

Department of Human Services
Bureau of Human Service Licensing

August 16, 2021

[REDACTED], MANAGER
THE HAVEN AT NORTH HILLS LLC
1080 SW MT. BACHELOR DR, STE 200
C-O SUNSHINE RETIREMENT
BEND, OR 97702

RE: THE HAVEN AT NORTH HILLS
1 WINDSOR WAY
PITTSBURGH, PA, 15237
LICENSE/COC#: 44938

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2021, 07/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *THE HAVEN AT NORTH HILLS* License #: *44938* License Expiration Date: *11/01/2021*
Address: *1 WINDSOR WAY, PITTSBURGH, PA 15237*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4123646411* Email: [REDACTED]

Legal Entity

Name: *THE HAVEN AT NORTH HILLS LLC*
Address: *1080 SW MT. BACHELOR DR, STE 200, C-O SUNSHINE RETIREMENT, BEND, OR, 97702*
Phone: *4123646411* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/21/1998* Issued By: *Ross Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/13/2021*

Inspection Dates and Department Representative

07/12/2021 - On-Site: [REDACTED]
07/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *24* Residents Served: *13*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

07/12/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/28/2021*

7/28/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2021*

8/2/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/13/2021*

8/16/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract for resident #1, dated [REDACTED], does not include the fee schedule of actual amounts charged for available services. Resident #1's resident-home contract indicates "addendum M: Move-In Form" is attached, which includes the home's fee scheduled for available services; however, addendum M is not attached to the resident's resident-home contract.

Plan of Correction

Accept

Fee schedule is on original move in contract. There was a second contract that was an addendum to that contract. Please see attached. This was immediately attached to the contract and provided an additional copy to the resident/POA

-Now and ongoing the Sales Director/Business Office manager will make sure that "addendum M" fee schedule is attached to the contract.

-a full file audit was completed to be sure a fee schedule is attached and available to the resident. the administrator designee will conduct the audit with a completion date of 8/13/21

-this task was also added to the move in check list to ensure this does not occur again.

Completion Date: 08/13/2021

Document Submission

Implemented

Addendum M attached

25c12 - Bed Hold

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract for resident #1, dated [REDACTED], does not include the charges for holding a bed during an absence.

25c12 - Bed Hold *(continued)***Plan of Correction****Directed**

Page 10 letter S indicates the fees for when a resident is out of the home temporarily.

Please see attached. It states the we will hold your suite so long as you continue to pay for all monthly charges and other amounts owing under this agreement, with the exception of Level of care.

DIRECTED: By 9/1/21: All residents shall be notified in writing of the home's change to the bed hold policy, which is effective 10/1/21. The signed, updated page to the resident-home contract shall be attached to each current resident's resident-home contract and placed in each resident's file. The updated bed hold policy shall be provided to each newly-admitted resident. ■ 8/2/21

Completion Date: 07/12/2021

Document Submission**Implemented**

Correction made to residency agreement. attached. Addendum attached that will be sent to all existing residents to sign

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

On 7/12/21, The Department's resident's rights poster was not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Residence is being painted. Posters were posted but removed due to painting project.

Posters were immediately put back on wall.

Maintenance Director will complete audit for all required postings during weekly building walks.

Staff will be retrained on importance of resident rights postings.

Completion Date: 08/13/2021

Document Submission**Implemented**

Picture attached of item in question

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c - Locking Poisonous Materials (continued)

Description of Violation

On 7/12/21 at 9:54 a.m., a tube of Remedy Phytoplex Protectant 2 Guard, with a manufacture's label indicating "If swallowed get medical help or contact Poison Control Center", was unlocked, unattended and accessible to residents in resident #3's bathroom, who resides in the home's [REDACTED] Not all the residents of the home, including resident #3 and other residents in the [REDACTED], have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Directed

Immediately the Item was removed from residents room and disposed of.
Immediately the Family was notified of not bringing in items to the apartment but to give to staff to lock up.
All poisons are locked and unavailable to residents.
Administrator and administrator designee will retrain Employees on the importance of room checks in SDU for poisonous substances. DIRECTED: The staff training shall be completed by 8/13/21. Documentation of the training shall be kept. [REDACTED] 8/2/21
Daily audits of apartments will be conducted to ensure compliance and safety of residents.
Completion Date: 08/13/2021

Document Submission

Implemented

Training completed. please see attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 7/12/21 at 9:54 a.m., resident #3's bedside lamp was inoperable. No other source of lighting that could be turned on/off from bedside was present.

Plan of Correction

Accept

Light bulb was immediately changed by maintenance director.
Staff retrained on reporting outages so light bulbs can be changed out.
Daily audits will be conducted by administrator designee to ensure all bedside light bulbs are in working condition.
Completion Date: 08/13/2021

Document Submission

Implemented

Training completed and audit sheet will continue to be completed

185a - Implement Storage Procedures

1. Requirements

2600.

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

185a - Implement Storage Procedures *(continued)***Description of Violation**

Resident #1 is prescribed Nystatin-100,000 UN/GM powder-Apply 3 times daily as needed; however, on 7/13/21, this medication was not available in the home for administration.

Plan of Correction**Directed**

immediately- Medication was discontinued.

Staff will be retrained on storage, access, security, distribution and use of medications to ensure compliance. DIRECTED: The staff training shall be completed by 8/13/21. Documentation of the training shall be kept. [REDACTED] 8/2/21

Med cart audit was conducted to ensure compliance.

Med cart audits will be done monthly for 3 months then quarterly after that.

Completion Date: 08/13/2021

Document Submission**Implemented**

Training completed and attached.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED], indicates the resident receives hospice services; however, the resident's support plan, dated [REDACTED], does not include the hospice company or contact information.

Plan of Correction**Accept**

immediately the name of the hospice company and phone number was added to the RASP.

immediately the Health Services Director completed File audit to ensure the name of the hospice company was on the RASP.

Health Services Director will conduct RASP file audits monthly for 3 months to ensure compliance of all hospice files. and when resident signs on to Hospice the company and phone number will be on RASP

Completion Date: 09/13/2021

Document Submission**Implemented**

RASP completed with name of hospice company and contact number.