

Department of Human Services  
Bureau of Human Service Licensing

August 4, 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 06/23/2021 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* License #: *45084* License Expiration Date: *02/04/2022*  
Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *412-223-3100* 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 Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *06/23/2021*

**Inspection Dates and Department Representative**

*06/23/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *123* Residents Served: *14*

**Special Care Unit**

In Home: *Yes* Area: *Entire 2nd Floor* Capacity: *19* Residents Served: *4*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *7* Have Physical Disability: *0*

**Inspections / Reviews**

**06/23/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2021*

Inspections / Reviews (*continued*)

8/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/06/2021*

8/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

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 Repeat Violation

*On 6/23/21, the following resident documents were unlocked, unattended and accessible in multiple areas in the home to include:*

*2nd floor Memory Care nurses' station by the brown cabinet was a 3-tier acrylic file holder on the wall, that had multiple folders for residents including: resident #1, #2 and #3:*

- June, July and August labs from genesis, to include July Genesis labs for resident #1 - with DOB, physician, type of labs requested.*
- Documents "██████████" Genesis Medical Associates ██████████ Family practice with medical appointments for residents,*
- A binder with resident lab requests and results. Current residents, room numbers, names and physicians, to include*

*A small room "226" behind the nurse's station on the 2nd floor was unlocked and contained multiple stacks of resident records to be filed documents on a desk to include:*

- Pharmacy Non-control Packing Slips, including resident #4's Warfarin*
- 24-hour reports of shifts and current residents, to include residents #1, #2, #3, #4 and #5. .*
- Old CNA Reports, dated 4/25/21 6th floor 11-7 shift, to include resident #3*

*On the 6th floor, nurses station behind the desk on the left side an unlocked brown cabinet that contained multiple binders with resident information for all residents to include:*

- Monthly weights and vitals for current residents, to include residents #1, #2, #3.*
- 6th floor Temp log for all residents, including resident #3*
- 24-hour report, to include Tuesday, 6/22/21*
- Sixth Floor PCA Communication log for day and evening shifts discussing resident toileting and direct care provided to all residents to include resident #1, #3.*

*Repeat : 10/5/2020*

## 17 Record confidentiality (continued)

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

On 06/23/2021 the small room located behind the 2nd floor nursing station was locked and will remain locked to prevent unauthorized entry. A sign was placed on the door that indicated that the door is to remain locked. The three-tier file holder was removed from the wall next to the brown cabinet on the 2nd floor.

The brown cabinet on the 6th floor nursing unit was fitted with a lock to prevent unauthorized entry. This cabinet will remain locked.

On 7/2/2021 all staff were educated on regulation 2800.17 regarding confidentiality of records.

The nursing stations will be audited periodically by the Director of Personal Care to confirm resident records are properly secured when not in use.

All staff will be educated on regulation 2800.17 regarding confidentiality of resident records upon hire and re-educated thereafter periodically.

**Responsible Person: Director of Personal Care, Administrator**

Completion Date: 07/02/2021

**Document Submission****Implemented**

See Attached

## 82a Poisons original containers

**1. Requirements**

2800.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

On 6/23/21, at approximately 11:10 a.m., there was a spray bottle indicating "Enzyme Cleaner" on the container. The container was approximately ¼ full. The cleaning product was not in the original container and did not have a proper label under the sink in the small kitchen off dining room in Memory Care.

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

On 06/23/2021 the spray bottle that was under the sink in the small kitchen was removed and disposed of.

The Maintenance Director will audit areas in the facility where chemicals are stored to confirm that all bottles of chemicals are labeled correctly periodically.

All staff were educated on 07/02/2021 regarding regulation 2800.82.a regarding proper labeling of poisons. This education will continue upon hire and thereafter periodically.

**Responsible Person: Maintenance Director, Director of Personal Care**

Completion Date: 07/02/2021

82a Poisons original containers (*continued*)**Document Submission****Implemented***See Attached*

## 85d Trash cans – kitchen/bath

**1. Requirements**

2800.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 6/23/21, at approximately 11:10 a.m., the trash can in the kitchen was missing the flip section of the flip lid in the kitchen off the dining room in the Memory Care unit on the second floor. No meals were being prepared or served at the time.*

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

*On 06/23/2021 the trash can located in the Memory Care Dining room was removed and replaced with a trash can with a lid.*

*The Culinary Services Director or the Administrator will be responsible for checking periodically that the trash can in the Memory Care Dining room has a lid.*

*All staff were in-serviced on 07/02/2021 regarding regulation 2800.85.d. This training will continue to take place periodically.*

***Responsible Person: Culinary Services Director, Administrator***

**Completion Date:** *07/02/2021*

**Document Submission****Implemented***See Attached*

## 103g Storing food

**1. Requirements**

2800.

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

**Description of Violation**

*On 6/23/21, at approximately 10:15 a.m., there was an open unsealed loaf of Sara Lee Classic white bread in a large metal bin with assorted packages of bread products.*

**103g Storing food (continued)****Plan of Correction****Accept**

*On 6/23/2021 the loaf of Sarah Lee bread was disposed of.*

*The Culinary Services Director or chef will be responsible for auditing the kitchen periodically to confirm that all food is properly sealed.*

*All staff were re-educated on 7/02/2021 on regulation 2800.103.g regarding proper food storage. This training will continue to be conducted upon hire and periodically thereafter.*

***Responsible Person: Culinary Services Director, Chef***

Completion Date: 07/02/2021

**Document Submission****Implemented**

*See Attached*