

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTHVIEW ESTATES LIMITED PARTNERSHIP  
LEGAL ENTITY

To operate NORTHVIEW ESTATES  
NAME OF FACILITY OR AGENCY

Located at 945 BORDER AVENUE, ELLWOOD CITY, PA 16117  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 75  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 10

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

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 24, 2012 until December 24, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 404990

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 06 2012

Mr. Thomas J. George, VP of Assisted Living  
Northview Estates Limited Partnership  
106 East North Street  
New Castle, Pennsylvania 16101

RE: Northview Estates  
945 Border Avenue  
Ellwood City, Pennsylvania 16117

Dear Mr. George:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 11, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


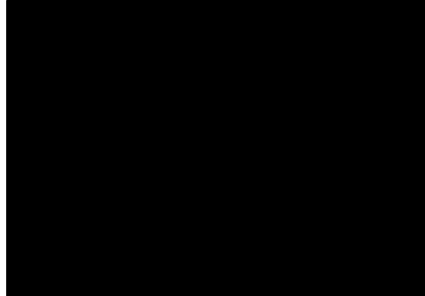
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT RECEIVED**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2608**

<b>PCH Name:</b> NORTHVIEW ESTATES		<b>License Number:</b> 404990
<b>Address:</b> 945 BORDER AVENUE, ELLWOOD CITY, PA 16117		<b>County:</b> Lawrence
<b>Administrator:</b> Billie Jo Mentzer		<b>Region:</b> WEST
<b>Legal Entity Name:</b> NORTHVIEW ESTATES LIMITED PARTNERSHIP		Western Field Office Adult Residential Licensing
<b>Legal Entity Address:</b> 106 EAST NORTH STREET, NEW CASTLE, PA 16101		
<b>Certificate(s) of Occupancy</b> C-2 LP 02/08/2002 L&I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 69	<b>Waking Staff:</b> 52
<b>Type of Inspection:</b> Ind - Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/11/2012: Williams, Jason; Flinner-Alman, Lisa		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b> 132b, 101j-7		<b>Random Indicators:</b> 25g, 125a, 171c, 183c, 227e
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 75 <b>Number of Residents Served:</b> 47 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> First floor locked unit to left of mailboxes <b>Secured Dementia Unit Capacity, if Applicable:</b> 10 		<b>Number of Residents who:</b> 

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 10/11/12, the home's most recent violation report, dated 12/22/11, was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. The most recent copy of the violations report was posted on 10/11/12.
2. The facility's policy on Posting Requirements has been updated and reviewed with the administrator and staff responsible for completing.
3. To ensure all required postings are properly posted the activities coordinator will complete a posting report monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J. George

Date 10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11-6-12  
(Date)

Plan of correction implementation status as of

11-6-12  
(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

26 2012

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Western Field Office  
Adult Residential Licensing

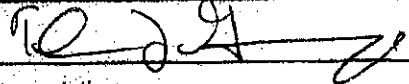
**2a. DESCRIPTION OF VIOLATION**  
Pursuant to Act 56 of 2007 and 62 P.S. 1057.3(l), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization or program is an assisted living residence licensed in accordance with 55 Pa.Code chapter 2800 (relating to assisted living residences). Northview Estates includes the words "Assisted Living" on the sign in front of their building. They also have the words "Licensed Assisted Living" on the side of their mini-bus. In addition, the home's web site advertises the home as providing "assisted living services". The home is licensed as a Personal Care Home and not an Assisted Living Facility.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1. The wording "Assisted Living" was removed from the facility sign as well as the vehicle.
2. A change request to remove all assisted living verbiage from the facility web site has been submitted. Changes will be made by 11/2/12.
3. The facility will not utilize the words Assisted Living in the future in advertising or signage.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J George

Date 10-25-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-6-12  
(Date)

Plan of correction implementation status as of 11-6-12  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

26

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The right armrest on Resident #1's wheelchair is cracked approximately 2 inches with white fabric exposed underneath which poses a skin tear/breakdown hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Resident 1's wheelchair was replaced with a new wheelchair.
2. The facility has created a policy and procedures to ensure all assistive devices are checked on monthly or as needed basis.
3. The Administrator will verify monthly that all wheelchairs, walkers, prosthetic devices and other apparatus are check monthly to be clean, in good repair and free of hazards.
4. All staff will be trained on the policy. By 11/1/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J. George

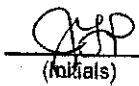
Date 10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-16-12  
(Date)

Plan of correction implementation status as of 11-16-12  
(Date)

The above plan of correction was approved by

  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

2012

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Resistant Penetration of insects and rodents.

