



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

Mr. Thomas J. George,  
VP of Residential Operations  
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 Human Services' annual licensing inspection on April 20, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License 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: Nicola Pasquarello		Region: WEST
Legal Entity Name: NORTHVIEW ESTATES LIMITED PARTNERSHIP		
Legal Entity Address: 100 EAST NORTH STREET, NEW CASTLE, PA 16101		<b>RECEIVED</b>
Certificate(s) of Occupancy G-2 LP 02/08/2002 Dept. of L. & I		AUG 27 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 76	Working Staff: 67
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/20/2017: Culler, Jan; Grace, Desmond		
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: 55 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: 10 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0

Violation Report: 40499 - 04/20/2017 - Cutter, Jan  
PCH Name: NORTHVIEW ESTATES

AUG 27 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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.

2a. DESCRIPTION OF VIOLATION

The most recent licensing inspection summary, dated 5/28/2016, was not posted in a conspicuous and public place in the home.  
The license posted in the home expired on 12/24/2016 and was not the current license.

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 policy on posting requirements was reviewed with the administrator.
2. The most recent licensing inspections summary has been posted by the <sup>administrator's</sup> ~~nurses station~~ office. *ms 9/19/17*
3. The most current license has been posted outside the administrator's office.
4. The facility's quality management team will ensure the license and inspection summary continue to remain posted.
5. The administrator will ensure ongoing compliance and check the home weekly to ensure all required documentation including the most recent licensing inspection summary and current license are posted in a conspicuous and public place in the home. *ms 9/19/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Thomas J George VP of Resident Operations</i>	Date <i>8-26-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>9/19/17</u> (Date)	Plan of correction implementation status as of <u>9/19/17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>ms</u> (Initials)	

Violation Report: 40499 - 04/20/2017 - Cullor, Jan  
PCH Name: NORTHVIEW ESTATES

AUG 27 2017

WEST REGION FIELD OFFICE:  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 4/20/2017, at 9:00 am, the medication administration record (MAR) was left open, unlocked and unattended on top of the medication cart in the hallway outside of the living room as a staff person left the area to administer a medication.

Resident records, including medication orders for residents #1 and #5, dated 11/18/2016 and 11/21/2016 were unlocked, unattended and accessible in the upper cabinet of the kitchenette next to the smoke room door.

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 policy on resident records has been reviewed with all staff. on 8/11/17. MS 9/19/17
2. Disciplinary action was conducted on staff for failing to properly secure medication administrative records.
3. All resident records have been moved to a locked area. in the care manager's office MS 9/19/17
4. <sup>A designated staff person of MS 9/19/17</sup> The facility Quality Management Team will check monthly to ensure all resident records are secured.
5. The administrator will sign off to ensure ongoing compliance.

Immediate ly - A designated staff person will monitor the house daily to ensure all resident records are confidential, kept safe and locked. MS 9/19/17

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 Resident Operations      Date 8-20-17

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Plan of correction implementation status as of 9/19/17 (Date)

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

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

Violation Report: 40499 - 04/20/2017 - Culler, Jan  
PCH Name: NORTHVIEW ESTATES

AUG 27 2017

1. REGULATION 85 Pa.Code §2600

2600.26(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION


Resident #2 did not sign his/her contract, dated [redacted] 2016.

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 2 signed her contract. with an "x" - unable to sign. MS 9/19/17
2. The Facility policy or Admission Agreement was reviewed with the administrator.
3. The administrator will ensure all residents have signed the admission agreement.
4. The Administrator will review all newly admitted records monthly and verify all residents have signed their agreement and report to VP of Operations.

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 Resident Operations Date 8-26-17

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Violation Report: 40499 - 04/20/2017 - Cutter, Jan  
PCH Name: NORTHVIEW ESTATES

AUG 27 2017

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 9:30 am, there were 15 cigarette butts on the ground behind and around the ash tray in the staff's designated smoking area at the back door of the kitchen. In addition, there were 14 cigarette butts in the mulch next to the side wall of the building.

There were three unlabeled bars of soap in the bathroom between room 105 and 108. Two were on the sink and one was in the shower.

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.

Unlabeled bars of soap were discarded. ms 9/19/17

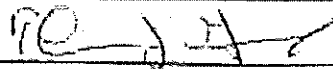
1. Cigarette butts were removed and disposed of.
2. All staff were trained on facility policy on Resident Bathrooms.
3. Exterior areas to include the smoke area, as well as resident bathrooms will be checked at least a monthly by a member of Quality Management team. *designated ms 9/19/17*
4. The administrator will sign off and verify these areas are checked to ensure ongoing compliance.

Immediately - the administrator or designated staff person will check the home at least weekly to ensure sanitary conditions are maintained to include disposal of cigarette butts in fireproof receptacles and labeling bars of soap. ms 9/19/17

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Thomas J. George, VP of Resident Operations

Date 8-26-17

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(Initials)

Violation Report: 40499 - 04/20/2017 - Cullor, Jan  
 PCH Name: NORTHVIEW ESTATES

AUG 27 2017

1. REGULATION 55 Pa.Code §2800  
 2800.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 There were three large bags of opened and unsealed pasta noodles on the shelf in the kitchen.

