On 02/26/26 the rod that controls the stopper was replaced by maintenance. Staff have been informed that any items in the building that need repaired need to be reported to me. I created a maintenance form on 02/18/2026 for employees to submit any time they notice something needs repaired. A list of reported items to be repaired will be created and posted so employees know if another employee already reported the issue.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [redacted] - 03/27/2026

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

There was approximately 3 inches of snow on the patio outside the emergency exit in the dining room, and there was approximately 2 inches of snow on the walkways outside the second floor exit.

Plan of Correction

Accept [redacted] - 03/11/2026

All employees were informed of all possible violations in writing on 02/10/26 02/11/26 by administrator [redacted] [redacted] Immediately after the inspectors left on 02/10/2026 I, [redacted] cleared the snow in both areas. I shoveled the area outside the sliding glass door, which had not been shoveled. The area by the back door had previously been shoveled, but it had been windy and snow drifted onto the concrete. In the future I will shovel the area outside the sliding glass door when clearing snow around the building. I clear a walking path right next to that section so will just make sure that is part of my routine in the future. To prevent the snow drifts from covering previously shoveled areas employees will check these areas throughout the day when they are outside using the dumpster. A notice was posted on 02/18/2026 to remind employees to check these areas when there is snow on the ground.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [redacted] - 03/27/2026

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] pre admission screening is undated.

224a Preadmission Screen Form (continued)

Plan of Correction

Accept [redacted] 03/11/2026)

All employees were informed of all possible violations in writing on 02/10/26 02/11/26 by administrator [redacted] [redacted] It is not the responsibility of the direct care staff to complete the pre admission screening, but I inform them of all possible violations. Immediately after the inspection on 02/10/2026 I, [redacted] dated Resident # [redacted] preadmission screening as 02/10/2026 and noted that it was completed on the same day the contract was signed, but not dated. I also checked all resident's pre admission screenings and this was the only one missing a date. To prevent this from happening in the future I added signature and date to the resident admission checklist on 02/18/2026. This is the responsibility of the administrator and I will use the checklist as a reminder to verify that the date has been recorded on the form.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [redacted] 03/27/2026)

225c - Additional Assessment

6. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] annual assessment and support plan was completed on [redacted]. However, the resident's previous assessment was completed on [redacted].

Plan of Correction

Accept [redacted] - 03/11/2026)

All employees were informed of all possible violations in writing on 02/10/26 02/11/26 by administrator [redacted] [redacted] It is not the responsibility of the direct care staff to complete the RASP, but I inform them of all possible violations. I, [redacted] reviewed all residents RASP documents and all other residents had their assessment completed within 380 days. I placed a note on Resident [redacted]'s RASP that the Assessment date was cited on 02/10/2026 for being 5 days late. From this point forward I will use the Assessment date to choose the date of the first annual RASP. I had used the date one year from the initial Support Plan, but the initial Assessment was done 20 days prior to the initial Support Plan which made it 5 days late. This will ensure that the first annual assessment will not be more than 380 days from the initial assessment. This is my responsibility and is something I will be more aware of when completing the first annual RASP. Being cited for this error will remind me to be careful since this error has been brought to my attention.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [redacted] 03/27/2026)