Department of Human Services
Bureau of Human Service Licensing

April 26, 2021

[redacted] 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 [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2021, 03/04/2021, 03/05/2021, 03/08/2021 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* **Licen e #**: *45084* **Licen e Expiration Date**: *02/04/2022*
Addre : *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *7166386088* **Email**: [redacted]

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
Address: *10 LAFAYETTE SQUARE, SUITE 1900, BUFFALO, NY, 14203*
Phone: *4122233100* **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *109* **Waking Staff**: *82*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *04/08/2021*

Inspection Dates and Department Representative

03/03/2021 - On-Site: [redacted]
03/04/2021 - Off-Site: [redacted]
03/05/2021 Off Site [redacted]
03/08/2021 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *123* **Re ident Served**: *104*

Special Care Unit

In Home: *Yes* **Area**: *6th floor* **Capacity**: *104* **Residents Served**: *4*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *11*
Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

03/03/2021 - Partial

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *04/15/2021*

4/16/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/19/2021*

4/20/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/26/2021*

4/26/2021 - Document Submission

Lead Reviewer: [redacted] **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 2/24/21 at an undetermined time in the morning, resident #2 had fallen while getting out of bed to go to the bathroom. Resident #1 rang all the call bell, for staff assistance. At approximately 6:40 a.m., direct care staff persons A and B responded to the call bell in room [redacted] and found resident #1 and #2 both crying while resident #1 was trying to assist resident #2 off the floor.

Resident #1 reported direct care staff person A was loud, boisterous and yelled at resident #1 and #2.

Resident #1 reported direct care staff persons A stood over resident #2 and stated, "We're not picking you up. I'm not going to hurt my back" and neither staff attempted to move the resident off the floor. Direct care staff person A called for direct care staff person C, to assist with resident #2. Resident #1 reported, direct care staff person A, called resident #2 a "Big Cry Baby" and yelled at resident #1, to "shut up, shut up" and "stop crying" multiple times. and yelled, "I don't know why you're crying, you're not the one that fell."

Direct care staff person C reported direct care staff person A was very loud, boisterous and did not stop talking/yelling the entire time in the room. Direct care staff person C, reported direct care staff person A was yelling at resident #1 to "shut up", "Go sit in the other room", "you can't help", "you need to get away. "The more direct care staff person A yelled the more upset resident #1 got, indicating, "It was just terrible."

Resident #2 was assisted up and direct care staff person A and B took resident #2 into the bathroom.

Direct care staff person C indicated resident #2 was seated on the toilet, when direct care staff person A said loudly several times, "This is ridiculous, this happens all the time. [redacted] shouldn't be here." Again, direct care staff person C, indicated how mean and terrible direct care staff person A was.

The incident was not reported to the Area Agency on Aging until 2/24/21 at approximately 11:45 a.m.

Plan of Correction **Do Not Accept**

The Director of Personal Care and Administrator reported the incident of Abuse to the Area Agency on Aging as soon as they became aware that an incident had occurred with residents #1 and #2.

All facility personnel were re-educated on reporting incidents to the Area Agency on Aging as of 03/17/2021. This education will be completed upon hire and periodically thereafter.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *03/17/2021*

15a Resident abuse report *(continued)*

Plan of Correction **Accept**

The Director of Personal Care and Administrator reported the incident of Abuse to the Area Agency on Aging as soon as they became aware an incident occurred with residents #1 and # 2.

The Administrator will monitor any allegations of abuse weekly to confirm compliance with regulation 2800.15.a.

All facility personnel were re-educated on reporting incidents of abuse to the Area Agency on Aging and The Department of Human Services as of 03/17/2021. This education will be conducted upon hire and quarterly thereafter.

Responsible Position(s): Administrator, Director of Personal Care

Completion Date: *03/17/2021*

Document Submission **Implemented**

See Attached

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.

