



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to NORTHLAND HEIGHTS LLC

LEGAL ENTITY

To operate NORTHLAND HEIGHTS

NAME OF FACILITY OR AGENCY

Located at 4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Assisted Living-Special Care

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 123
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 19

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 3, 2023 until May 3, 2024 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450842**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 3, 2023

[REDACTED]
Northland Heights LLC
[REDACTED]
[REDACTED]

RE: Northland Heights
4859 McKnight Road
Pittsburgh, Pennsylvania 15237
License/COC #: 450842

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 25, 2023, August 9, 2023, and August 15, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), mistreatment or abuse of a resident being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 450841) dated July 24, 2023 – January 24, 2024, and issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from November 3, 2023 to May 3, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2800	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
15(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
15(b)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
42(b)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
51	II	40	\$5	\$200	5 calendar days from mailing date of this letter
65(g)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
231(c)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
23(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
25(b)	III	40	\$3	\$120	15 calendar days from mailing date of this letter
41(e)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
141(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
141(b)(1)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
183(d)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
184(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
187(d)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
191	II	40	\$5	\$200	5 calendar days from mailing date of this letter

231(d) II 40 \$5 \$200 5 calendar days from
mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *02/04/2024*
Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/21/2020* Issued By: *Ross Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/25/2023*

Inspection Dates and Department Representative

07/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* Residents Served: *40*

Special Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *19* Residents Served: *7*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *18* Have Physical Disability: *1*

Inspections / Reviews

07/25/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2023*

Inspections / Reviews (*continued*)

08/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2023

08/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/04/2023

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 7/11/23 at approximately 9:40 a.m., resident #1 was brought to █ newly assigned room on the second floor memory care unit. Staff persons A and B began unpacking resident #1's belongings and showing █ around her new room when staff person C started making comments to the resident that "you're not gonna be doing the stuff you did on the other floor." When staff persons A and B returned from getting a few of resident #1's toiletries from the sixth floor in order to shower the resident, they heard a commotion in resident #1's room. Resident was yelling and staff person C was heard saying, "You're not gonna talk to me like that you fuckin' b█ This ain't what you thought it was gonna be. Now you're down here on my territory." Resident #1 was asking staff person C to leave █ alone. As staff person A and B tried to calm down the resident, staff person C kept fueling the resident's agitation by saying "you're not gonna calm down ..." Staff person C refused to leave the room when staff person B suggested she step out. Staff person A took resident into the bathroom and had resident sitting on toilet. While staff person A went and got the resident's clothes out, staff person C went into the bathroom and proceeded to roughly pull the resident's top off from up █ back. Resident #1 was standing and holding onto a towel bar with the arm that was out of █ shirt and fighting not to have the second arm taken out of her shirt. Staff person C then caused resident #1 to fall between the toilet and the wall-mounted raisable grab bar. Staff person C then said, "Now you can get your fat pig a█ up off the ground. If you can █ng eat, you can get yourself up." While staff person A helped the resident up and got █ shirt back on, █ told staff person C that █ really needed to leave now. Staff person C proceeded to say "█ stinks. █ needs to be washed." Staff person A instructed staff person C that staff person A is the med tech on the floor and will decide when the resident gets a shower. All three staff persons left the room "for a breather" and staff persons A and B went back to the sixth floor to get additional belongings of resident #1 while staff person C remained on the memory care unit. When staff persons A and B returned to the memory care unit, staff person C had resident #1 in the shower. The resident was yelling at staff person C and staff person C was yelling at the resident and spraying the resident with the handheld shower stating "nobody is gonna be on my floor that stinks!"

Repeat violation 8/11/22 et al.

Plan of Correction

Directed █ 08/28/2023)

All staff, including management, will be re-educated on immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and complying with the requirements regarding restrictions on staff persons by Administrator by 8/31/23. A call was placed to the Area Agency on Aging (AAA) on 8/22/23 with a follow up call on 8/24/23. The AAA has agreed to provide training for all staff. Date is pending AAA availability.