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

Both lids of the home's dumpster were open throughout the entire inspection. An employee was observed depositing bags of garbage into it at approximately 1:30 PM. The dumpster is almost full to the top with garbage bags and cardboard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. The dumpster lids were closed on 10/11/12.
- 2. The dumpster lids will be checked daily to ensure they are closed, and documentation will be kept by the administrator. By 10/24/12.
- 3. The facility will develop policies and procedures on utilization of the dumpster. All staff will be trained on proper procedures. By 11/1/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J George

Date 10-25-12

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11-6-12  
(Date)

Plan of correction implementation status as of

11-6-12  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no source of operable bedside lighting for the bed to the right in room 107, the bed in room 321, the bed in room 301, or the bed in room 406.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. Lights in rooms 107, 321, 301 and 406 were replaced on 10/25/12.
- 2. All residents rooms have been checked, and all rooms have an operable light source next to the resident's bed.
- 3. The facility will develop written policies and procedures to ensure resident rooms are checked weekly ensuring continued compliance. By 11/1/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. George*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J. George

Date 10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-6-12  
(Date)

Plan of correction implementation status as of 11-6-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *TJG*  
(Initials)

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

2012

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Western Field Office  
Adult Residential Licensing


2a. DESCRIPTION OF VIOLATION

There was one large bag of frozen chicken breasts in each of the kitchen's three freezers which was not labeled or dated as to when it was frozen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. All food stored was inspected to ensure all had dated, labels affixed. Any items not having labels were discarded. By 10/25/12.
2. Disciplinary action was rendered on food service staff for failing to follow facility policy on food storage. By 10/25/12.
3. The facility's policy will be reviewed with all food service staff. By 11/1/12.
4. The facility's quality management plan will be updated and staff will verify weekly that all food stored is properly labeled. The Administrator will sign off in the checklist.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. George	Date 10-25-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-6-12  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 11-6-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

23 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

The home does not have the emergency preparedness plan for the local municipality.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. A copy of Ellwood City's Emergency Operations Plan was obtained on 10/24/12/
- 2. A copy of the plan will be kept on file in the Administrator's office.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J. George

Date

10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11-6-12  
(Date)

Plan of correction implementation status as of

11-6-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JJP  
(Initials)

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
On 10/11/12, the home had 44 residents, but only 7 gallons of emergency drinking water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Thirty gallons of water were ordered for delivery on 10/24/12.
2. The facility's emergency plan include an agreement with a water supplier to have water delivered within 12 hours notice.
3. The administrator will verify monthly and report that there are 30 gallons of water present in the facility for emergency purposes.

Repeat Violation: No      Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. George      Date 10-25-12

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The above plan of correction is approved as of 11-6-12  
(Date)

Plan of correction implementation status as of 11-6-12  
(Date)

The above plan of correction was approved by   
(Initials)

- Fully Implemented
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- Not Implemented

RECEIVED

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
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.

26  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home has not had a fire drill performed by a fire safety expert within the past 12 months.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. A fire drill was scheduled with a fire safety expert for 10/26/12.
2. The administrator will ensure a fire drill is conducted annually by a fire safety expert.
3. The facility's quality management plan will be updated to ensure the administrator schedules and documents an annual fire drill with a fire safety expert. By 11/1/12.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. George*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas J. George	10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-6-12  
(Date)

Plan of correction implementation status as of 11-6-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *TJG*  
(Initials)

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on 3/30/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. A fire drill was conducted during sleeping hours on 10/25/12.
2. Disciplinary action was rendered on the administrator for failure to properly enforce regulations. By 10/26/12.
3. The facility's quality management plan will be updated to ensure regulatory requirements pertaining to fire drills are continually monitored and properly followed. By 11/1/12.

