



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 16 2013

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
License #: 404990

Dear Mr. George:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 17, 2013 and October 18, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period December 24, 2013 to December 24, 2014 was issued on September 10, 2013. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
 PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 10/17/13, the two common bathrooms located by the second floor living room did not have locks to provide privacy.

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.

- Locksets will be installed on both common bathrooms by 11/21/13.

12-15-13 - The Administrator or designated staff person will check all bathrooms monthly to ensure proper privacy is provided. 11-27-13y

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, VP of Operations	Date 11-20-13
---	------------------

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

The above plan of correction is approved as of 11-27-13
 (Date)

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

Plan of correction implementation status as of 11-27-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *11-27-13y*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
PCH Name: NORTHVIEW ESTATES

NOV 21 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training ~~relating to training~~ duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 9/20/10. Direct care staff person A only received 11.5 hours of the required 12 hours of annual training during the 2012 training year.

Direct care staff person B started working in the home on 11/29/11. Direct care staff person B received only received 11.5 hours of the required 12 hours of annual training during the 2012 training year.

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.

12-31-13 - Direct care staff persons A and B will complete an additional 1/2 hour of training during the 2013 training year. Documentation will be kept. 11-27-13g

1. The facility's Annual Staff Training Policy has been updated to include all regulatory requirements pertaining to annual staff trainings.
2. The facility's Annual Staff Training Policy has been reviewed with all staff responsible to include the Administrator and Resident Care Coordinator.
3. The Facility's Annual Training Plan will be reviewed annually as part of the facility's Quality Management Plan.

12-15-13 - The administrator or designated staff person will review all staff training records for the 2012 training year to ensure all direct care staff completed the required 12 hours of training. 11-27-13g


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, VP of Operations Date 11-20-13

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

The above plan of correction is approved as of 11-27-13 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 11-27-13 (Date)

Fully Implemented

Partially Implemented - Adequate Progress 11-27-13g

Partially Implemented - Inadequate Progress

Not Implemented

NOV 21 2013

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph

PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 9/20/10. Direct care staff person A did not receive training in Falls and Accident prevention during training year 2012.

Direct care staff person B started working in the home on 11/29/11. Direct care staff person B did not receive training in Falls and Accident prevention during training year 2012.

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 staff to include staff person A and B were trained on Falls and Accident Prevention on 11/19/13.
- 2. The facility's Annual Staff Training Policy has been updated and reviewed with responsible staff to ensure continued compliance.
- 3. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

12-15-13- The Administrator or designated staff person will review all staff training for the 2012 training year to ensure all staff have completed the required training for the 2012 training year. 11-27-13

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, VP of Operations Date 11-20-13

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

The above plan of correction is approved as of <u>11-27-13</u> (Date)	Plan of correction implementation status as of <u>11-27-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>11-27-13</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph

NOV 20 2013

PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home has not developed a 2013 staff training plan.

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 training year of October 2012 to September 2013 was completed. The new training plan commencing on October 1, 2013 has been developed.
2. The facility's Annual Staff Training policy has been updated and reviewed with responsible staff.
3. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

12-15-13 - The Administrator will review and update the October 2013 to September 2014 training year to ensure all components of regulation 2600.66 are included in the staff training plan.

11-27-13

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, VP of Operations

Date *11-20-13*

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

The above plan of correction is approved as of 11-27-13
(Date)

Plan of correction implementation status as of 11-27-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *11-27-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 10/17/13, the hallway carpet near apartment #330 had a ten inch tear along the seam of the carpet, posing a trip and fall 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.

12-15-13 - The Administrator or designated staff person will check the home at least weekly to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazard. 11-27-13,

1. The frayed area of carpet has been repaired.
2. The facility's Quality Management Team will inspect carpet on a routine basis to ensure continued compliance.
3. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

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) <i>Thomas J. George, VP of Operations</i>	Date <i>11-20-13</i>
--	----------------------

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

The above plan of correction is approved as of 11-27-13
(Date)

Plan of correction implementation status as of 11-27-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *11-27-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
 PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 10/17/13, the home's emergency procedures are 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.

12-15-13 - The Administrator or designated STATE person will check weekly to ensure the home's emergency procedures are posted in a conspicuous and public place in the home. 11-27-13

1. A copy of the home emergency procedures was posted on the date of the inspection.
2. The facility's policy on Posting Requirements has been reviewed with responsible staff.
3. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

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) <i>Thomas J George, VP of Operations</i>	Date <i>11-20-13</i>
--	----------------------

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

The above plan of correction is approved as of 11-27-13
 (Date)

Plan of correction implementation status as of 11-27-13
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *11-27-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
PCH Name: NORTHVIEW ESTATES

NOV 21 2013

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the home on 7/5/13. A medical evaluation has not been completed for resident #5.