Administrator will report all allegations of abuse immediately to AAA as well as to the Department of Human Services. If a report is filed by a mandated reporter and or the Administrator, the Administrator will review information for accuracy and will immediately suspend the accused employee pending investigation.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit any allegations of abuse to ensure any allegation of abuse is reported in accordance with Regulation 2800.15(a). 2/28/23 █

15a Resident abuse report (continued)

Directed Completion Date: 08/31/2023

Not Implemented [REDACTED] - 10/2/23)

15b Resident abuse-superv plan

2. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 7/11/23 at approximately 9:40 a.m., resident #1 was brought to [REDACTED] newly assigned room on the second floor memory care unit. Staff persons A and B began unpacking resident #1's belongings and showing [REDACTED] around [REDACTED] new room when staff person C started making comments to the resident that "you're not gonna be doing the stuff you did on the other floor." When staff persons A and B returned from getting a few of resident #1's toiletries from the sixth floor in order to shower the resident, they heard a commotion in resident #1's room. Resident was yelling and staff person C was heard saying, "You're not gonna talk to me like that you [REDACTED] in' [REDACTED]! This ain't what you thought it was gonna be. Now you're down here on my territory." Resident #1 was asking staff person C to leave [REDACTED] alone. As staff person A and B tried to calm down the resident, staff person C kept fueling the resident's agitation by saying "you're not gonna calm down ..." Staff person C refused to leave the room when staff person B suggested [REDACTED] step out. Staff person A took resident into the bathroom and had resident sitting on toilet. While staff person A went and got the resident's clothes out, staff person C went into the bathroom and proceeded to roughly pull the resident's top off from up [REDACTED] back. Resident #1 was standing and holding onto a towel bar with the arm that was out of [REDACTED] shirt and fighting not to have the second arm taken out of [REDACTED] shirt. Staff person C then caused resident #1 to fall between the toilet and the wall-mounted raisable grab bar. Staff person C then said, "Now you can get your fat pig [REDACTED]s up off the ground. If you can fuc [REDACTED] eat, you can get yourself up." While staff person A helped the resident up and got [REDACTED] shirt back on, [REDACTED] told staff person C that [REDACTED] really needed to leave now. Staff person C proceeded to say [REDACTED] stinks. [REDACTED] needs to be washed." Staff person A instructed staff person C that staff person A is the med tech on the floor and will decide when the resident gets a shower. All three staff persons left the room "for a breather" and staff persons A and B went back to the sixth floor to get additional belongings of resident #1 while staff person C remained on the memory care unit. When staff persons A and B returned to the memory care unit, staff person C had resident #1 in the shower. The resident was yelling at staff person C and staff person C was yelling at the resident and spraying the resident with the handheld shower stating "nobody is gonna be on my floor that stinks!"

Repeat violation 8/11/22 et al.

Plan of Correction

Directed [REDACTED] - 08/28/2023)

The abuse was reported to Administrator and Business Office Manager on 7/11/23 at ~ 3:15pm by Staff members A and B. Staff member C had already left the residence. Staff member C was called and immediately suspended by Administrator pending investigation and told not to report to work until contacted by management. Staff member C reported to work without waiting to hear from Administrator. Staff member C was terminated by BOM and Maintenance Director on 7/12/23 at 8:45am and escorted off of the premises.

If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Administrator will report all allegations of abuse immediately to APS as well as to the Department of Human Services. If a report is filed by a mandated reporter and or the Administrator, the Administrator will review information for accuracy and will immediately suspend the accused employee pending investigation.

15b Resident abuse-superv plan (continued)

All staff, including management, will be re-educated on resident abuse reporting by Administrator by 8/31/23. Administrator will privately interview 2 residents once a week for 3 months and 2 residents a month for 6 months thereafter to ensure the resident is not being neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way beginning 9/1/23.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit any allegations of abuse to ensure any staff person is immediately suspended or placed on a plan of supervision pre-approved by the Department and the Area Agency on Aging in accordance with Regulation 2800.15(b). 8/28/23 [REDACTED]

Directed Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

42b Abuse/Neglect**3. Requirements**

2800.

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

On 7/11/23 at approximately 9:40 a.m., resident #1 was brought to [REDACTED] newly assigned room on the second floor memory care unit. Staff persons A and B began unpacking resident #1's belongings and showing [REDACTED] around [REDACTED] new room when staff person C started making comments to the resident that "you're not gonna be doing the stuff you did on the other floor." When staff persons A and B returned from getting a few of resident #1's toiletries from the sixth floor in order to shower the resident, they heard a commotion in resident #1's room. Resident was yelling and staff person C was heard saying, "You're not gonna talk to me like that you [REDACTED] in' [REDACTED] tch! This ain't what you thought it was gonna be. Now you're down here on my territory." Resident #1 was asking staff person C to leave [REDACTED] alone. As staff person A and B tried to calm down the resident, staff person C kept fueling the resident's agitation by saying "you're not gonna calm down ..." Staff person C refused to leave the room when staff person B suggested [REDACTED] step out. Staff person A took resident into the bathroom and had resident sitting on toilet. While staff person A went and got the resident's clothes out, staff person C went into the bathroom and proceeded to roughly pull the resident's top off from up [REDACTED] back. Resident #1 was standing and holding onto a towel bar with the arm that was out of [REDACTED] shirt and fighting not to have the second arm taken out of her shirt. Staff person C then caused resident #1 to fall between the toilet and the wall-mounted raisable grab bar. Staff person C then said, "Now you can get your fat pig [REDACTED]s up off the ground. If you can [REDACTED]ng eat, you can get yourself up." While staff person A helped the resident up and got [REDACTED] shirt back on, [REDACTED] told staff person C that [REDACTED] really needed to leave now. Staff person C proceeded to say "[REDACTED] stinks. [REDACTED] needs to be washed." Staff person A instructed staff person C that staff person A is the med tech on the floor and will decide when the resident gets a shower. All three staff persons left the room "for a breather" and staff persons A and B went back to the sixth floor to get additional belongings of resident #1 while staff person C remained on the memory care unit. When staff persons A and B returned to the memory care unit, staff person C had resident #1 in the shower. The resident was yelling at staff person C and staff person C was yelling at the resident and spraying the resident with the handheld shower stating "nobody is gonna be on my floor that stinks!"

