

Department of Human Services
Bureau of Human Service Licensing

November 10, 2020

JACK TURESKY, PRESIDENT/COO
NORTHLAND HEIGHTS LLC
10 LAFAYETTE SQUARE, SUITE 1900
BUFFALO, NY 14203

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

Dear Mr. Turesky,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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: *7166386088* Email: *cfester@hamistergroup.com*

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
 Address: *10 LAFAYETTE SQUARE, SUITE 1900, BUFFALO, NY, 14203*
 Phone: *7168394660* Email: *JTURESKY@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: *7* Waking Staff: *5*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/05/2020*

Inspection Dates and Department Representative

10/05/2020 - On-Site: Amy Duncan, Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* Residents Served: *5*

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: *5*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

10/05/2020 - Full

Lead Inspector: *Amy Duncan* Follow-Up Type: *POC Submission* Follow-Up Date: *10/25/2020*

Inspections / Reviews (*continued*)

10/28/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *11/01/2020*

11/6/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *11/12/2020*

11/10/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - 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.

Description of Violation

At 10:42 am, binders containing monthly weights and vital records, shower records, temperature logs, 24-hour reports and communications logs for residents #2 and #3 were unlocked, unattended and accessible on a bookshelf next to the 6th floor nurse's desk.

Plan of Correction

Accept

The binders referenced were placed in a locked closet on 10/05/2020, the day of the survey, and they will remain there going forward. Nursing staff were educated 10/23/2020 on regulation 2800.17. Binder placement will be monitored daily for 4 weeks by the nurse assigned to the 6th floor. Director of Personal Care, or designee, is responsible for monitoring ongoing compliance.

Completion Date: 10/23/2020

Document Submission

Implemented

See attachment A

25b Contract signatures and renewal

1. Requirements

2800.

- 25b . 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. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #1's resident-residence contract, dated 5/10/20, is not signed by the resident.

25b Contract signatures and renewal (continued)

Plan of Correction**Directed**

Resident #1's contract was signed 10/5/2020, the day of the survey, by Resident #1. Administrator, Sales and Marketing Department Representatives and Business Office Manager were educated on regulation 2800.25(b). Each current resident's file was reviewed to verify resident signatures are on each residence contract. Going forward, the Business Office Manager, or designee, upon admission of each resident will monitor for completion of resident signatures on each residence contract.

DIRECTED: The audit shall include a review of at least 4 resident records per month. LM 11/6/2020

Completion Date: 10/05/2020

Document Submission**Implemented**

See attachments B & C.

85c Trash removal

1. Requirements

2800.

85.c. Trash shall be removed from the premises at least once a week.

Description of Violation

According to staff person A, the residence's administrator, trash is removed from the premises every other Friday.

Plan of Correction**Accept**

Trash removal vendor was contacted on 10/6/2020 to have trash removed from the property weekly – and has been performing weekly trash removal since then. The Culinary Director and Administrator were educated on regulation 85(c). The Culinary Director or designee is responsible for monitoring weekly for 4 weeks for compliance.

Completion Date: 10/06/2020

Document Submission**Implemented**

See attachment D.

96a First aid kit

1. Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located on the 1st floor does not include gauze pads and nonporous disposable gloves.

Plan of Correction**Accept**

Gauze pads and nonporous gloves were added to the 1st floor first aid kit on 10/5/2020, the date of the survey. Staff were re-educated regarding replacing items from the first aid kit upon removal. First aid kits will be audited weekly for 4 weeks and monthly thereafter by the Director of Personal Care, or designee, for compliance.

Completion Date: 10/23/2020

Document Submission**Implemented**

See attachments A & E.

103d Storing food off the floor

1. Requirements

2800.

103.d. Food shall be stored off the floor.

Description of Violation*20 gallons of water were stored on the floor in the kitchen storage room.***Plan of Correction****Directed***The 20 gallons of water referenced herein is not food, it is distilled water for the facility's water feature wall. The distilled water was been removed from kitchen storage on 10/8/2020. The Director of Maintenance, or designee, will monitor that distilled water will not be stored in the kitchen weekly for 4 weeks. Drinking water is stored off the floor and monitored monthly by the Culinary Director or designee.**Upon receipt of the plan of correction: A designated staff person shall inspect the kitchen and all food storage areas daily to ensure no food is stored on the floor. LM 11/6/2020***Completion Date:** 10/08/2020**Document Submission****Implemented***See attachment D.*