12-6-12

The administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hours fire drill is conducted at least every six months.

JSP 11-6-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J George

Date

10-25-12

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11-6-12  
(Date)

Plan of correction implementation status as of

11-6-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

The above plan of correction was approved by

JSP  
(Initials)

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

According to staff records, the average number of staff people on duty on the 10:00 PM to 6:30 AM shift is 3. The last sleeping hour fire drill, conducted on 3/30/12, involved 6 staff persons. The previous sleeping hour fire drill, conducted on 12/18/11, involved 5 staff persons.

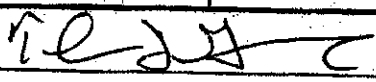
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1 A fire drill was conducted during sleeping hours on 10/25/12 with 3 staff persons on duty.
- 2 Disciplinary action was rendered on the administrator for failure to properly enforce regulations. By 10/26/12.
- 3 The facility's quality management plan will be updated to ensure regulatory requirements pertaining to fire drills are continually monitored and properly followed. By 11/1/12.

10-6-12 The administrator will monitor fire drills and the fire drill record monthly to ensure fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.  
JPP 11-6-12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J George Date 10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JPP (Initials)

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PGH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 9/1/12 and last had a medical evaluation completed on 6/6/12 which is more than 60 days prior to admission. This resident did not have a medical evaluation in the 30 days following admission.

3. PLAN OF CORRECTION (POC). (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. A medical evaluation was completed for resident 2.
2. Disciplinary action was rendered on 10/26/12 on the Resident Care Coordinator for failure to enforce facility policy and failure to properly enforce regulations.
3. The Administrator and Resident Care Coordinator will be retrained on the facility's policy on Medical Evaluations. By 11/1/12.
4. The facility's quality management plan will be updated to ensure medical evaluations which are due for residents are reviewed monthly for accuracy. The administrator will verify and sign off on a checklist monthly.

12-6-12 the administrator or a designated staff person will review all resident records to ensure a current medical evaluation has been completed for each resident. 11-6-12 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Thomas J. George

Date

10-25-12

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11-6-12  
(Date)

Plan of correction implementation status as of

11-6-12  
(Date)

The above plan of correction was approved by

JJP  
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
 PCH Name: NORTHVIEW ESTATES

Visiting Field Office  
 Adult Protective Services

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

On 10/11/12, the home served a lunch that included chicken fried steak with mashed potatoes and stewed tomatoes. The posted menu for this day listed a different meal to be served. At 5:00 PM, the menu pages had been changed and now showed what had been served for lunch but was dated 10/15/12 - 10/21/12 and 10/22/12 - 10/28/12.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. A copy of the recent and upcoming weeks menus was posted on 10/19/12.
2. The facility's policy on Posting Requirements has been updated and reviewed with the administrator and staff responsible for completing.
3. To ensure all required postings are properly posted the activities coordinator will completed a posting report monthly. The administrator will review the report and sign off monthly.

12-6-12

A designated staff person will create a current weekly menu and a menu for the following week stating specific food being served at each meal. These menus will be posted in a public place in the home. 11-6-12 JJP

Repeat Violation: No      Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. George      Date 10-25-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

-Resident #3 is prescribed Losartan Potassium 50 mg, take one tablet by mouth daily. The medication administration record (MAR) lists this medication as Losartan Potassium 100 mg, take 1/2 tablet by mouth daily.  
 -The MAR for this resident does not list the strength for the residents prescribed Loperamide.  
 -The MAR for this resident does not list the diagnosis or purpose for Omeprazole 20 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. Resident 3's MAR was updated to reflect the label on the medication and the order.
- 2. The MAR was updated to reflect the strength for prescribed Loperamide.
- 3. The MAR was updated to include the diagnosis for Omeprazole.
- 4. Disciplinary action was rendered to staff for failing to follow facility policy on Medication Administration Records. By 11/26/12.
- 5. The facility's policy will be reviewed with all staff administering medications by 11/1/12.
- 6. The facility's quality management plan has been updated to include a monthly check of all MAR's to ensure the labels on the bottle and MAR match the orders.
- 7. All MAR's will be checked by 10/31/12 to ensure MARs and labels match the orders.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Thomas J. George			10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
Resident #4 is ordered oxygen at 2 liters/minute PRN for shortness of breath. The home is not documenting in the medication administration record (MAR) when this is administered to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. The facility's policy on Medication Orders will be updated and reviewed with all staff by 11/1/12.
2. All treatments as prescribed by a physician are being documented upon completion of the treatment.
3. The facility's quality management plan will be updated to ensure all medication and or treatments on the MAR and or Treatment Record are documented.
4. The Administrator will verify monthly the proper completion of the checklist and sign off on monthly.