15b Resident abuse-superv plan *(continued)*

Description of Violation

On 2/24/21 at an undetermined time in the morning, resident #2 had fallen while getting out of bed to go to the bathroom. Resident #1 rang all the call bell, for staff assistance. At approximately 6:40 a.m., direct care staff persons A and B responded to the call bell in room [redacted] and found resident #1 and #2 both crying while resident #1 was trying to assist resident #2 off the floor.

Resident #1 reported direct care staff person A was loud, boisterous and yelled at resident #1 and #2.

Resident #1 reported direct care staff persons A stood over resident #2 and stated, "We're not picking you up. I'm not going to hurt my back" and neither staff attempted to move the resident off the floor. Direct care staff person A called for direct care staff person C, to assist with resident #2. Resident #1 reported, direct care staff person A, called resident #2 a "Big Cry Baby" and yelled at resident #1, to "shut up, shut up" and "stop crying" multiple times. and yelled, "I don't know why you're crying, you're not the one that fell."

Direct care staff person C reported direct care staff person A was very loud, boisterous and did not stop talking/yelling the entire time in the room. Direct care staff person C, reported direct care staff person A was yelling at resident #1 to "shut up", "Go sit in the other room", "you can't help", "you need to get away. "The more direct care staff person A yelled the more upset resident #1 got, indicating, "It was just terrible."

Resident #2 was assisted up and direct care staff person A and B took resident #2 into the bathroom.

Direct care staff person C indicated resident #2 was seated on the toilet, when direct care staff person A said loudly several times, "This is ridiculous, this happens all the time. [redacted] shouldn't be here." Again, direct care staff person C, indicated how mean and terrible direct care staff person A was.

Direct care staff persons A and B continued to provide direct care to the residents, to include resident #1 and #2 until approximately 7:30 a.m. Neither staff person was put on a plan of supervision or suspended until after the completion of their shift on 2/24/21.

Plan of Correction **Do Not Accept**

Staff persons A and B were suspended pending investigation as soon as the Administrator and Director of Personal Care became aware of the incident.

All facility personnel were re-educated on resident's rights and reporting abuse as of 03/17/2021. All staff will be educated at hire and re-educated periodically on resident rights and reporting abuse.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *03/17/2021*

15b Resident abuse-superv plan *(continued)*

Plan of Correction **Accept**

Staff persons A and B were suspended pending investigation as soon as the Administrator and Director of Personal Care became aware of the incident. Upon completion of the Department of Human Services' Investigation, both staff persons were terminated.

The Administrator will monitor any allegations of abuse weekly to confirm adherence to regulation 2800.15.b

Facility personnel were re-educated on resident rights and reporting abuse as of 03/17/2021. Staff will be educated at hire on 2800.15.b and re-educated quarterly thereafter.

Responsible Position(s): Director of Personal Care, Administrator

Completion Date: *03/17/2021*

Document Submission **Implemented**

See Attached

42c Dignity/Respect

1. **Requirements**

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 2/24/21 at an undetermined time in the morning, resident #2 had fallen while getting out of bed to go to the bathroom. Resident #1 rang all the call bell, for staff assistance. At approximately 6:40 a.m., direct care staff persons A and B responded to the call bell in room [redacted] and found resident #1 and #2 both crying while resident #1 was trying to assist resident #2 off the floor.

Resident #1 reported direct care staff person A was loud, boisterous and yelled at resident #1 and #2.

Resident #1 reported direct care staff persons A stood over resident #2 and stated, "We re not picking you up. I m not going to hurt my back" and neither staff attempted to move the resident off the floor. Direct care staff person A called for direct care staff person C, to assist with resident #2. Resident #1 reported, direct care staff person A, called resident #2 a "Big Cry Baby" and yelled at resident #1, to "shut up, shut up" and "stop crying" multiple times. and yelled, "I don t know why you re crying, you re not the one that fell."