123b Emerg. procedures posted

1. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation*The emergency procedures for the residence and for the municipality were located in the administrator's office, and were not posted in a conspicuous and public place.***Plan of Correction****Directed***An emergency management procedure binder was placed at the reception desk counter on 10/5/2020, the day of the survey. Placement will be monitored by the Administrator or designee daily for 4 weeks.**Upon receipt of the plan of correction: A designated staff person shall inspect the home monthly to ensure emergency procedures are posted in a conspicuous and public place in the home. LM 11/6/2020***Completion Date:** 10/05/2020**Document Submission****Implemented***See attachment F.*

184a Labeling

1. Requirements

2800.

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

2. The name of the medication.

184a Labeling (continued)

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed Potassium Chloride tablet extended release 20 MEQ-Give 20 MEQ by mouth one time a day; however, the pharmacy label indicates, Potassium Chloride tablet extended release 10 MEQ-Give 2 tablets by mouth one time a day.

Resident #5 is prescribed Humalog solution 100 unit/ml-Inject subcutaneously daily after meals and bedtime as per sliding scale: if 141-180= 1 unit; 181-220= 2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-400= 6 units and call MD; however, the pharmacy label indicates, Humalog solution 100 unit/ml-Inject subcutaneously as per sliding scale: if 141-180= 1 unit; 181-220= 2 units.

Plan of Correction**Directed**

Nursing staff have been educated on the medication labels and process. Upon receipt of medications, nurses will compare incoming med labels to the physician medication order. If there is a discrepancy, they will notify the pharmacy for a medication that follows the physician's order exactly. Any incorrect labeled medications will not be stored in the med cart, they will be placed in a secured area to be returned to the pharmacy. Cart audits will be conducted weekly by the Director of Resident Care or designee for 4 weeks, then monthly thereafter monitoring for compliance.

Upon receipt of the plan of correction: The pharmacy labels for residents #1 and #5 shall be updated in accordance with the prescriber's orders. LM 11/6/2020

Completion Date: 10/23/2020

Document Submission**Implemented**

See attachments A & G-1 & 2.

185a Storage procedures**1. Requirements**

2800.

- 185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a Storage procedures (continued)

Description of Violation

On the following dates and times, resident #5's blood sugar readings were not documented on the resident's October 2020 medication administration record (MAR):

* 10/2/20 at 11:13 am-glucometer reading 147

*10/2/20 at 4:55 pm-glucometer reading 133

Resident #5 is prescribed Humalog solution 100 unit/ml-Inject subcutaneously daily after meals and bedtime as per sliding scale: if 141-180= 1 unit; 181-220= 2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-400= 6 units and call MD. The following blood sugar readings were documented on the resident's October 2020 MAR; however, there were no blood sugar readings present on the resident's glucometer for those dates/times:

*10/4/20 at 7:00 am-blood sugar reading 181

*10/4/20 at 9:00 pm-blood sugar reading 140

Plan of Correction**Directed**

Licensed Practical Nurses were educated on the proper techniques of blood glucose monitoring and the recording of results. Nursing staff has been educated to review Resident e-MARs prior to leaving each shift to verify that all medications were provided as directed and documented. Director of Personal Care, or designee, will audit blood glucose monitor readings comparing to the documentation to the Resident MAR weekly for 6 weeks. DIRECTED: After the weekly audits are completed, a designated staff person shall review the E-MAR's and glucometers for at least 4 residents, on a monthly basis, to ensure accurate blood sugar documentation. LM 11/6/2020

Completion Date: 10/23/2020

Document Submission**Implemented**

See attachments A & H.

187b Date/time of med admin

1. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b Date/time of med admin (continued)

Description of Violation

Resident #1 is prescribed the following medications; however, the resident's October 2020 MAR does not include the initials of the staff person who administered multiple medications, including those on the following dates and times:

*Metoprolol Succinate ER tablet, 10/2/20 at 8:00 am

*Fludrocortison Acetate tablet, 10/2/20 at 8:00 am

*Pantoprazole Sodium tablet, 10/1/20 at 6:00 am

*Bethanechol Chloride tablet, 10/2/20 at 8:00 am and 2:00 pm; 10/4/20 at 2:00 pm

Resident #4 is prescribed the following medications; however, the resident's October 2020 MAR does not include the initials of the staff person who administered medications on the following dates and times:

