



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 9, 2016

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
#404990

Dear Mr. George:

As a result of the Department of Human Services' licensing inspection on May 26, 2016, 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.

Sincerely,

A handwritten signature in black ink that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: NORTHVIEW ESTATES		License Number: 40499
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 EAST NORTH STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy C-2 LP 02/08/2002 L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 63	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
05/26/2016: Hultquist, Cliff; Evegés, Joseph		
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: 70 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 4 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 13 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0	

Violation Report: 40499 - 05/26/2016 - Huhquist, Cliff

PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons

2a. DESCRIPTION OF VIOLATION

On 5/22/16 at approximately 8:30 a.m., resident #1 was lying on the floor of his/her bedroom, crying, and complaining of pain. Staff person A screamed at the resident to get up, physically tried to get the resident up off the floor, and then grabbed the resident by the face. Staff person A repeatedly told the resident that he/she looked like a beached whale flopping on the floor and that he/she was crazy and would be going to a mental institution. The resident was transported by ambulance to a hospital as a result of the incident. Staff person A was terminated on [redacted] 16. The home failed to report the suspected abuse to the local Area Agency on Aging until 5/24/16 at 9:00 a.m.

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. Staff person A was terminated from her position on [redacted] 16.
2. All staff was trained on reporting requirements as it pertains to the Older Adult Protective Services Act. Training conducted on 6/9/16 included the following:
 - a. Older Adult Protective Services Act
 - b. Act 13, Mandatory Abuse Reporting
 - c. Resident Rights
 - d. Facility policy on Reportable Incidents
3. All staff was trained on Managing Difficult Behaviors on 6/9/16.

Immediately -

The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.15(a). The procedures will include, at a minimum, action to ensure the staff training is effective and applied in accordance with Chapter 2600.15(a). *BB 11/3/16*

BB 11/3/16

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 *10-6-16*

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

The above plan of correction is approved as of 11/3/16 (Date)

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

Plan of correction implementation status as of 11/3/16 (Date)

Fully Implemented *BB*

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

OCT 06 2016

Violation Report: 40499 - 05/26/2016 - Hultquist, Cliff
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD 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 5/22/16 at approximately 8:30 a.m., resident #1 was lying on the floor of his/her bedroom, crying, and complaining of pain. Staff person A screamed at the resident to get up, physically tried to get the resident up off the floor, and then grabbed the resident by the face. Staff person A repeatedly told the resident that he/she looked like a beached whale flopping on the floor and that he/she was crazy and would be going to a mental institution. The resident was transported by ambulance to a hospital as a result of the incident. Staff person A was terminated on [redacted] 16. The incident was not reported to the Department's personal care home regional office until 5/23/16 at 3:00 p.m.

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. Staff person A was terminated from her position on [redacted] 16.
2. All staff was trained on reporting requirements as it pertains to the Older Adult Protective Services Act. Training conducted on 6/9/16 included the following:
 - a. Older Adult Protective Services Act
 - b. Act 13, Mandatory Abuse Reporting
 - c. Resident Rights
 - d. Facility policy on Reportable Incidents
3. All staff was trained on Managing Difficult Behaviors on 6/9/16.

Immediately -

The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.16(c). The procedures will include, at a minimum, action to ensure the staff training is effective and applied in accordance with Chapter 2600.16(c). BB 11/3/16

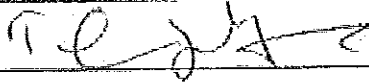
BB 11/3/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/24/2014 et al

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

10-6-16

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

The above plan of correction is approved as of

11/3/16
(Date)

Plan of correction implementation status as of

11/3/16
(Date)

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

The above plan of correction was approved by

BB
(Initials)

OCT 06 2016

Violation Report: 40499 - 05/26/2016 - Hullquist, Cliff
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way

2a. DESCRIPTION OF VIOLATION

On 5/22/16 at approximately 8:30 a.m., resident #1 was lying on the floor of his/her bedroom, crying, and complaining of pain. Staff person A screamed at the resident to get up, physically tried to get the resident up off the floor, and then grabbed the resident by the face. Staff person A repeatedly told the resident that he/she looked like a beached whale flopping on the floor and that he/she was crazy and would be going to a mental institution. The resident was transported by ambulance to a hospital as a result of the incident. Staff person A was terminated on [redacted] 16.

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. Staff person A was terminated from her position on [redacted] 16.
2. All staff was trained on reporting requirements as it pertains to the Older Adult Protective Services Act. Training conducted on 6/9/16 included the following:
 - a. Older Adult Protective Services Act
 - b. Act 13, Mandatory Abuse Reporting
 - c. Resident Rights
 - d. Facility policy on Reportable Incidents
3. All staff was trained on Managing Difficult Behaviors on 6/9/16.

Immediately -

The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.42(b). The procedures will include, at a minimum, action to ensure the staff training is effective and applied in accordance with chapter 2600.42(b).

BB 11/3/16

BB 11/3/16

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 10-6-16

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

The above plan of correction is approved as of 11/3/16 (Date)

Plan of correction implementation status as of 11/3/16 (Date)

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

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