



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

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  
Certificate #: 404990

Dear Mr. George:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 18, 2018 and August 15, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

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.

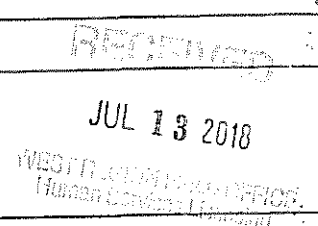
Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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: Nicole Pasquarello		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: 0		Total Daily Staff: 79 Waking Staff: 59
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2018: Barone, Barbara; Garvey, Jody		
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: First Floor Room 105 to 111 Secured Dementia Unit Capacity, If Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, If applicable: 8 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 2

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JUL 13 2018

Page 2 of 10

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
PCH Name: NORTHVIEW ESTATES

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

2a. DESCRIPTION OF VIOLATION  
The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6/23/16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has multiple fossil-fuel burning devices and appliances to include the following; however, there were no carbon monoxide detectors in the home as required by The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6/23/16:  
\* Gas range in the kitchen  
\* Gas hot water tank in the kitchen  
\* Gas furnaces on the 2nd and 3rd floor  
\* Gas burning fireplace in the dining room

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.*

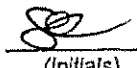
1. Carbon monoxide sensors were installed by the gas range and hot water tank in the kitchen, by the gas furnaces on the 2<sup>nd</sup> and 3<sup>rd</sup> floors and by the gas burning fireplace in the dining room.

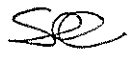
Repeat Violation: No      Date(s) of Previous Violation(s):

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 7-13-18

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

The above plan of correction is approved as of 7/2/18  
(Date)  
  
The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 1/3/19  
(Date)  
 Fully Implemented   
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

JUL 13 2018

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
 PCH Name: NORTHVIEW ESTATES

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

2a. DESCRIPTION OF VIOLATION

Resident #6's glucometer was used to measure resident #7's blood glucose on 4/9/18 at 6:13 AM and on 4/10/18 at 11:04 AM.

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

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

1. The facility's policy on Accu Checks has been revised.
2. The facility's policy on Accu Checks will be reviewed with all staff on 7/19/18.
3. Staff were instructed after the inspection that testing for residents is to be done utilizing glucometers belonging to that resident.
4. Since the inspection facility staff has verified weekly that the glucometer readings and documentation on the MAR are correct.
5. As part of the facility's quality management plan, the Administrator will verify that glucometers are being checked weekly.

Resident #6 and resident #7's physician shall be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

 8/2/18

Repeat Violation: No

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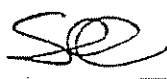
Thomas J George, VP of Operations

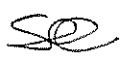
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JUL 13 2018

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was no screen in the window of bedroom #304.

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

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

1. A screen was placed in the bedroom window of room 304.
2. The facility's Quality Management checklist has been updated to include the checking of all windows in resident rooms to verify that there is a screen.
3. A member of the facility's Quality Management Team will check windows monthly to ensure screen is present.
4. The Administrator will verify the all rooms have been checked.

Repeat Violation: No

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Date 7-13-18


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JUL 13 2018

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
 PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a crack, measuring approximately 4' x 4", in the concrete of the top step at the first floor exit leading to the parking lot, posing a tripping hazard. Also, there were loose stones on the step below.

There was a crack, measuring approximately 4' x 4", in the cement landing between the two sets of steps at the first floor exit leading to the parking lot, posing a tripping hazard.

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

1. The cracks on the top step as well as the landing area were repaired.
2. The facility Safety Checklist to include the checking of outside walkways will be updated and reviewed with staff responsible for completing.
3. The Safety Checklist will be completed monthly by a member of the safety team.
4. The Administrator will verify all walkways are being checked monthly to ensure they are in good repair and free of hazards.

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Date 7-13-18

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JUL 18 2018

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
PCH Name: NORTHVIEW ESTATES

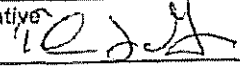
1. REGULATION 55 Pa.Code §2600  
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
There was no soap in resident #6's private bathroom of bedroom #304. Staff interviewed Indicated soap is not provided to the resident.

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



1. A soap dispenser was placed in room 304 shortly after the inspection.
2. The facility will create a policy and train housekeeping staff responsible for ensuring soap dispensers are located in resident bathrooms. Staff will be training on 7/19/18.
3. The facilities Quality Management Checklist has been updated to include the checking of soap dispensers in resident rooms.
4. All resident rooms have been checked to ensure soap is within reach of each bathroom sink.
5. As part of the facilities Quality Management Plan, all resident bathrooms will be checked monthly to ensure soap is within reach of each bathroom sink.
6. The Administrator will verify the completion of the Quality Management Checklist monthly.

