

Department of Human Services  
Bureau of Human Service Licensing

November 6, 2020

CHERYL FESTER, ADMINISTRATOR  
NORTHLAND HEIGHTS LLC  
10 LAFAYETTE SQUARE, SUITE 1900  
BUFFALO, NY 14203

RE: NORTHLAND HEIGHTS  
4859 MCKNIGHT ROAD  
PITTSBURGH, PA, 15237  
LICENSE/COC#: 45084

Dear Ms. Fester,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2020, 08/28/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *NORTHLAND HEIGHTS* License #: *45084* License Expiration Date: *02/04/2021*  
Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *CHERYL FESTER* Phone: *412-223-3100* Email: *cfester@hamistergroup.com*

**Legal Entity**

Name: *NORTHLAND HEIGHTS LLC*  
Address: *10 LAFAYETTE SQUARE, SUITE 1900, BUFFALO, NY, 14203*  
Phone: *7166386088* Email: *BPLEBAN@HAMISTERGROUP.COM*

**Certificate(s) of Occupancy**

Type: *C-1* Date: *01/21/2020* Issued By: *Ross Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint,Incident* Exit Conference Date: *08/28/2020*

**Inspection Dates and Department Representative**

*08/27/2020 - On-Site: Karen Georgoulis*  
*08/28/2020 - Off-Site: Karen Georgoulis*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *123* Residents Served: *4*

**Special Care Unit**

In Home: *Yes* Area: *2nd Floor* Capacity: *19* Residents Served: *1*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *4*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

## Inspections / Reviews

## 08/27/2020 - Partial

Lead Inspector: *Karen Georgoulis*Follow-Up Type: *POC Submission*Follow-Up Date: *10/26/2020*

## 10/29/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *11/03/2020*

## 11/6/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

15a Resident abuse report

1. Requirements

2800.

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

Description of Violation

On 8/20/2020, between the hours of approximately 8:30 p.m. and 9:00 p.m. in resident #1's bedroom, direct care staff person A, alleges hearing direct care staff person B, yelling at resident #1 in a harsh tone, "Come on hurry up and eat, take another bite" and "because it was my job" and indicated the badgering went on for about 15 or 20 minutes, which reportedly agitated resident #1. The allegation of abuse was not reported to the local Area Agency on Aging until 5:00 p.m. on 8/24/2020.

Plan of Correction

Accept

On 8/28/20 and 10/23/2020, all staff were educated regarding abuse reporting requirements pertaining to the Older Adult Protective Services Act. The Director of Personal Care, or designee, will review all allegations of abuse as they occur for the timeliness of reporting.

Completion Date: 10/23/2020

Document Submission

Implemented

See attachment

15b Resident abuse-superv plan

1. Requirements

2800.

- 15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 8/20/2020, between the hours of approximately 8:30 p.m. and 9:00 p.m. in resident #1's bedroom, direct care staff person A, alleges hearing direct care staff person B, yelling at resident #1 in a harsh tone, "Come on hurry up and eat, take another bite" and "because it was my job" and indicated the badgering went on for about 15 or 20 minutes, which reportedly agitated resident #1. Direct care staff person B continued to provide unsupervised personal care to resident #1, by assisting the resident with showering and worked unsupervised until the end of the shift, at 11:00 p.m., as well as, 8/22/2020, 8/23/2020 and 8/24/2020 during 3:00 p.m. to 11:00 p.m. shift.

Plan of Correction

Accept

On 8/26/2020 staff person B was suspended, and a plan of supervision was sent to the DHS. Effective immediately, upon receiving a report of suspected abuse by a staff member, the Director of Personal Care, the Administrator or designee will immediately suspend the suspected employee pending investigation into the report. Staff will be educated on or before November 30 regarding requirements for employee supervision upon an allegation of abuse.

Completion Date: 08/26/2020

Document Submission

Implemented

See attachment

16c Incident reporting

1. Requirements

**16c Incident reporting (continued)**

2800.

- 16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 8/20/2020, between the hours of approximately 8:30 p.m. and 9:00 p.m. in resident #1's bedroom, direct care staff person A, alleges hearing direct care staff person B, yelling at resident #1 in a harsh tone, "Come on hurry up and eat, take another bite" and "because it was my job" and indicated the badgering went on for about 15 or 20 minutes, which reportedly agitated resident #1. The allegation of abuse was not reported to the Department until 8/24/20 at 3:00 p.m.*

**Plan of Correction****Accept**

*On 8/8/20 and 10/23/2020, all staff were educated regarding abuse reporting requirements pertaining to the Older Adult Protective Services Act. The Director of Personal Care, or designee, will review all allegations of abuse as they occur for the timeliness of reporting.*

**Completion Date:** 10/23/2020

**Document Submission****Implemented**

*See attachment*

**85a Sanitary conditions****1. Requirements**

2800.

- 85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 8/28/2020, there was an accumulation of what appear to be breadcrumbs on the floor under and around the desk in resident #1's bedroom (Room #201). There is a dirty residue on the floor by the right side of the desk. The floor between the bathroom and bed has a reddish dried substance, measuring approximately 1" in diameter, which appears to be blood, approximately 1½' from the bathroom door.*

**Plan of Correction****Accept**

*Resident #1's room was immediately cleaned on the same date as the survey inspection on 8/28/20. Direct care staff members have been educated to check resident rooms and bathrooms for sanitary conditions at least once per shift. Direct Care Staff are to notify Maintenance Director or designee of unsanitary conditions that they cannot independently resolve. The Administrator or designee will conduct a walkthrough of all occupied resident rooms weekly for four weeks to monitor compliance.*

**Completion Date:** 08/28/2020

**Document Submission****Implemented**

*See attachment*

**224a5 Written initial assessment****1. Requirements**

2800.