*Magnesium Oxide tablet, 10/2/20 at 9:00 am

*Vitamin B12 tablet, 10/2/20 at 9:00 am

Resident #5 is prescribed the following medications; however, the resident's October 2020 MAR does not include the initials of the staff person who administered medications on the following dates and times:

*Aspirin 325 mg, 10/2/20 at 5:00 pm

*Cyanocobalamin tablet, 10/2/20 at 5:00 pm

*Gabapentin capsule, 10/2/20 at 8:00 pm

Plan of Correction**Accept**

Licensed Practical Nurses were educated on 2800.187b. Nursing staff has been educated to review Resident e-MARs prior to leaving each shift to verify that all medications were provided as directed and documented. The Director of Personal Care, or designee, will audit medication documentation weekly for 6 weeks and monthly for six months for compliance.

Completion Date: 10/23/2020

Document Submission**Implemented**

See attachments A & I

187d Follow prescriber's orders

1. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed Humalog solution 100 unit/ml-Inject subcutaneously daily after meals and bedtime as per sliding scale: if 141-180= 1 unit; 181-220= 2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-400= 6 units and call MD. The following blood sugar readings were documented on the resident's October 2020 MAR; however, there were no blood sugar readings present on the resident's glucometer for those dates/times:

*10/4/20 at 7:00 am-blood sugar reading 181

*10/4/20 at 9:00 pm-blood sugar reading 140

187d Follow prescriber's orders (*continued*)**Plan of Correction****Directed**

Nursing staff were educated on the proper techniques of blood glucose monitoring and the recording of results. Director of Personal Care will run a report comparing the blood glucose monitor readings to the documentation in the electronic MARs for all residents. This will be done weekly for 4 weeks. In this case, there were 2 glucometers being used for Resident #5. The additional glucometer has been removed. Nursing staff were educated that every resident shall only have one glucometer in use at a time.

Within 30 days of receipt of the plan of correction: A designated staff person shall review the E-MAR's for at least 4 residents, on a monthly basis, to ensure the directions from the prescriber are being followed. LM 11/6/2020

Completion Date: 10/23/2020

Document Submission**Implemented**

See attachments A & H.

221c Post activity calendar

1. Requirements

2800.

221.c. The week's daily activity calendar shall be posted in advance in a conspicuous and public place in the residence. The residence shall provide verbal cueing and reminders of activities, their start times and locations within the residence.

Description of Violation

The residence does not have a current weekly activity calendar posted in a public and conspicuous place in the residence.

Plan of Correction**Accept**

Recreation Director was educated on regulation 2800.221.c. The activity calendar was posted on the receptionist office door and in both elevators on 10/5/2020, the day of survey, visible to residents and visitors. The Administrator, or designee, will monitor weekly for 4 weeks for calendar placement.

Completion Date: 10/05/2020

Document Submission**Implemented**

See attachment F.

231b Medical evaluation

1. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

231b Medical evaluation (continued)

Description of Violation

Resident # 1 was admitted to the special care unit on 9/9/20; however, the resident's medical evaluation was completed on 5/8/20, which exceeds 60 days prior to admission. Also, the resident's medical evaluation does not include the resident's diagnosis of dementia or the need for the resident to be served in a special care unit.

Plan of Correction**Directed**

Resident #1 initially was admitted in Assisted Living, and transitioned to the Special Care Unit on 9/9/2020. The resident had a medical evaluation dated 10/22/20 indicating resident #1 requires dementia-related care. Nursing staff have been educated on regulation 231b. All Special Care resident records were reviewed to verify compliance with 231b. Director of Personal Care or designee will audit medical evaluations for compliance upon each resident's admission or significant change in condition.

DIRECTED: The audit shall include a review of at least 4 resident records per month. LM 11/6/2020

Completion Date: 10/22/2020

Document Submission**Implemented**

See attachments A & K.

233c Key-locking devices

1. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the following exits in the special care unit:

*The emergency exit door near living unit #212 to the stairway

*The 2nd floor back exit leading to the upper parking lot

REPEAT VIOLATION: 12/12/2019, et al

Plan of Correction**Accept**

Applicable staff were educated on reg. 2800.233.c. The codes for operating the doors were placed near the keypads on 1/5/2020, the day of the survey. Placement of the codes will be checked daily for one week and monthly thereafter by Administrator or designee.

Completion Date: 10/05/2020

Document Submission**Implemented**

See attachment F.