Direct care staff person C reported direct care staff person A was very loud, boisterous and did not stop talking/yelling the entire time in the room. Direct care staff person C, reported direct care staff person A was yelling at resident #1 to "shut up", "Go sit in the other room", "you can t help", "you need to get away. "The more direct care staff person A yelled the more upset resident #1 got, indicating, "It was just terrible."

Resident #2 was assisted up and direct care staff person A and B took resident #2 into the bathroom.

Direct care staff person C indicated resident #2 was seated on the toilet, when direct care staff person A said loudly several times, "This is ridiculous, this happens all the time. [redacted] shouldn t be here." Again, direct care staff person C, indicated how mean and terrible direct care staff person A was.

42c Dignity/Respect *(continued)*

Plan of Correction **Do Not Accept**

All facility personnel were re-educated on resident rights as of 03/17/2021. All staff will be educated at hire and re-educated periodically on resident rights.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *03/17/2021*

Plan of Correction **Accept**

Facility personnel were re-educated on resident rights as of 03/17/2021. The Administrator will interview 2 residents per week beginning 04/20/2021 and continue for 3 months to confirm that all residents feel they are being treated with dignity and respect. These interviews will continue quarterly thereafter.

All staff will be educated at hire regarding regulation 2800.42.c and quarterly thereafter.

Responsible Position(s): Director of Personal Care, Administrator

Completion Date: *03/17/2021*

Document Submission **Implemented**

See Attached

141a Medical evaluation

1. Requirements

2800.

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. The evaluation must include the following:

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

Resident #1's medical evaluation under the immunization and Tuberculosis Testing section indicated the resident required a new tuberculin skin test. However, there was no documentation that a tuberculin skin test was scheduled or administered within the 15 days from the date of admission, 2/1/21.

Resident #2's initial medical evaluation, dated 1/27/21, does not indicate if a tuberculin skin test was administered within 2 years of admission or that a tuberculin skin test was scheduled within 15 days of admission dated 2/1/21.

Plan of Correction **Do Not Accept**

On 04/07/2021 resident #1 and #2 were given a tuberculin skin test. All recent support plans have been reviewed upon admission by the Director of Personal Care for completeness.

The Director of Nursing or Administrator will continue to review all support plans upon admission to the facility. All nursing staff will be re-educated regarding 2800.141.a and 2800.141.b on or before 04/09/2021.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

141a Medical evaluation *(continued)*

Plan of Correction **Accept**

On 04/07/2021 resident #1 and #2 were given a tuberculin skin test. All recent support plans have been reviewed upon admission by the Director of Personal Care for completeness.

The Administrator will review all current resident support plans on or before 04/23/2021 for completeness and correctness.

The Director of Personal Care will continue to review all resident support plans upon admission to confirm adherence to 2800.141.a and then quarterly thereafter.

All professional nursing staff will be re-educated regarding 2800.141.a and 2800.141.b on or before 04/09/2021. These trainings where be completed thereafter upon hire and periodically.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

Document Submission **Implemented**

See Attached

203 Bedside rails

1. **Requirements**

2800.

203. Bedside Rails

b. Half-length rails are permitted only if the following conditions are met:

1. The resident's assessment or support plan, or both, addresses the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails.

Description of Violation

On 3/3/21, there were bedside rails on both sides of resident#2's bed, in the living unit [redacted]. Resident #2 is unable to independently raise and lower the bedside rails on his/her own. There is no physicians order and the bed rails are not addressed in resident 2's assessment or support plan.

Plan of Correction **Do Not Accept**

The bedside rails on resident #2's bed were removed on 03/04/2021. All nursing staff will be re-educated regarding the use of bed rails on or before 04/09/2021. All resident rooms will be audited periodically by the Director of Personal Care or Administrator to confirm any bed rails are compliant with applicable regulations.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

203 Bedside rails *(continued)*

Plan of Correction **Accept**

The bedside rails on Resident # 2's bed were removed. The facility does not have any other residents who are currently using bed rails or other bedside supports. If this changes, then all bed rails and bedside supports will be checked by the Director of Personal Care of their designee weekly to confirm adherence with 2800.203.b.