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 7-13-18

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JUL 13 2018

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.  
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At approximately 10:05 AM, the temperature of the Adcraft freezer in the kitchen area was 28 degrees Fahrenheit.

At approximately 10:55 AM, the temperature of the Hotpoint freezer in the secured dementia care unit (SDCU) was 3 degrees Fahrenheit.

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 freezer in the kitchen area was repaired and subsequently replaced with a new freezer on 6/11/18.
2. Temperature logs have been and will continue to be taken daily on the freezer. All temperatures recorded indicate a temperature below 0 degrees.
3. Temperature logs of the Hotpoint freezer in the secured dementia unit have been taken daily since the inspection. All temperature readings have been below zero degrees.
4. Facility staff will continue to take daily temperature readings and log the temperatures.
5. The facility's Quality Management Plan has been updated to include monthly checking of the log to ensure ongoing compliance.
6. The Administrator will review all logs monthly to ensure all logs are being completed.

Repeat Violation: No

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Thomas J George, VP of Operations

Date 7-13-18

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(Date)

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress 

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Not Implemented

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(Initials)

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
 PCH Name: NORTHVIEW ESTATES

**1. REGULATION 65 Pa.Code §2600**

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**

The emergency evacuation diagram on all 4 floors and across from the administrator's office do not indicate the exact location within the building; therefore, the direction to the nearest exit is unable to be determined.

Also, the following emergency evacuation diagrams are not oriented to the building's layout:

- \* The first floor outside of the home's SDCU
- \* The second floor between bedroom #201 and the staircase exit
- \* The third floor between bedroom #301 and the staircase exit and between bedrooms #307 and #308
- \* The fourth floor between bedrooms #403 and #404


The home currently serves 55 residents in the personal care part of the home.

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

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

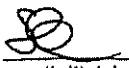
1. All emergency evacuation diagrams have been updated to indicate the exact location within the building and therefore the nearest exit is able to be determined.
2. The emergency evacuation diagrams are posted throughout the facility.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Thomas J. George, VP of Operations</u>	Date <u>7-13-18</u>
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Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
PCH Name: NORTHVIEW ESTATES

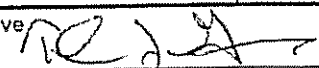
1. REGULATION 55 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #6 is prescribed Prochlorperazine, 10 mg - take one tablet by mouth every 6 hours as needed. However, the pharmacy label indicated the medication may also be given rectally.

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.*

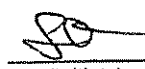
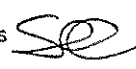
1. An order change label was placed on the medication during the inspection.
2. All staff administering medications will be trained on 7/19/18 on proper labeling of medications.
3. Since the inspection, as part of the facility's Quality Management Plan, 10 resident's medications have been checked monthly to ensure medications are properly labeled.
4. All resident's medications will be checked quarterly by the Resident Care Coordinator going forward to ensure medication are properly labeled.
5. The Administrator will verify all resident medications are being checked on a quarterly 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 7-13-18

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JUL 13 2018

Violation Report: 40499 - 04/18/2018 - Barone, Barbara  
PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
Resident #7's glucometer was not calibrated to the correct time.

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 7's glucometer was calibrated after the inspection.
2. All resident glucometers have been checked weekly since the inspection to ensure glucometers are properly calibrated.
3. The facility's policy on blood sugar monitoring was updated and will be reviewed with all staff administering medications on 7/19/18.
4. The Administrator will review the checklist which is completed weekly to ensure ongoing 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  
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Thomas J. George, VP of Operations

Date 7-13-18

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

  
(Initials)



Violation Report: 40499 - 08/15/2018 - Barone, Barbara  
 PCH Name: NORTHVIEW ESTATES

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lantus 100U/ml, inject 50 units sub q daily before bedtime. However, the medication was not available for administration from 8/13/2018 to 8/16/2018.

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.*

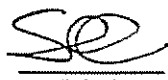

1. The medication was not available as the resident refused to pay for the medication.
2. The facility's policy on medication was reviewed the resident and the resident agreed to purchase the medication. The facility's policy is also reviewed with each resident upon admission via the admissions agreement.
3. The facility's policy on ordering medications was reviewed with the Resident Care Coordinator and Administrator and states the following: In the event a medication has not been received or is not present the nurse or med tech will notify the Administrator. The disposition of the medication will be documented on the Physician Order Record. The nurse or med tech will order any medications from the resident's pharmacy of choice. In the event the resident's pharmacy of choice is not available to deliver the medication the nurse or med tech will order the medication from the facility's contracted pharmacy at the resident's expense.
4. The facility's policy on ordering medications will be reviewed with all staff responsible for administering medications by 11/15/18.

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 D George, VP of Operations      Date 11-8-18

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