Repeat violation 5/10/23 et al.

Plan of Correction

Directed ([REDACTED] 08/28/2023)

Administrator will report all allegations of abuse immediately to APS as well as to the Department of Human Services. If a report is filed by a mandated reporter and or the Administrator, the Administrator will review

42b Abuse/Neglect (continued)

information for accuracy and will immediately suspend the accused employee pending investigation.

All staff, including management, will be re-educated on resident abuse reporting by Administrator by 8/30/23. A call was placed to the Area Agency on Aging (AAA) on 8/22/23 with a follow up call on 8/24/23. The AAA has agreed to provide training for all staff. Date is pending AAA availability.

Administrator will privately interview 2 residents once a week for 3 months and 2 residents a month for 6 months thereafter to ensure the resident is not being neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way beginning 9/1/23.

DIRECTED

The administrator terminated direct staff person C on 7/12/23. 8/28/23

Directed Completion Date: 09/01/2023

Not Implemented - 10/2/23)

51 Criminal background checks**4. Requirements**

2800.

51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person C was hired on /23. However, the home did not complete a criminal history background check for staff person C that included a Pennsylvania State Police Criminal Background Check ("PSP check") in accordance with 6 Pa.Code Chapter 15.

Repeat violation 4/4/23 et al.

Plan of Correction

Accept - 08/28/2023)

Staff member C was terminated by BOM and Maintenance Director on /23 at 8:45am and escorted off of the premises.

All Direct Care staff were placed through the Pennsylvania State Police Criminal Background Check by the Administrator as 8/3/23. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). A new hire checklist has been created to include the PSP background check. Results will be obtained prior to the first day of work for all direct care staff.

Business Office Manager or Administrator will audit all new staff records within 30 days of their employment beginning 8/25/23.

Licensee's Proposed Overall Completion Date: 08/25/2023

Not Implemented - 10/2/23)

65g Initial direct care training**5. Requirements**

2800.

- 65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

65g Initial direct care training (continued)

Description of Violation

Direct care staff person C, hired [REDACTED] 23, did not complete 18 hours of training prior to providing unsupervised assisted living services. Direct care staff person C has worked unsupervised in the residence on numerous occasions to include 7/11/23 from approximately 9:30 a.m. until 1:00 p.m. and 7/12/23 from 7:00 a.m. until approximately 9:00 a.m.

Repeat violation 4/4/23 et al.

Plan of Correction

Accept ([REDACTED] - 08/28/2023)

Staff member C was terminated on [REDACTED] 23. All current direct care staff completed the 18 hours of training by 8/4/23 to include all topics specified in 2800.65g

Direct care staff persons will not provide unsupervised assisted living services until completion of 18 hours of training specified in 2800.65g.

A new hire checklist has been implemented effective 7/31/23 to ensure all newly hired direct care staff persons complete all training requirements specified in 2800.65g. Relias learning was implemented for all staff starting 8/1/23. All staff persons involved in the hiring process were re-educated by the Administrator on 7/31/23 on the new hire checklist. The Director of Nursing will ensure that new direct care staff do not provide unsupervised assisted living services prior to the completion of the 18 hours of specified training beginning 8/1/23.

Licensee's Proposed Overall Completion Date: 08/25/2023

Not Implemented [REDACTED] - 10/2/23)

142a Supplement health services

6. Requirements

2800.

142.a. Each residence shall demonstrate the ability to provide or arrange for the provision of supplemental health care services in a manner protective of the health, safety and well-being of its residents utilizing employees, independent contractors or contractual arrangements with other health care facilities or practitioners licensed, registered or certified to the extent required by law to provide the service.