All professional nursing staff will be re educated regarding the use of bed rails on or before 04/09/2021. These trainings will continue upon hire and quarterly thereafter.

Responsible position(s): Director of Personal Care, Administrator

Completion Date *04/09/2021*

Document Submission **Implemented**

See Attached

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

Resident #1's support plan, dated 3/3/21, does not indicate if a copy of the support plan was requested and/or given. The sections were blank.

Resident #2's support plan dated 2/15/21, does not indicate if a copy of the support plan was requested and/or given. The sections were blank.

Plan of Correction **Accept**

On or Before 04/09/2021 Resident # 1 and Resident #2 will be given a copy of their support plan. On 04/07/2021 all staff involved in the admissions process were re-educated on regulation 2800.224.c.10. Moving forward, upon admission the Admissions Director or Administrator will educate all new residents and their families about their right to request the resident's support plan. Their response will be documented. The Director of Personal Care will periodically conduct an audit of all resident support plans to verify such documentation.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

Document Submission **Implemented**

See Attached

225b Assessment content

1. Requirements

2800.
225.b. The assessment must, at a minimum include the following:
1. The resident's need for assistance with ADLs and IADLs.

225b Assessment content *(continued)*

Description of Violation

Resident #2 s assessment, dated 2/15/21, does not include an assessment for writing correspondence and obtaining seasonal clothing. These sections are blank. The resident s assessment also indicates the resident is independent with transferring in/out of bed and ambulating. However, multiple interviews and documents indicate the resident has had multiple of falls, to include the morning of 2/24/21, resident #2 fell attempting to get out of bed to use the bathroom. The resident needs a wheeled walker at all times to safely ambulate, with verbal cueing and reminders to use the wheeled walker.

Plan of Correction **Do Not Accept**

Resident # 2's assessment will be updated on or before 04/09/2021 to address the need for assistance in writing correspondence, obtaining seasonal clothing, and address Resident # 2's fall history. The Director of Personal Care will periodically audit resident support plans for completeness. All nursing staff will be re-educated on or before 04/09/2021 on how to complete a resident's support plan.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

Plan of Correction **Accept**

Resident # 2's assessment will be updated on or before 04/09/2021 to address the need for assistance in writing correspondence and obtaining seasonal clothing. The update will also address Resident # 2's fall history.

The Administrator will audit all resident assessments on or before 04/23/2021 to confirm adherence to regulation 2800.225.b.

Assessments will be reviewed upon admission by the Director of Personal Care to confirm adherence to 2800.225.b. These reviews will be conducted quarterly thereafter.

All professional nursing staff will be re-educated on or before 04/09/2021 on regulation 2800.225.b. These trainings will continue upon hire and quarterly thereafter.

Responsible Position(s): Director of Personal Care, Administrator

Completion Date: *04/09/2021*

Document Submission **Implemented**

See Attached

227c Final support plan - revision

1. **Requirements**

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident s needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

227c Final support plan - revision *(continued)*

Description of Violation

Resident #2's assessment dated, 2/15/21 and medical evaluation 1/27/21, indicates a dietary need for mechanical soft diet. However, the support plan does indicate a plan to meet that need and there is no frequency or responsible party indicated. The sections are blank. The support plan indicates the resident is independent with ambulation and use of rollator. Needs to be cued for evacuation/directions to safety. The staff will provide direct supervision and verbal cues during an emergency and evacuation. However, documentation indicates the resident has had multiple unwitnessed falls since admission and is a fall risk that is not addressed in the support plan. Multiple interviews indicated the resident frequently needs assist of staff to get out of bed/chair and when ambulating to prevent falls. All residents in the memory care unit are required to have/wear a wander guard. Resident #2 is assessed as moderate for supervision. However, the support plan does not address the resident's use of a wander guard.

