



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 16 2014

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

RE: Northview Estates  
945 Border Avenue  
Elwood City, Pennsylvania 16117  
License #: 404990

Dear Mr. George:

As a result of the Department of Human Services' licensing inspection on October 24, 2014 and October 31, 2014, 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.

Your regular license for the period December 24, 2014 to December 24, 2015 was issued on September 12, 2014. Your regular license remains in good standing.

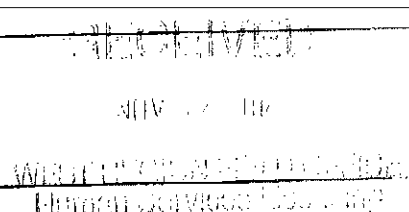
Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director  
*MSH*

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: NORTHVIEW ESTATES		License Number: 40466
Address: 945 BORDER AVENUE ELLWOOD CITY, PA 16117		County: Lawrence
Administrator: Billie Mentzer		Region: WEST
Legal Entity Name: NORTHVIEW ESTATES LIMITED PARTNERSHIP		
Legal Entity Address: 106 LAST NORTH STREET NEWCASTLE, PA 16101		
Certificate(s) of Occupancy C-2 LP 02/08/2002 L&L		
Staffing Hours Resident Support: 0		Total Daily Staff: 74 Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal; Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/24/2014 Williams, Jason; Martin, Michael 10/31/2014 Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 54 Secured Dementia Care Unit in Home: Yes Area: Rooms 105-111 first floor Secured Dementia Unit Capacity, if applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 5 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

NOV 14 2014

Violation Report: 40499 - 10/24/2014 - Williams Jason  
PCH Name: NORTHVIEW ESTATES

WESTERN REGIONAL LICENSING OFFICE  
Human Services Licensing

1. REGULATION 55 Pa Code §2600  
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law)

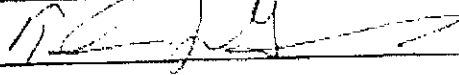
2a. DESCRIPTION OF VIOLATION  
On 4/3/14, Resident #1 fell in the bathroom while being assisted by his/her spouse. The resident was assessed after the fall and found to be without injury. On 4/4/14, the resident began complaining of left arm and rib discomfort and was sent for an x-ray which showed a nondisplaced fracture of the distal clavicle. The home noted receipt of this finding on 4/7/14 but never reported this incident to the Department.

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.

- The facility's policies on Fall Protocol and Prevention and Reportable Incidents will be updated by 11-20-14 to include additional post fall follow up by the Administrator ensuring all falls are tracked and properly reported.
- The facilities policies will be reviewed with all direct care staff by 11-20-14.
- The facility's Quality Management Plan will be updated by 11-20-14 to ensure continual post fall monitoring is conducted.



Immediate: The administrator will ensure that all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method. JGP 11-25-14

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 11-14-14

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

The above plan of correction is approved as of <u>11-25-14</u> (Date)	Plan of correction implementation status as of <u>11-25-14</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 - 10/24/2014 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

WISCONSIN DEPARTMENT OF  
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

The bathroom shared by bedrooms 309 and 310 does not have a lock on either door to provide for resident privacy.  
The bathroom shared by bedrooms 304 and 305 does not have a lock on the door to provide for resident 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.

1. Locks for bathrooms shared by room 309 and 310 as well as 304 and 305 were purchased and installed on 11-14-14.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will check all shared and common bathrooms in this facility to ensure proper privacy is provided, including locks on doors. JGP 11-25-14

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will observe all shared and common bathrooms at least monthly to ensure all bathrooms have an operable lock to ensure privacy. JGP 11-25-14

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/17/2013

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, VP of Operations

Date

11-14-14

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11-25-14  
(Date)

Plan of correction implementation status as of

11-25-14  
(Date)

- Fully implemented
- Partially implemented - Adequate Progress *JGP*
- Partially implemented - Inadequate Progress
- Not implemented

The above plan of correction was approved by

*[Handwritten Signature]*  
(Initials)

Violation Report 40499 - 10/24/2014 - Williams Jason  
PCH Name NORTHVIEW ESTATES

WESTPHALIA COUNTY OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 10/24/14 there was a coffee maker with a full pot of coffee on the counter of the SDCU kitchenette. The coffee pot measured 175.2 degrees Fahrenheit and was within reach of residents. There were no protective guards in place to prevent residents from coming in contact with it.