Description of Violation

On 6/24/23 during morning medication pass, staff person A noticed that resident #2 was having increased coughing, gasping while coughing and trouble taking [REDACTED] medications which [REDACTED] did one by one. Staff person A had a call put out to the resident's [REDACTED] and when [REDACTED] called back, staff person A updated [REDACTED] regarding resident #2's condition. Resident's [REDACTED] replied that [REDACTED] would be visiting around 4:00 p.m. and would decide then what to do. Emergency medical services were not called until 3:50 p.m. after the LPN on the 3:00 p.m.- 11:00 p.m. shift checked on resident and was concerned about [REDACTED] well-being based on her appearance being "ghostly white." EMS arrived on-sight at approximately 4:04 p.m. According to the EMS trip report, the resident had a fever of 102.7 degrees Fahrenheit, and the "nursing staff was not aware of [REDACTED] fever and had not provided relief."

Plan of Correction

Accept [REDACTED] 08/28/2023)

Resident #2 no longer resides at the residence as of [REDACTED] 23. The Director of Nursing will re-educate the staff on providing or arranging for the provision of supplemental health care services in a manner protective of the health, safety and well-being of the residents utilizing employees, independent contractors or contractual arrangements with other health care facilities or practitioners licensed, registered or certified to the extent required by law to provide the service. This education includes notifying the provider and Director of Nursing with a change in condition. Education will be completed by 8/31/23.

Director of Nursing will monitor for appropriate arrangement of supplemental health care services by reviewing 24

142a Supplement health services (continued)*hour reports beginning 8/25/23.***Licensee's Proposed Overall Completion Date: 08/31/2023****Implemented (█ 10/02/2023)****231c1 Preadmit screening****7. Requirements**

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #1 was admitted to the residence's special care unit on █/23. However, the resident's preadmission screening was completed on 6/29/23.

Repeat violation 4/4/23 et al. 1/6/23

Plan of Correction**Accept (█ 08/28/2023)**

All persons responsible for preadmission screening were re-educated by the Director of Quality Assurance on the completion of the written cognitive screening that must be done 72 hours prior to admission on a special care unit. This education was completed on 7/26/23. This education included that a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all pre-admission paperwork is in accordance with 2800.231c. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Administrator will monitor all new admissions in collaboration with a medical provider or geriatric assessment team to ensure preadmission screening form shall be completed for each resident within 72 hours prior to transfer to or admission to a special care unit beginning on 8/25/23.

Licensee's Proposed Overall Completion Date: 08/25/2023**Not Implemented (█ - 10/2/23)****234a Admission – support plan****8. Requirements**

2800.

234.a. Support or rehabilitation plan

- 1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1's support plan was developed and signed on 7/1/23. However, the resident was not admitted to the residence's special care unit until █23.

Plan of Correction**Directed (█ 08/28/2023)**

The Director of Nursing will ensure that all support or rehabilitation plans will be completed within 72 hours of the admission or within 72 hours prior to the resident's admission to a special care unit. A support plan shall be

234a Admission – support plan (continued)

developed, implemented, and documented in the resident records.

Administrator created a new resident admission checklist on 8/10/23. Administrator will monitor all new admissions to ensure support plan shall be completed for each resident within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record starting on 8/25/23.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review resident #1's support plan for accuracy and completeness. 8/28/23

Directed Completion Date: 08/29/2023

Not Implemented - 10/2/23)

234b Support plan - elements**9. Requirements**

2800.

234.b. Plan requirements.

1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 was admitted to the residence's special care unit on /23. However, the following diagnoses and plan to meet the needs that were indicated on the resident's ADME completed 6/29/23, were not included on the resident's support plan signed 7/1/23: anemia, hypertension, hyperlipidemia, Type II diabetes mellites, and major depressive disorder.

Plan of Correction

Accept 08/28/2023)

Director of Nursing updated resident #1 support plan to include all diagnoses listed on the ADME on 7/26/23.

Audits for compliance to ensure the support plan and if applicable, the rehabilitation plan, identifies the resident's physical, medical, social, cognitive and safety needs. will be conducted by the Director of Nursing quarterly or with a significant change in resident condition beginning 8/25/23.

