



October 10, 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 June 21, 2019, 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.

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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *NORTHVIEW ESTATES*

License Number: *40499*

Address: *945 BORDER AVENUE, ELLWOOD CITY, PA 16117*

County: *LAWRENCE*

Region: *WESTERN*

Administrator

Name: *Nicole Kulik*

Phone: *7247581200*

Email: *RHODESESTATES@COMCAST.NET*

Legal Entity

Name: *NORTHVIEW ESTATES LIMITED PARTNERSHIP*

Address: *106 EAST NORTH STREET, NEW CASTLE, PA, 16101*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *02/08/2002*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *78*

Waking Staff: *59*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

06/21/2019 - On-Site: Laurie Garrigan, Joesph Eveses, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75*

Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes*

Area: *1st floor*

Capacity: *10*

Residents Served: *9*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *22*

Have Physical Disability: *0*

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 1:50 p.m., resident #1's bed enabler was not secured to the bed and moved approximately 1 to 2 inches when grasped, posing an entrapment hazard to the resident.

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 resident's enabler bar was secured by maintenance on the day of the inspection.
- 2. Policy was reviewed with all staff.
- 3. The maintenance staff will check all rooms monthly and for newly admitted residents upon admission to ensure all enabler bars are secured and document on checklist (attached).
- 4. The Administrator will ensure all rooms are checked monthly and upon admission.

Legal Entity Representative



Signature

Thomas J George, VP Operations

Printed Name and Title

8/26/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

8/26/19
(Date)

Plan of correction implementation status as of

8/26/19
(Date)

The above plan of correction was approved by


(Initials)

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

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F

Description of Violation

At 9:46 a.m., the hot water temperature in the kitchenette sink in the dining room area was 123.9 degrees Fahrenheit.

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 temperature on the hot water tank was turned down by maintenance staff on the day of the inspection and temperature readings taken were below 120 degrees.
2. The facility's maintenance man has checked hot water since the inspection. All temperatures taken have been below 120 degrees.
3. The facility maintenance man will check hot water sources weekly and document on checklist (attached).
4. The Administrator will ensure all hot water sources are checked monthly.

Within 30 days of receipt of this plan of correction, all staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents. *JH* 8/26/19

Legal Entity Representative

Thomas J George, V?
Signature

Thomas J George, V? Operations 8/21/19
Printed Name and Title Date

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103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

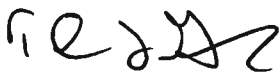
At 9:35 a.m., there were 29 uncovered plastic cups filled containing lemon gelatin on a tray in the silver refrigerator by the dry storage area.

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 food storage and regulation 2600.103.9 were reviewed with all food service staff on 8/1/19.
- 2. The Kitchen Supervisor will check all food service areas weekly to ensure food is stored in closed sealed containers and will document on the checklist (attached).
- 3. The Administrator will verify all food storage areas are being checked weekly.
- 4. Kitchen Supervisor covered all plastic cups filled with lemon gelatin on the day of the inspection.

Legal Entity Representative



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132d - Evacuation

Regulations

2600.

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Multiple staff and resident interviews indicated that resident #2 and resident #3, who both require 2 persons assistance to transfer, did not evacuate for all fire drills conducted within the last year. If the alarm goes off and resident #2 and #3 are in bed the staff check on the residents and place a pillow in front of the resident's door.

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 regulation and violation were reviewed with Administrator.
- 2. All residents were evacuated on drills conducted on 6/28/19 and 7/3/19.
- 3. All staff were trained on 7/3/19 by a fire safety expert on fire safety.
- 4. The local fire department conducted a drill on 7/3/19.

Immediately, the administrator or a designated staff person will monitor all fire drills and fire drill records to ensure that all residents including resident #2 and resident #3 are evacuated to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert in accordance with §2600.132(d). The administrator or designated staff person will also ensure that written documentation is kept for each fire drill as specified in §2600.132(c). 8/26/19

Signature

[Handwritten Signature]

Thomas J George, VP Operations

8/2/19

Signature

Printed Name and Title

Date

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06/21/2019

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #4's initial medical evaluation signed on 10/3/18, did not include the date the resident was evaluated. This section of the form was blank.

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 administered to staff responsible for ensuring Medical Evaluations are completed in accordance with regulation and facility policy.
- 2. Staff responsible for completing medical evaluations were trained on the regulation and facility policy on medical evaluations.
- 3. The Care Manager and Resident Care Coordinator will check all completed medical evaluations for completion by 8/19/19.
- 4. The Administrator will verify all Medical Evaluations are checked upon receipt.
- 5. The date was added to the medical evaluation form on the day of the inspection.

Legal Entity Representative



Signature

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #5's most recent medical evaluation signed on 2/20/19, did not include the date the resident was evaluated. This section of the form was blank.

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 administered to staff responsible for ensuring Medical Evaluations are completed in accordance with regulation and facility policy.
- 2. Staff responsible for completing medical evaluations were trained on the regulation and facility policy on medical evaluations.
- 3. The Care Manager and Resident Care Coordinator will check all completed medical evaluations for completion by 8/19/19.
- 4. The Administrator will verify all Medical Evaluations are checked upon receipt.
- 5. The date was added to the medical evaluation form on the day of the inspection.

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183b - Meds and Syringes Locked

Regulations

2600.

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

Description of Violation

At 11:48 a.m., there was a 1/4 full 1- ounce tube of triple antibiotic ointment unlocked, unattended and accessible in a box on the floor in resident #6's bedroom.

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 regulation and facility policy on storage of medication was reviewed with all staff on 8/1/19.
- 2. All resident rooms will continue to be checked monthly by Housekeeping and document on a checklist.
- 3. The violation was reviewed with all staff.
- 4. Resident #6's room will be checked daily to ensure medications are not present in room and documented.
- 5. The Administrator will ensure all rooms are checked monthly and resident #6/s room is checked daily to ensure no medications are in the rooms,

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

On 1/9/19, resident #1 was prescribed Tylenol 1000 mg every 8 hours as needed; however, the prescription label on the medication indicated Acetaminophen 500 mg tablets-take 2 tablets (1000mg) by mouth every 4-6 hours as needed.

Repeat violation: 4/18/18

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 resident medication will be checked by the Resident Care Coordinator by 8/2/19 to ensure proper labeling.
2. All nurses and med techs will be trained on the proper receipt of medications by 8/2/19.
3. The Resident Care Coordinator will check off resident medications monthly for 3 months and then 30 residents per month to ensure medications labels match the MAR.
4. The Administrator will verify medication labels are being checked.
5. The Resident care Coordinator applies a "direction change" sticker to the all labels on the day of the inspection.

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #4 was admitted to the home on 10/4/18; however, the resident's preadmission screening form was completed on 8/8/18.

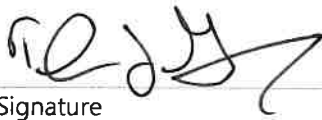
Plan of Correction (POC)

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- 1. The facility policy and regulation was reviewed with the Administrator.
- 2. The Resident Care coordinator will double check all Preadmission screening upon admission and documented on the checklist (attached).
- 3. The Administrator will verify the double check is completed.
- 4. All pre-screen forms were checked for completion by the administrator on 8/19/19.
- 5. Notation made on date on 8/19/19 by administrator.

All staff persons involved with resident admissions will be educated regarding the preadmission screening process and timeframes for completing the preadmission screening as specified in §2600.224(a). 8/26/19

Legal Entity Representative



Signature

Thomas J George, VP Operations 8-21-19


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