- 224.a.5. The written initial assessment must, at a minimum include the following:

- i. The individual's need for assistance with ADLs and IADLs.
- iv. The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.
- vii. The individual's ability to safely operate key-locking devices.

224a5 Written initial assessment (*continued*)**Description of Violation**

*Resident #1's initial assessment, dated 5/6/2020, does not include the residents exit seeking behaviors and the need for a wander guard which was implemented at the time of admission. Under Social and Recreational Needs the resident was not assessed for the following: enjoying solitary and or group activities, does not indicate any religious affiliation, if any or indicate if the resident does not participate in solitary or group activities. These sections were blank.*

**Plan of Correction****Accept**

*A follow-up assessment plan for Resident #1 was completed by the Director of Personal Care on 9/10/2020 including Resident #1's social and recreational needs. All current assessments for all residents were reviewed by the nursing staff on 10/24/2020 for compliance with this requirement. The Director of Personal Care's licensed nurse designee will audit all new resident assessment plans upon admission for compliance with 224(a)(5).*

**Completion Date:** 10/24/2020

**Document Submission****Implemented**

*See attachment*

## 224c6 Preliminary support plan - medications

**1. Requirements**

2800.

224.c.6. An individual's preliminary support plan must document the ability of the individual to self-administer medications or the need for medication reminders or medication administration and the ability of the resident to safely operate key-locking devices.

**Description of Violation**

*Resident #1 was assessed to be able to independently operate the key-locking device. However, interviews indicated the resident was unable to independently operate the keypad to exit the floor.*

**Plan of Correction****Accept**

*On 9/10/2020, Resident #1 was re-assessed by the Director of Personal Care for the ability to independently operate the keypad to exit the floor. Resident #1's inability to do so was documented on the assessment and support plan dated 9/10/2020.*

**Completion Date:** 09/10/2020

**Document Submission****Implemented**

*See attachment*

## 224c7 Preliminary support plan - participation

**1. Requirements**

2800.

224.c.7. An individual shall be encouraged to participate in the development of the preliminary support plan. An individual may include a designated person or family member in making decisions about services.

**Description of Violation**

*Resident #1's Preliminary support plan was not signed by the resident and did not indicate if the resident was unable or refused to participate in the development of the plan or to sign the plan.*

224c7 Preliminary support plan - participation (*continued*)**Plan of Correction****Accept**

*On 9/10/2020, Director of Personal Care completed a revised support plan for a change in condition of Resident #1. Resident #1 did not participate in the completion of the support plan, and that fact has been indicated on the revised support plan for Resident #1. Current assessments for all residents were reviewed by nursing staff on 10/24/2020. The Director of Personal Care has been educated as to requirement for compliance with this requirement.*

**Completion Date:** 10/24/2020

**Document Submission****Implemented**

*See attachment*

## 224c10 Preliminary support plan - resident copy

**1. Requirements**

2800.

224.c.10. The residence shall give a copy of the preliminary support plan to the resident and the resident's designated person.

**Description of Violation**

*The residence did not indicate if a copy of resident #1's preliminary support plan was requested, and the copy provided. These sections were blank.*

**Plan of Correction****Accept**

*Resident #1's responsible party signed and was given a copy of the revised support plan dated 9/10/2020. All resident charts were audited for compliance with this requirement. Support plans will be monitored weekly for four weeks for compliance by the Director of Personal Care's licensed nurse designee. Applicable staff will be educated regarding compliance with this requirement on or before 11/30/2020.*

**Completion Date:** 09/10/2020

**Document Submission****Implemented**

*See attachment*

## 225a2 Assessment – significant change

**1. Requirements**

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident #1 was admitted to the home on 5/11/2020. The resident had an initial assessment completed on 5/6/2020. After admission the resident has exhibited inappropriate behaviors, towards female staff, that included; touching their breasts, buttock or attempting to kiss them. The resident's assessment was not updated to include these behaviors.*

225a2 Assessment – significant change (*continued*)**Plan of Correction****Accept**

*Applicable staff have been educated to notify the Director of Personal Care when a significant change in condition occurs for any resident, and the Director Personal Care or designee would then update the assessment/support plan if applicable. Director of Personal Care's licensed nursing designee will monitor assessments/support plans weekly for four weeks for compliance*

**Completion Date:** 10/24/2020

**Document Submission****Implemented**

*See attachment*

## 227a Final support plan – 30 days

**1. Requirements**

2800.

- 227.a. Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department's support plan form.

**Description of Violation**

*The final support plan for resident #1, admitted 5/11/2020, does not include a date the final support plan was completed; therefore, it could not be determined if it was completed within 30 days after admission.*

**Plan of Correction****Accept**

*A revised support plan was completed and finalized for Resident #1 on 9/9/2020 when resident was admitted to memory care unit. All resident support plans were audited on 10/24/2020 for compliance with 227(a). Director of Personal Care's license nurse designee will monitor weekly for four weeks for compliance with this requirement.*

**Completion Date:** 09/09/2020

**Document Submission****Implemented**

*See attachment*