Licensee's Proposed Overall Completion Date: 08/25/2023

Not Implemented - 10/2/23)

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

Facility Information

Name: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *01/24/2024*
Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/21/2020* Issued By: *Ross Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *59* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Fine* Exit Conference Date: *08/15/2023*

Inspection Dates and Department Representative

08/09/2023 - On-Site: [REDACTED]

08/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* Residents Served: *40*

Special Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *19* Residents Served: *7*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *19* Have Physical Disability: *2*

Inspections / Reviews

08/09/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2023*

09/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2023

09/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/21/2023

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED]/23, indicates the resident requires extensive supervision inside and outside of the residence, and [REDACTED] most recent support plan, dated 7/1/23, indicates the resident was moved to the secure care unit (SCU) and that direct care staff will provide supervision when inside the residence. However, on 7/26/23, at approximately 6:30 p.m., resident #1 entered the elevator located next to the SCU nurse's station, where staff person A was sitting. The resident was able to go to the main floor of the residence and exit the home from the main entrance. The resident entered a restaurant 0.3 miles away, where the police were called. When the residence received a phone call at approximately 7:30 p.m., staff were unaware that the resident had been missing and the resident was returned approximately 10 minutes later by ambulance. The staff and the resident's wanderguard did not prevent the resident from exiting the home alone.

REPEAT VIOLATION: 5/10/2023 et al.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

On 7/26/23 at approximately 6:30pm Resident #1's wander guard device malfunctioned allowing [REDACTED] to leave the residence. Upon residents return to the facility at approximately 7:40 pm, a new wander guard device was placed on the resident and checked to ensure that it was working. Resident #1 was placed on a one-hour schedule to be checked by staff on the unit. Staff member A was given a verbal warning on 7/27/23 with possible further review of incident by administrator. Upon the administrators review of the incident on 8/2/23 staff member A was given a final written warning. Staff member A was terminated on [REDACTED]/23 for failure to follow the residence policies and procedures. Resident's #1 support plan was updated by the DON on 8/15 to include 1-hour checks by care staff. All staff, including management, will be re-educated on providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan by Administrator by 9/8/23. Administrator will privately interview 2 residents once a week for 3 months and 2 residents a month thereafter for 6 months to ensure the residence is providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

25a Resident - residence contract

2. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #2 was admitted to the residence on [REDACTED] 23; however, a resident-residence contract was not completed until 7/19/23.

Plan of Correction

Accept [REDACTED] 09/05/2023)

25.a All persons responsible for completing resident contracts and reviewing and explaining its contents to the

25a Resident - residence contract (continued)

resident and the resident's designated person if any, prior to signature were re-educated by the Area Operations Director on 8/28/23.

Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all contracts were in accordance with 2800.25a. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Administrator will monitor all new admissions prior to admission move in date, or within 24 hours after admission, to ensure a written contract between the resident and the residence is in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/05/2023

Not Implemented [REDACTED] - 10/2/23)

25b Contract signatures and renewal**3. Requirements**

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #2's resident-residence contract, dated 7/19/23, is not signed by the resident.

REPEAT VIOLATION: 4/4/2023 et al.

Plan of Correction

Accept [REDACTED] 09/14/2023)

25b All persons responsible for completing resident contracts to ensure the contract is signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days' notice or by the residence with 30 days' notice in accordance with § 2800.228 (relating to transfer and discharge) were re-educated by the Area Operations Director on 8/28/23.

Resident #2's contract was signed by the resident on 8/17/2023 in the presence of the BOM.

Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all contracts were in accordance with 2800.25b. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Administrator will monitor all new admissions prior to admission, or within 24 hours after admission, to ensure a written contract between the resident and the residence is in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/12/2023

Not Implemented [REDACTED] - 10/2/23)

25c2 Fee schedule**4. Requirements**

2800.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

25c2 Fee schedule (continued)

Description of Violation

Resident #2's resident-residence contract, dated 7/19/23, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are include in the resident's core service package.

Plan of Correction

Accept (████) 09/05/2023)

25c All persons responsible for completing resident contracts to ensure that at a minimum, the contract must specify the following: 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services were reeducated by the Area Operations Director on 8/28/23. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Resident #2's contract has been updated on 8/9/23 by the Business Office Manager to include the fee schedule that lists the actual amount of charges per month.

New Sales Director and Business Office Manager will monitor all new admission contracts to ensure that at a minimum, the contract specifies the following: 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/05/2023

Not Implemented (████) - 10/2/23)

41e Signed statement

5. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The following resident records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures:

- *resident #2*
- *resident #3*
- *resident #4*
- *resident #5*
- *resident #6*

REPEAT VIOLATION: 4/4/2023 et al.

Plan of Correction

Accept (████) 09/05/2023)

41.e. All persons responsible for ensuring a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record. were re-educated by the Area Operations Director on 8/28/23. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Residents #2,3,4,5,6 were completed on 8/9/23 to include records containing a statement signed by the resident acknowledging receipt of resident rights and complaint procedures.

Business Office Manager or Administrator will audit all new resident charts prior to admission or the day of admission to ensure a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, is kept in the resident's record.