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 complete immediately, include dates by which the steps will be completed.

*Bags of noodles indicated were discarded. ms 9/19/17*

1. Disciplinary action was rendered against staff for failure to comply with facility policy on food storage.
2. The facility's policy of food storage was reviewed with all staff.
3. The facility Quality Management checklist was updated to include food storage.
4. <sup>designated ms 9/19/17</sup> A member of the Quality Management Team will verify at least monthly that all food is properly stored.
5. The Administrator will ensure routine monitoring as well as ongoing compliance.

*Immediately - A designated staff person will check all food storage areas at least weekly to ensure all food items are stored in closed or sealed containers. ms 9/19/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Resident Operations* Date *8-26-17*

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AUG 27 2017

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Violation Report: 40499 - 04/20/2017 - Culler, Jan

PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
There were six portable space heaters in the stairwell next to the time clock.

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 space heater was not in use and has been removed from the facility.
  2. The facility's policy on Safety Management Hazardous Prevention was reviewed with the Administrator and all staff.
  3. The facility's Quality Management checklist was updated to ensure there are no space heaters stored in the facility. A member of the facility's Quality Management Team will check monthly to ensure no space heaters are located in the facility. *designated MS 9/19/17*
  4. The Administrator will ensure ongoing compliance.
- All space heaters have been removed from the facility. MS 9/19/17*

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  
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*Thomas J. George, VP of Resident Operations*

Date *8-26-17*

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(Date)

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(Initials)

Violation Report: 10499 - 04/20/2017 - Culler, Jan  
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Coda §2800

2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include the year for the fire drills conducted on 4/6/17, 3/31/17, 2/17/17, 1/30/17, 12/7/16, 11/15/16, 10/27/16, 9/26/16, 8/19/16, 7/15/16, 6/30/16, 5/26/16 and 4/22/16.

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. The Administrator updated the fire drill log to indicate the drills were conducted in 2017.
2. The Administrator will include Month, day, and year of the drill and ensure ongoing compliance.

Fire drills were conducted as follows and the fire drill record includes the year:

- 4/6/17 at 10:15 AM
- 5/31/17 at 11:00 AM
- 6/14/17 at 2:30 PM
- 7/27/17 at 9:00 AM
- 8/17/17 at 2:15 PM
- 8/20/17 at 5:40 AM MS 9/19/17

Immediately - the administrator or designated staff person will monitor all fire drill records monthly to ensure a fire drill is conducted at least once per month and is documented on a fire drill record which includes all information required by 2800.132c MS 9/19/17.

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)			Date
Thomas J George, VP of Resident Operations			8-26-17

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		<input type="checkbox"/> Fully Implemented	
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		<input type="checkbox"/> Not Implemented	
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Violation Report: 40499 - 04/20/2017 - Cutler, Jan  
 PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a safe evacuation time designated in writing from a fire safety expert within the past year. The home's fire drill evacuation times are as follows:

Date of drill	Time of drill	Evacuation time
4/8/17	10:15 pm	8 minutes 29 seconds
3/31/17	8:00 pm	7 minutes 25 seconds
2/17/17	4:30 am	7 minutes 58 seconds
1/30/17	9:00 am	7 minutes 38 seconds
12/4/16	8:00 am	7 minutes 11 seconds
11/16/16	1:30 pm	8 minutes 27 seconds
10/27/16	4:00 pm	7 minutes 2 seconds
9/28/16	10:08 am	6 minutes 18 seconds
8/18/16	5:45 am	7 minutes 52 seconds
7/15/16	7:00 am	7 minutes 14 seconds
6/30/16	3:00 pm	8 minutes 49 seconds
5/23/16	3:00 pm	7 minutes 2 seconds

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 evacuation time for each monthly fire drill conducted since May 2017 was less than 10 minutes. ms 9/19/17

1. A drill was conducted by the fire chief on 8/17/2017.
2. A letter was received by the fire chief indicating a time of evacuation of <sup>maximum safe</sup> 10 minutes. ms 9/19/17.
3. The regulation was reviewed with the administrator.
4. The Administrator will ensure ongoing compliance.

Immediately - the administrator or designated staff person will monitor all fire drill records monthly to ensure all residents are evacuated to a public thoroughfare or a designated fire-safe area within the time specified in writing by a fire safety expert within the past year. ms 9/19/17

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 Resident Operations Date 8-26-17

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Violation Report: 40499 - 04/20/2017 - Cullar, Jan  
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 86 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

There was a couch, three chairs and two ottomans in the smoking area next to the secured dementia care unit which had cushions with labels that indicate "this article does not meet California Bureau of Home Furnishings Flammability requirements".

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.

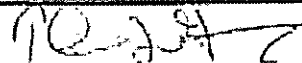
1. The cushions were removed from the chairs on the day of the inspection.
2. The facility's Quality Management checklist was updated to ensure the Smoke Area is being inspected on a weekly basis <sup>by a designated staff person</sup> and no fire hazards exist. MS 9/19/17
3. The Administrator will ensure ongoing monitoring and compliance.

