

Department of Human Services
Bureau of Human Service Licensing

January 6, 2022

[REDACTED], VP OF ASSISTED LIVING OF NORTHVIEW ESTATES LIMITED PARTNERSHIP
[REDACTED]
[REDACTED]

RE: NORTHVIEW ESTATES
945 BORDER AVENUE
ELLWOOD CITY, PA, 16117
LICENSE/COC#: 40499

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2021, 09/09/2021 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: *NORTHVIEW ESTATES* License #: *40499* License Expiration: *12/24/2022*
Address: *945 BORDER AVENUE, ELLWOOD CITY, PA 16117*
County: *LAWRENCE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/08/2002* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/10/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]

09/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *10* Residents Served: *8*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

09/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2021*

Inspection Dates and Department Representative (*continued*)

10/20/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/27/2021*

11/01/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/15/2021*

01/06/2022 - Document Submission

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

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident #1. The resident's quarterly financial summary indicates the resident has a current balance of [REDACTED]; however, there was [REDACTED] cash in the resident's account at the home.

Plan of Correction

Accept

- 1. All resident financial records have been audited. All monies present are equal to the amounts indicated on the record of expenditures.
- 2. The facilities policy on Financial Recordkeeping has been reviewed with all staff responsible for keeping resident financial record.
- 3. The facility Administrator or designee will audit 5 resident financial records each month. The results of the monthly audit will be reviewed and signed off by the Administrator as part of the facility's quality management process.
- 4. Resident #1's finances were reconciled. The resident's balance on the financial summary equals the amount of cash in the resident's account.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home manages finances for resident #2. Resident #2's record of financial transactions indicates a disbursement of [REDACTED] on 2/26/21 from the resident's funds; however, there was no written receipt from the resident for the disbursement.

Plan of Correction

Accept

- 1 All resident financial records have been audited.
- 2 The facility's quality management plan has been updated to include the verification of receipts in each resident's financial record.
- 3 The facilities policy on Financial Recordkeeping has been reviewed with all staff responsible for keeping resident financial record.
- 4 The facility Administrator or designee will audit 5 resident financial records each month. The results of the

20b3 - Written Receipts (continued)

monthly audit will be reviewed and signed off by the Administrator as part of the facility's quality management process.

5. The receipt of [REDACTED] from Dollar General was located and all receipts were accounted for.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

There is no documentation that direct care staff person A, who was hired on [REDACTED] and has completed [REDACTED] 40th scheduled hour of work, received training on any of the topics specified in Chapter 2600.65a and 2600.65b.

Plan of Correction

Accept

1. Staff person A was trained on all topics specified in 65a and 65b and documentation has been completed.
2. The facility policy on all staff training was updated to ensure the documentation of training once completed remains in the staff person's permanent record.
3. The facility policy on all PCH Staff training was reviewed with the Administrator and all staff responsible for conducting training.
4. All new hire records will be checked monthly to ensure 40 Hour Training Requirements have been completed as part of the facility's quality management process.
5. The Administrator will sign off on the monthly quality management checks.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/9/21 at 9:00 a.m., the top and side of the large dumpster in the rear parking lot of the home was open and filled with multiple trash bags and two twin-sized mattresses.

Plan of Correction

Accept

1. All staff have been trained on the facility's policy on waste removal.
2. A sign was posted on the dumpster as a reminder to ensure dumpster remains closed.

85e - Trash Outside Home (continued)

3. Environmental staff will check the dumpster daily to ensure ongoing compliance. Results of the check will be documented.
4. The Administrator will sign off on the check as part of the facility's ongoing quality management plan.
5. The side and the top of the dumpster was closed on the day of the inspection.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021

91 - Telephone Numbers**1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 9/9/21, no emergency telephone numbers were posted on or near the telephones in the bedrooms of residents #3 and #4.

Plan of Correction

Accept

1. Emergency numbers were posted near the telephone of resident 3 and 4.
2. The facility policy on emergency phone numbers was review with staff responsible for posting the numbers.
3. Housekeeping staff will check all resident rooms upon admission and monthly to ensure ongoing compliance.
4. The Administrator will review and ensure rooms are being checked in accordance with the facility quality management plan.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021

227g -Support Plan Signatures**1. Requirements**

2600.

- 227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's most recent support plan, dated 2/5/21, is not signed by the assessor.

Plan of Correction

Accept

1. The RASP for resident 1 was signed by staff completing the RASP.
2. The facility's policy on RASP's was reviewed with staff responsible for completing the RASP.
3. The Resident Care Coordinator or designee will review all RASP's monthly for newly admitted residents and for residents whose annual RASP is due for completion.

227g -Support Plan Signatures (continued)

4. The Administrator will review and oversee the completion of the QA check.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was used on the signature dates of resident #4’s resident-home contract, dated [REDACTED], and the dates signed by the resident, the administrator, and the payer were written on top of the correction tape.

Plan of Correction

Accept

- 1. The facility’s policy on resident charts was reviewed with all staff responsible for documenting in resident records.
- 2. All new resident contracts will be reviewed monthly by the Administrator or designee to ensure the contract complies with the regulation.

Completion Date: 10/15/2021

Document Submission

Implemented

Documentation Attached

Completion Date: 12/06/2021