41e Signed statement (continued)

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

141a Medical evaluation

6. Requirements

2800.

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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED]/23, does not include an immunization history or an indication resident #2 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section, immunization section, and the allergies section indicate- see attached; however, nothing is attached.

Resident #3's medical evaluation, dated 5/30/23, does not indicate an immunization history or an indication resident #3 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the addendum; however, this section is blank and there was nothing attached.

Resident #7's medical evaluation, dated 5/24/23, does not indicate an immunization history or an indication resident #7 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the attached addendum; however, this section is blank and there was nothing attached.

Resident #8's medical evaluation, dated 7/27/23, does not indicate an immunization history or an indication resident #8 has had a tuberculin skin test administered with negative results within 2 years. This area of the form indicates-unknown.

REPEAT VIOLATION: 5/10/2023 et al.; 4/4/2023 et al.

Plan of Correction

Accept ([REDACTED]) 09/05/2023)

All current resident charts were reviewed by the Director of Nursing and Area Operations Director on 8/15/23. Resident #2's medical evaluation, dated 7/12/23 will be corrected by 9/8/23 by the Director of Nursing, to include an immunization history or an indication resident #2 has had a tuberculin skin test administered with negative results within 2 years. To include a proper medications section, immunization section, and the allergies section.

141a Medical evaluation (continued)

Resident #3's medical evaluation, dated 5/30/23, does not indicate an immunization history or an indication resident #3 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the addendum; however, this section is blank and there was nothing attached. Resident #3's medical evaluation will be corrected by 9/8/23 by the Director of Nursing,

Resident #7's medical evaluation, dated 5/24/23, does not indicate an immunization history or an indication resident #7 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the attached addendum; however, this section is blank and there was nothing attached.

Resident #7's medical evaluation will be corrected by 9/8/23 by the Director of Nursing,

Resident #8's medical evaluation, dated 7/27/23, does not indicate an immunization history or an indication resident #8 has had a tuberculin skin test administered with negative results within 2 years. This area of the form indicates unknown. Resident #8's medical evaluation will be corrected by 9/8/23 by the Director of Nursing.

Director of Nursing will do monthly medical evaluation audits for the next 6 months to ensure compliances starting on 9/8/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

141b1 Annual medical evaluation**7. Requirements**

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 6/29/23; however, his previous medical evaluation is undated; therefore, it is unable to be determined if it was completed annually.

Resident #4's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 3/14/22, and the resident's most recent medical evaluation does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank.

Resident #5's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 12/28/21, and the resident's most recent medical evaluation does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank.

Resident #6's most recent medical evaluation, dated 6/29/23, does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank.

REPEAT VIOLATION: 5/10/2023 et al.; 4/4/2023 et al.

Plan of Correction

Accept [REDACTED] 09/05/2023)

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

Resident #1's most recent medical evaluation was completed on 6/29/23; however, his previous medical evaluation is undated; therefore, it is unable to be determined if it was completed annually. Resident #1's medical evaluation now includes the date the evaluation was completed. This was corrected by 8/15/23 by the Director of Nursing

Resident #4's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 3/14/22, and the resident's most recent medical evaluation does not include an

141b1 Annual medical evaluation (continued)

indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank. Resident #4's medical evaluation now includes the tuberculin skin test. This was corrected by 8/15/23 by the Director of Nursing.

Resident #5's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 12/28/21, and the resident's most recent medical evaluation does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank. Resident #5's medical evaluation now includes a tuberculin skin test. This was completed by 8/15/23 by the Director of Nursing.

Resident #6's most recent medical evaluation, dated 6/29/23, does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank. Resident #6's medical evaluation now includes a tuberculin skin test. This was completed by 8/15/23 by the Director of Nursing.

Director of Nursing will do monthly medical evaluation audits for the next 6 months to ensure compliances starting on 9/8/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

183d Current medications**8. Requirements**

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 8/9/23, at 1:28 p.m., resident #2's albuterol neb 0.083% was in the 6th floor medication cart; however, the medication was discontinued on 8/2/23.

On 8/9/23 at 1:42 p.m., resident #4's Phenaseptic liquid 1.4% was in the 6th floor medication cart; however, the medication was discontinued on 8/2/23.

REPEAT VIOLATION: 4/4/2023 et al.; 11/1/2022

Plan of Correction

Accept ([REDACTED]) 09/05/2023)

Resident #2 albuterol neb that was discontinued was destroyed by DON on 8/21/2023.

Resident #4 phenaseptic liquid that was discontinued was destroyed by DON on 8/21/2023.

Education to be completed by DON to all staff that are responsible for medications before 9/8/2023 under regulation 2800.183.d. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts, among other aspects of a cart audit. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

184a Resident meds labeled**9. Requirements**

2800.