Immediately - A designated staff person on each shift will monitor the home daily to ensure the smoking policies and procedures are followed. The staff person will ensure no combustible chairs, cushions or other items are present in the smoking area. MS 9/19/17

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  
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Thomas J. George, VP of Resident Operations

Date 8-26-17

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9/19/17  
(Date)

Plan of correction implementation status as of

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(Initials)

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Page 11 of 14

Violation Report: 40499 - 04/20/2017 - Cutter, Jan  
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Lantus 100 u/ml - Inject 25 units at bedtime; however, the pharmacy label indicates to inject 20 units at bedtime.

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.

*Resident #4 no longer resides in the home. ms 9/19/17*

- 1. A direction change label was placed on resident's Lantus.
- 2. All meds in the facility have been checked to ensure medicines are properly labeled.
- 3. A Nurse has checked all meds monthly since May and will continue to do so to ensure ongoing compliance. Documentation of checks are kept. 9/19/17
- 4. All staff administering medications will be trained on 8-31-17 on documenting order changes.
- 5. The Administrator will ensure all medications continue to be checked monthly.

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 Residential Operations*

Date *8-26-17*

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AUG 27 2017

Violation Report: 40499 - 04/20/2017 - Culler, Jan  
PCH Name: NORTHVIEW ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 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 #4 is prescribed Humalog 75/25 three times a day per sliding scale; however, the April 2017 MAR does not include the strength.

Resident #4 is prescribed Albuterol HFA 90 mcg Inhalation two puffs every four hours as needed; however, the April 2017 MAR does not include the strength.

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.

Resident #4 no longer resides in the home. MS 9/12/17

- 1. Resident 4's Humalog was updated to include the strength.
  - 2. All resident MARs have been checked monthly since May to ensure strength is indicated. Documentation is kept MS 9/12/17
  - 3. Staff responsible for writing orders on MAR will be trained on 8/31/17.
  - 4. The Resident Care Coordinator will continue to check all MAR's monthly to ensure ongoing compliance.
  - 5. The Administrator will verify all meds continue to be checked monthly
- Immediate by - monthly MAR reviews will include checking all required components of 2600.187(a). MS 9/12/17

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 D. George, V.P. Resident Operations Date 8-26-17

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

Violation Report: 40499 - 04/20/2017 - Culler, Jun

PCH Name: NORTHVIEW ESTATES

AUG 27 2017

1. REGULATION 65 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed 1 mg folic acid daily; however, the resident was administered 800 mcg of folic acid daily from 4/1/2017 to 4/20/2017.

Resident #4 is prescribed Humalog Insulin AC three times a day according to the following sliding scale: <80 = 0 units, 80-120 = 2 units, 121-160 = 3 units, 161-200 = 4 units, >200 = 6 units.

According to the April 2017 MAR, resident #4 received an incorrect dose of insulin on the following dates and times:

- 4/2/2017 at 11:30 am the blood glucose reading was 192 requiring 4 units, however, 8 units were administered.
- 4/13/2017 at 7:30 am the blood glucose reading was 199 requiring 4 units, however, 6 units were administered.
- 4/16/2017 at 7:30 am the blood glucose reading was 197 requiring 4 units, however, 8 units were administered.

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

Includes 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

Resident #4 no longer resides in the home. MS 9/19/17

1. The Medication Error reported to the Inspector during inspection.
2. Disciplinary Action was rendered against staff in April and training was conducted for staff responsible on proper medication administration procedures.
3. All med techs will be retrained in medication administration by 9-8-17.
4. All staff administering meds will be observed during a med pass by 9-1-17.
5. All staff administering meds will be observed monthly for three (3) months to include observation of sliding scale insulin administration. MS 9/19/17
6. The Administrator will ensure ongoing compliance.

Immediately - A designated staff person qualified to administer medications will review the medication administration records of at least 3 residents prescribed insulin with sliding scale coverage to ensure insulin is administered as prescribed. MS 9/19/17

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 Resident Operations      Date 8-26-17

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

The above plan of correction is approved as of 9/19/17 (Date)

Plan of correction implementation status as of 9/19/17 (Date)

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

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

Violation Report: 40499 - 04/20/2017 - Culler, Jan  
PCH Name: NORTHVIEW ESTATES

AUG 27 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 58 Pa.Code §2600  
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted to the secured dementia care unit on [redacted] 2017; however, the resident's support plan was not completed until 3/14/2017.

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 completing the support plan.
2. The regulations and facility policy on Support Plans were reviewed with staff responsible for completing support plan.
3. <sup>1 designated member of ms 9/12/17</sup> The facility Quality Management Team will check all RASP monthly to ensure routine monitoring and ongoing compliance.
4. The Administrator will ensure all RASP's are completed in a timely manner.

*Immediately the administrator or designated staff person will develop and implement a policy and procedure to ensure within 72 hours of admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident's record. ms 9/19/17*

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 Resident Operations*      Date *8-24-17*

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

The above plan of correction is approved as of 9/19/17  
(Date)

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

Plan of correction implementation status as of 9/19/17  
(Date)

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