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

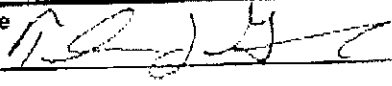
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. The coffee pot was removed from the kitchenette area.
2. The facility's policy pertaining to regulation 2600.84 will be updated and reviewed with all staff by 11/20/14.
3. The facility's quality management plan will be updated to ensure resident rooms and common areas are checked upon admission and at least monthly ensuring continued compliance.

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 11-14-14

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(Date)

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(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40499 10/24/2014 - Williams Jason  
PCH Name: NORTHVIEW ESTATES

WEST VIRGINIA UNIVERSITY  
HUMAN SERVICES FACILITY

1. REGULATION 55 Pa.Code §2600  
2600.125(b) - Combustible materials shall be inaccessible to residents

2a. DESCRIPTION OF VIOLATION

On 10/31/14 at 12:05 PM, there was an unattended utility cart in the first floor stairtower closest to the SDCU entrance. The cart contained a can of LPS Heavy Duty Lubricant with a label which indicated "Danger Flammable" and a can of WD-40 with a label which indicated "Contents are flammable"

3. PLAN OF CORRECTION (POC)

(Attach pages as necessary. Remember that you are a 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 to staff for failing to follow facility policy and procedures
- 2. All staff will be trained on facility policy and procedures pertaining to chemical storage and flammable materials
- 3. The facility's annual training plan will be updated to ensure all staff person are trained on the policies annually

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will check the home at least weekly to ensure combustible and flammable materials shall be inaccessible to residents. JPP 11-25-14

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Thomas J. George, VP of Operations

Date 11-14-14

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(Date)

Plan of correction implementation status as of 11-25-14  
(Date)

The above plan of correction was approved by   
(Initials)

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

Violation Report: 45499 - 10/24/2014 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill

2a. DESCRIPTION OF VIOLATION  
According to multiple staff interviews, the home's fire drill procedure for residents with mobility needs is to put a white towel or pillow in front of the resident's bedroom door during drills but not to evacuate the resident to the fire safe areas or the designated outside meeting place.

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.

- The facility's Emergency Plan will be updated to include specific procedures to ensure residents are evacuated in accordance with regulatory requirements, and the plan will be reviewed with all staff by 11-20-14.
- A fire drill will be conducted by the administrator to ensure residents are being evacuated in accordance with regulations by 11-20-14.
- The Administrator will ensure that during all future drills residents will be evacuated in accordance with regulatory requirements.

Within 30 days of receipt of the approved plan of correction, all staff persons will be educated on the requirement that all residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during a fire drill. Documentation of education will be kept. JGP 11-25-14

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Thomas J. George, VP of Operations      Date 11-14-14

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Plan of correction implementation status as of 11-25-14 (Date):

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

RECEIVED

Violation Report: 40499 - 10/24/2014 Williams Jason  
 PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
 2600 141(a)(2) - The medical evaluation must include the following (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 -The medical evaluation, dated 8/5/14 for Resident #1 does not address the resident's health status or cognitive functioning  
 -The medical evaluation, dated 2/14/14 for Resident #2 does not address the resident's health status or cognitive functioning  
 -The medical evaluation, dated 5/29/14, for Resident #3 does not address the resident's health status or cognitive functioning

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 staff responsible for the proper completion of the medical evaluation.
2. The facility's policy on medical evaluations will be updated to ensure the resident's health status and cognitive functioning are addressed by 11/20/14.
3. The policy on medical evaluations will be reviewed with appropriated staff by 11/20/14.
4. The facility's quality management team will be responsible for checking all medical evaluations and the administrator will sign review to ensure all portions of the medical evaluation are properly completed.