184a Resident meds labeled (continued)

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

Resident #3 is ordered Humalog Kwikpen insulin-Inject 5 units before meals, plus sliding scale of 1 unit for every 40 points above 150; however, the pharmacy label indicates-inject 5 units subq 3 times daily before meals + sliding scale if not eating a meal, don't give.

Resident #4 is ordered oxycodone 5mg-Take 1 tablet by mouth 4 times daily; however, two medication cards are present, and the pharmacy label on one medication card indicates-Take 1 tablet by mouth 3 times daily.

REPEAT VIOLATION: 4/4/2023 et al.

Plan of Correction

Accept (█ - 09/05/2023)

Resident #3 insulin orders were clarified by MD on 8/21/2023 and change of direction stickers were applied by DON at that time.

Resident #4 oxycodone cards that were mislabeled were given a direction change sticker on 8/21/2023 by DON. Education to be completed by DON to all staff that are responsible for medications by 9/8/23 for regulation 2800.184.a. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts, among other aspects of a cart audit. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented (█ - 10/2/23)

187a Medication record**10. Requirements**

- 2800.
- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
9. Administration times.

Description of Violation

Resident #7 is prescribed simvastatin 40mg-Take one tablet by mouth once daily in the morning; however, the resident's August 2023 medication administration record (MAR) indicates the medication is administered at 8:00 p.m.

Plan of Correction

Accept (█ - 09/05/2023)

Resident #7 simvastatin administration time was changed on the eMAR to reflect the correct time that was prescribed by the provider by the DON on 8/21/2023 to coincide with the original order time. The provider was made aware of this error and correction on 8/22/2023 by DON. No new orders from the provider and agreed with the time change.

Education to be completed by DON to all staff that are responsible for medications by 9/8/23 for regulation 2800.187.a. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be

187a Medication record (continued)

audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

187d Follow prescriber's orders**11. Requirements**

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is ordered Humalog Kwikpen insulin-Inject 5 units before meals, plus sliding scale of 1 unit for every 40 points above 150; however, from 8/3/23 at 7:00 a.m. through 8/9/23 at 11:00 a.m., the resident was administered Humalog as follows- inject 5 units subq 3 times daily before meals + sliding scale as follows: 70-150=0 units; 151-190=1 unit; 191-230=2 units; 231-270=3 units; 271-310=4 units; 311-350=5 units; 351-390=6 units; >390= call md. If not eating a meal, don't give,

Resident #4 is prescribed mucus relief 600mg-Take 1 tablet every 12 hours; however, the medication being administered is a 1200mg tablet.

Resident #7 is prescribed simvastatin 40mg-Take one tablet by mouth once daily in the morning; however, the resident's July 2023 and August 2023 medication administration records indicate the medication was administered at 8:00 p.m. from 7/1/23 through 8/8/23.

Resident #7 is prescribed hydromorphone 2mg-Take 1 tablet by mouth 3 times daily; however, the medication was not administered on 7/31/23 at 6:00 a.m., 2:00 p.m., 10:00 p.m. and on 8/1/23 at 6:00 a.m. and 2:00 p.m. because it was not available in the home.

REPEAT VIOLATION: 5/10/2023 et al.; 4/4/2023 et al.; 11/1/2022

Plan of Correction

Accept [REDACTED] 09/05/2023)

[REDACTED] CRNP made aware of error with resident #3 insulin and SSI on 8/22/2023 by DON. CRNP was to see resident #3 to reach out to endocrinologist. Reportable incident was sent to State Health Department 8/22/2023 by DON. Family and resident #3 made aware on the same day.

[REDACTED] CRNP made aware of incident with resident #4 mucus relief on 8/10/2023 by the DON and new orders were given to make order proper dose based on previous orders. Reportable incident was sent to PA Health department on 8/22/2023 by DON. Family and resident #4 aware of incident.

[REDACTED] CRPN made aware on 7/31/2023 the need for new script for hydromorphone by med tech on duty. Script sent over late to pharmacy for refill medication arrived at facility for medication administration on 8/1/2023 for 10pm dose. Report sent to PA health department on 8/22/2023 by DON and family and resident aware of incident.

Resident #7 simvastatin administration time was changed on the eMAR to reflect the correct time that was prescribed by the provider by the DON on 8/21/2023 to coincide with the original order time. The provider was made aware of this error and correction on 8/22/2023 by DON. No new orders from the provider and agreed with the time change. Report sent to PA health department on 8/22/2023 by DON and family and resident aware of incident.