12-6-12 The administrator will monitor the medication administration records and the administration of resident medication, including oxygen, monthly to ensure all medical administration documentation is complete, current and accurate. 11-6-12 JGD

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/22/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *TL JGD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Thomas J George Date: 10-25-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>JGD</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
 PCH Name: NORTHVIEW ESTATES

1. **REGULATION 55 Pa.Code §2600**  
 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.

2a. **DESCRIPTION OF VIOLATION**  
 -Resident #2 was admitted on 9/1/12 and had a pre-admission screening form completed on 7/27/12 which is more than 30 days prior to admission.  
 -The pre-admission screening form for Resident #5 is not dated when it was completed. Therefore, the timeliness of this screening cannot be determined. In addition, the level of supervision required is not addressed.

3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Disciplinary action was rendered against the Administrator for failure to properly follow facility policy on Pre-Admission Screenings.
2. The facility's policy on the preadmission screening will be reviewed with staff responsible for completion of the screening. By 10/26/12.
3. The preadmission screening was completed for residents #2 and #5.
4. The facility's quality management plan has been updated to include the monthly checking of all preadmission screenings. The Administrator will sign off on the checklist monthly to ensure continued compliance.

**RECEIVED**

NOV 8 2012

WEST REGION FIELD OFFICE  
 Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-8-12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 11-8-12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason  
 PCH Name: NORTHVIEW ESTATES

**1. REGULATION 55 Pa.Code §2600** Western Field Office  
Adult Residential Licensing  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 -Resident #8's diet was changed via prescription on 9/24/12 to a mechanical soft diet with pureed meats. The resident's current assessment, dated 10/4/12, was never updated to include this change.  
 -Resident #4's diet was changed to include nectar thickened liquids on 9/4/12. The resident's current assessment, dated 4/3/12, indicates the dietary needs to be "ground meat and Ensure BID" with no update for the thickened liquids.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Disciplinary action will be rendered on 10/26/12 against the Resident Care Coordinator for failure to follow the facility's policy on Resident Assessments and Support Plans.
2. The facility's policy on the RASP and Managing Special Diets will be updated and reviewed with all staff by 11/1/12.
3. Resident 4 and 6's RASP was updated to reflect the proper diet on 10/15/12.
4. The facility's quality management plan will be updated to ensure resident RASP's are reviewed monthly by the resident care coordinator. The administrator will sign off to verify the RASP's have been checked.

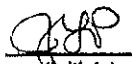
12-6-12 The administrator or a designated staff person will review all resident assessments for accuracy and completion including a mobility assessment. 11-6-12 JJP

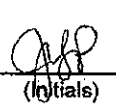
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date  
 Thomas J. George 10-25-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40499 - 10/11/2012 - Williams, Jason		Western Field Office	
PCH Name: NORTHVIEW ESTATES		Adult Residential Licensing	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.			
<b>2a. DESCRIPTION OF VIOLATION:</b> The code for operating the home's dementia unit keypad door locking mechanism is not posted on the inside of either of the unit's exit doors.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>			
<ol style="list-style-type: none"> <li>1. The code for the locking mechanism was posted on the keypads in the dementia unit.</li> <li>2. The facility's quality management plan will be updated to ensure the administrator checks monthly all exit doors ensuring the code has not be removed and is present. By 11/1/12.</li> </ol>			
Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
<u>11-6-12</u> (Date)		<u>11-6-12</u> (Date)	
The above plan of correction was approved by		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
 (Initials)			