*Within 30 days of the receipt of the approved plan of correction, the administrator or designated staff person will review all current medical evaluations to ensure completion including the resident's health status and cognitive functioning - JJP 11-25-14*

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 11-14-14

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Plan of correction implementation status as of 11-25-14 (Date)

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

NOV 14 2014

Violation Report: 40499 - 10/24/2014 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

WEST PENNSYLVANIA UNIVERSITY OF HEALTH SCIENCES  
Nursing Services 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 was administered Simvastatin 20mg and Mirtazapine 15mg at 8:00 PM on 10/30/14 as ordered but the staff person who administered the medication did not initial the October 2014 medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and file 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 to staff for failing to follow proper policy and procedures pertaining to the administration of medication.
2. The facility's policy's on medication administration will be reviewed with all staff administering medications by 11/20/14.
3. All staff administering medication will be observed during a med pass by 11/30/14 to ensure procedures for administering medication are being followed.
4. All staff administering medication will be observed at least bi-annually during a med pass to ensure continued compliance.
5. The facility's quality management team will review the medication observation forms on a monthly basis.

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

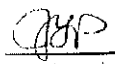
Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. George, VP of Operations      Date 11-14-14

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Date

Plan of correction implementation status as of 11-25-14  
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 - 10/24/2014 - Williams Jason

PCH Name: NORTHVIEW ESTATES

WEST VIRGINIA UNIVERSITY  
Human Services Licensing

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

-The preadmission screening form dated 2/12/14 for Resident #2 admitted 2/14/14, does not address the resident's level of supervision, mobility needs, ability to safely use or avoid poisonous materials or the home's ability to meet the resident's needs  
-The preadmission screening form dated 7/2/14 for Resident #4 admitted 7/10/14 does not address the resident's level of supervision or mobility needs

3. PLAN OF CORRECTION (POC)

(Attach pages if 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 to staff responsible for the completion of the preadmission screening.
2. The facility's policy and regulation pertaining to the completion of the preadmission screening was reviewed with appropriate staff
3. The facility's policy and procedures on the Preadmission Screening will be updated to ensure the Preadmission Screening is checked and properly completed by 11/20/14.
4. The facility's quality management team will review all preadmission screenings monthly and complete a checklist ensuring the following are addressed: level of supervision, mobility need, ability to safely use or avoid poisonous materials and the ability to meet the resident's needs

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, VP of Operations

Date 11-14-14

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The above plan of correction is approved as of

11-25-14  
(Date)

Plan of correction implementation status as of

11-25-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 40499 - 10/24/2014 - Williams, Jason  
PCH Name: NORTHVIEW ESTATES

1 REGULATION 55 Pa.Code §2600  
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented

2a. DESCRIPTION OF VIOLATION  
The support plan, dated 6/5/14, for Resident #3 is not signed by the resident and there is no notation that the resident was unable or unwilling to sign the support 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. Disciplinary action was rendered to staff responsible for the completion of the RASP.
2. The RASP was previously reviewed with and sign by the resident's responsible party.
3. The RASP was updated to indicate that the resident is unable to sign
4. The facility's policy and procedures for the completion of the RASP will be reviewed with appropriate staff by 11.20.14
5. The facility's quality management team will check monthly and document that the RASP's are being signed or notation of the inability or refusal to sign is documented.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff persons will review all current resident support plans for completion and accuracy including the resident's signature or a notation of inability or refusal to sign. shall be documented. JJP 11-25-14

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 *11-14-14*

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 Partially Implemented - Adequate Progress JJP  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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Violation Report: 40499 - 10/24/2014 - Williams Jason  
PCH Name: NORTHVIEW ESTATES

WEST CHESTER, PA D-CENTERS  
FUNDING SERVICES LICENSING

**1. REGULATION 55 Pa.Code §2600**  
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a DESCRIPTION OF VIOLATION**  
Resident #3 was admitted to the SDQU on 5/19/14 but did not have a cognitive preadmission screening completed on 11/13/14

**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 to staff responsible for completion of the preadmission screening to the secured dementia unit.
2. The facility's policy on preadmission screening will be reviewed with appropriate staff by 11/20/14.
3. All staff will be retrained on the facility policy on the preadmission screening by 11/20/14.
4. The facility's quality management team will check the preadmission screening monthly and upon admission to the secured dementia unit. The facility's procedure on preadmission screening will be updated to indicate such and will be reviewed with appropriate staff by 11/20/14.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current resident's cognitive preadmission screenings to ensure one has been completed for every resident in the SDQU. GJP 11-25-14

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 11-14-14

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- Partially implemented - Inadequate Progress
- Not Implemented