



November 24, 2014

Darlene Matta, Director
Riverview
1600 Black Rock Road
Royersford, PA 19468

RE: Riverview
License # 285250 - Regular

Dear Ms. Matta:

As a result of the Department of Aging's licensing inspection of the above named facility on 08/07/2014, one area of non-compliance was identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to PARKHOUSE NURSING AND REHABILITATION CENTER, LP
LEGAL ENTITY

To operate RIVERVIEW
(NAME OF CENTER)

Located at 1600 BLACK ROCK ROAD ROYERSFORD, PA 19468
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 50
(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 01, 2014 until November 30, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 285250 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: November 24, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 285250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2014
NAME OF PROVIDER OR SUPPLIER Riverview		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 BLACK ROCK ROAD ROYERSFORD, PA 19468		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments A State licensure visit was completed on 8/7/14 and it was determined that Riverview was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 620	11.33(e) Program staff orientation and training A center shall keep records of training, as set forth in this section, including content, dates, length of training, copies of certificates received, if any, and names of staff persons attending. This STANDARD is not met as evidenced by: Findings: Based on a review of staff training records it was found that the signature of the trainer was missing from the orientation and training curriculum sheet for staff #3, therefore the training record could not be verified as being completed.	1 620	Plan of Correction is required The "Staff Orientation and Training Curriculum" form has been revised to include identification of the trainer by adding space for the trainer's signature and initials (see attachment). The Riverview Director will be responsible for the implementation and compliance of this plan of correction. The Riverview Director will audit these forms for completeness to ensure the violation will not occur again.	9/9/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Ellen Wadsworth

TITLE

Assistant Administrator

(X6) DATE

9/10/14

DEPARTMENT OF AGING APPROVAL

[Signature]

ATG6899

SF9L11

Chief, Division of Licensing

DATE

11/9/14