187d Follow prescriber's orders (continued)

Education to be completed by DON to all staff that are responsible for medications before 9/8/23 for regulation 2800.187.a. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts, among other aspects of a cart audit. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

191 Resident right to refuse**12. Requirements**

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error:

- resident #2, admitted [REDACTED] /23
- resident #3, admitted [REDACTED] 23
- resident #4, admitted [REDACTED] /22
- resident #5, admitted [REDACTED] /21
- resident #6, admitted [REDACTED] /22

REPEAT VIOLATION: 4/4/2023 et al.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Resident #'s 2,3,4,5, and 6 were educated on their right to refuse medication on 8/16/23 by DON. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Beginning 9/1/23 The home will educate all new residents of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept. Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all contracts were in accordance with 2800.191.

Beginning on 9/1/23, the Business Office Manager or Administrator will review all new resident charts upon admission to ensure that the resident has been educated on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of education will be kept in accordance with 2800.65L

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

231c1 Preadmit screening**13. Requirements**

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

231c1 Preadmit screening (*continued*)

- ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and the resident's family to coordinate the resident's care.

Description of Violation

Resident #1 was admitted to the SCU on [REDACTED]/23; however, [REDACTED] written cognitive preadmission screening was completed on 6/29/23 and was not completed in collaboration with a physician or a geriatric assessment team.

Resident #3 was admitted to the SCU on [REDACTED]/23; however, [REDACTED] written cognitive preadmission screening is undated, therefore it is unable to be determined if it was completed within 72 hours prior to admission to the SCU. Also, the written cognitive preadmission screening was not completed in collaboration with a physician or a geriatric assessment team.

Resident #9 was admitted to the SCU on [REDACTED]/23; however, [REDACTED] written cognitive preadmission screening was completed on 6/29/23 and was not completed in collaboration with a physician or a geriatric assessment team.

REPEAT VIOLATION: 4/4/2023 et al.; 1/6/2023

Plan of Correction

Directed ([REDACTED] 09/14/2023)

Resident's #1,3 and 9's written cognitive preadmission screening were completed by [REDACTED] CRNP on 8/16/23 in conjunction with the DON and the Administrator. The responsible parties for all 3 residents were contacted on 8/16/23 as well.

All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. All staff persons involved in the admission process were educated on the new admission checklist, as well as regulation 2800.231c(1) to ensure a written cognitive preadmission screening is completed within 72 hours prior to admission for all new residents admitted to the residence's SCU on 8/28/23 by AOD. Documentation of the education shall be kept in accordance with 2800.65L.

DIRECTED

Within 1 calendar day of the accepted plan of correction: The administrator shall ensure all resident cognitive preadmission screenings are completed in accordance with Regulation 2800.231(c)(1). 9/14/23 [REDACTED]

Within 1 calendar day of the accepted plan of correction: The administrator shall audit all ne resident admissions to ensure compliance with Regulation 2800.231(c)(1). 9/14/23 [REDACTED]

Directed Completion Date: 09/12/2023

Not Implemented [REDACTED] - 10/2/23)

231d No objection statement

14. Requirements

2800.

- 231.d. Resident admission to special care unit. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Description of Violation

Resident #3 was admitted to the SCU on [REDACTED]/23. However, the resident's record does not include documentation that the resident and the resident's designated person or the resident's family have agreed to the resident's admission to the special care unit.

231d No objection statement (continued)

REPEAT VIOLATION: 4/4/2023 et al.; 1/6/2023

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Resident #3's record was updated on 8/17/23 to include the documentation that the resident and the resident's designated person or the resident's family has agreed to the resident's admission to the special care unit.

As a result of this POC the Administrator created and implemented a new resident admission packet and checklist on 8/10/23. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23.

All staff persons involved in the admission process were educated on the new checklist and packet by AOD on 8/28/23. Documentation of education will be kept in accordance with 2800.65L.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

251c Standardized forms

15. Requirements

2800.

251.c. The residence shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED]/23, is not completed on the Department's current standardized form required under Chapter 2800.

Resident #3's medical evaluation, dated [REDACTED]/23, is not completed on the Department's current standardized form required under Chapter 2800.

Resident #7's medical evaluation, dated [REDACTED]/23, is not completed on the Department's current standardized form required under Chapter 2800.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Resident #'s 2,3, and 7's medical evaluation were completed on the Department's current standardized form required under Chapter 2800 on 8/25/23 by [REDACTED] CRNP. Administrator created and implemented a new resident admission checklist on 8/10/23 to include the residence shall use standardized forms to record information in the resident's record.

All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. All staff persons involved in the admission process were educated on the new admission checklist, as well as regulation 2800.251c by AOD on 8/28/23.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)