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 MA51 completed for Resident 5 was replaced with the proper Medical Evaluation.
- 2 Disciplinary Action was rendered against staff responsible for utilizing the correct Medical Evaluation.
- 3 The facility's policy on Medical Evaluations was reviewed with responsible staff.
- 4 The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

12-15-13 - The Administrator or designated STAFF person will review all resident records to ensure all residents have a current medical evaluation completed. 11-27-13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/11/2011

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Thomas J George, VP of Operations

Date

11-20-13

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

The above plan of correction is approved as of

11-27-13
(Date)

Plan of correction implementation status as of 11-27-13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *11-27-13*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JG
(Initials)

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home does not have a written emergency medical plan.

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 written Emergency Medical Plan has been updated and words Assisted Living have been removed.
- 2. The updated Emergency Medical Plan has been placed in the Administrator's Policy Manual.

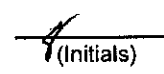
12-15-13 - All STAFF will be educated on the home's updated emergency medical plan 11-22-13

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) <i>Thomas J George, VP of Operations</i>	Date <i>11-20-13</i>
---	----------------------

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

The above plan of correction is approved as of <u>11-22-13</u> (Date)	Plan of correction implementation status as of <u>11-22-13</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>11-22-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph

PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 10/17/13, there was a 4oz. container of Derma Gran-pharm and a container of Nystatin Triamcinolane Cream unlocked and accessible to residents in the staff work area of the secured dementia care unit.

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.

12-18-13 - The administrator or designated staff person will check the home at least weekly to ensure all medications are properly secured in accordance with regulation 2600.183(b). 11-27-13

1. The medications were removed and placed in a secured location.
2. Disciplinary Action was rendered against staff for failure to follow the facility's policy on storage of medications.
3. The facility's policy on Storage of Medications has been reviewed with all staff.
4. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

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, VP of Operations

Date *11-20-13*

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

The above plan of correction is approved as of 11-27-13
(Date)

Plan of correction implementation status as of 11-27-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *11-27-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on 8/12/13. Resident #2's medical evaluation, dated 8/12/13, does not indicate the need for the resident to receive secure dementia care services.

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.

12-15-13 - The administrator or designated staff person will review all resident medical evaluations for accuracy and completion including that all medical evaluations for residents residing on the SDCU have the required information in accordance with regulation 2600.231(b).

1. Resident #2's Medical Evaluation was redone and indicates the need for the resident to receive secure dementia care services.
2. Disciplinary Action was rendered against staff for failure to follow facility policy on Medical Evaluations.
3. The facility's policy on Medical Evaluations was reviewed with responsible staff.
4. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

11-27-13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Thomas J George, VP of Operations* Date *11-20-13*

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

The above plan of correction is approved as of <u>11-27-13</u> (Date)	Plan of correction implementation status as of <u>11-27-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>11-27-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 21 2013

Violation Report: 40499 - 10/17/2013 - Phillips, Joseph

PCH Name: NORTHVIEW ESTATES

**WEST REGION FIELD OFFICE
Human Services Licensing**

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 9/20/10 and provides direct care services on the secure dementia care unit. Direct care staff person A only received 3 hours of the required 6 hours of training related to dementia care and services during the 2012 training year.

Direct care staff person B started working in the home on 11/29/11 and provides direct care services on the secure dementia care unit. Direct care staff person B only received 2 hours of the required 6 hours of training related to dementia care and services during the 2012 training year.

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 Annual Staff Training Policy has been updated to include all regulatory requirements pertaining to annual staff trainings.
2. The facility's Annual Staff Training Policy has been reviewed with all staff responsible to include the Administrator and Resident Care Coordinator.
4. Individual staff training requirements will be reviewed monthly as part of the facility's Quality Management Plan to ensure ongoing compliance. The facility's Quality Management Plan will be updated by 11/27/13 to ensure continued routine monitoring by the Quality Management Team.

12-31-13 - Direct care staff person A will complete 3 additional hours of required training in accordance with regulation 2600.236 during the 2013 training year. 11-27-13

12-31-13 - Direct care staff person B will complete 4 additional hours of required training in accordance with regulation 2600.236 during the 2013 training year. 11-27-13


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) <i>Thomas J George, VP of Operations</i>	Date <i>11-20-13</i>
---	----------------------

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

The above plan of correction is approved as of 11-27-13
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11-27-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *11-27-13*
- Partially Implemented - Inadequate Progress
- Not Implemented