Plan of Correction **Do Not Accept**

Resident # 2's support plan will be updated on or before 04/09/2021 to indicate a plan to meet the resident's need for a modified diet, the need for cuing for safe evacuation of the facility, and the resident's use of a wander guard. The Director of Personal Care or Administrator will periodically audit resident support plans for completeness. All nursing staff will be re-educated on how to complete a support plan on or before 04/09/2021. This training will be conducted for nursing staff upon hire and periodically thereafter.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

Plan of Correction **Accept**

Resident # 2's support plan will be updated on or before 04/09/2021 to indicate a plan to meet the resident's need for a modified diet and the need for cuing for safe evacuation of the facility, and the resident's use of a wander guard.

The Administrator will review all current resident support plans on or before 04/23/2021 to confirm compliance with regulation 2800.227.c.

The Director of Personal Care or their designee will audit resident support plans quarterly for completeness and correctness.

All professional nursing staff will be re-educated on how to complete a support plan on or before 04/09/2021. These trainings will be conducted upon hire and annually thereafter.

Responsible Position(s): Director of Personal Care, Administrator

Completion Date: *04/09/2021*

Document Submission **Implemented**

See Attached

231c1 Preadmit screening

1. **Requirements**
   2800.

231c1 Preadmit screening *(continued)*

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

On 3/3/21, resident #2's written cognitive preadmission screening is not dated when completed. Part III: Determination and Part IV: Participants are both blank and do not indicate if the resident's needs can be met by the residence.

Plan of Correction **Do Not Accept**

On or before 04/15/2021 the facility will contact Resident # 2's physician to obtain a compliant date on Resident # 2's cognitive preadmission screening. Nursing management or designee will review all preadmission screenings upon admission to confirm completeness and correctness. All professional nursing staff will be re-educated on regulation 2800.231.c.1.i on or before 04/09/2021.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/09/2021*

Plan of Correction **Accept**

On or before 04/23/2021 the facility will contact Resident #2's physician to obtain a compliant date on Resident # 2's cognitive preadmission screening.

The Administrator will audit all current resident support plans on or before 04/23/2021 to confirm compliance with 2800.227.c.

The Director of Personal Care or their designee will audit resident support plans quarterly for completeness and correctness.

All professional nursing staff will be re-educated on how to complete a support plan on or before 04/09/2021. This training will be conducted upon hire and quarterly thereafter.

Responsible Position(s): Director of Personal Care, Administrator

Completion Date: *04/09/2021*

Document Submission **Implemented**

See Attached

231f Non-dementia admission

1. Requirements

2800.

231.f.1. The spouse, friend or family member 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 to the residence or 15 days after admission to the residence.

Description of Violation

Resident #1 does not have a primary diagnosis of Alzheimer's disease or other dementia or brain injury, was admitted to the memory care unit, to resident with resident #2. Resident #1's initial in-person medical evaluation was completed on [redacted] which is approximately 5 months prior to admission date, [redacted]

231f Non-dementia admission *(continued)*

Plan of Correction **Do Not Accept**

Nursing management will review all medical evaluations upon admission to confirm completeness and correctness. Professional nursing staff have been re-educated on regulation 2800.231.f.1 on 04/06/2021. These trainings will be completed for all professional nursing staff upon hire and periodically thereafter.

Responsible position(s): Administrator, Director of Personal Care

Completion Date: *04/06/2021*

Plan of Correction **Accept**

Nursing management will review all medical evaluations upon admission to confirm completeness and correctness.

The Administrator will review all current resident medical evaluations on or before 04/23/2021 to confirm adherence to regulation 2800.231.f.1. Nursing management will continue these audits quarterly thereafter.

Professional Nursing Staff will be re-educated on regulation 2800.231.f.1 on or before 04/09/2021. These trainings will be conducted upon hire and quarterly thereafter.

Responsible Position(s): Director of Personal Care, Administrator

Completion Date: *04/09/2021*

Document Submission **Implemented**

See Attached