

Department of Human Services
Bureau of Human Service Licensing

May 25, 2022

[REDACTED]
NORTHVIEW ESTATES LIMITED PARTNERSHIP
[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 01/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

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: *7247581200* Email: [REDACTED]

Legal Entity

Name: *NORTHVIEW ESTATES LIMITED PARTNERSHIP*
Address: *106 EAST NORTH STREET, NEW CASTLE, PA, 16101*
Phone: *724-656-8000* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/21/2022*

Inspection Dates and Department Representative

01/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *34*

Secured Dementia Care Unit

In Home: *Yes* Area: *Secure Unit* Capacity: *10* Residents Served: *6*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

01/21/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/07/2022*

02/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/02/2022*

Inspections / Reviews (*continued*)

05/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident #1’s initial assessment and support plan, dated [REDACTED], indicates the resident requires assistances with showering. The home’s shower schedule indicates resident #1 is scheduled to receive showers on Sundays and Wednesdays during the 6:00 a.m. to 2:30 p.m. shift. However, resident #1 did not receive staff assistance with showering on 1/16/22 and 1/19/22.

Plan of Correction

Accept

1. The facility policy on RASP’s was reviewed with staff responsible for completing the RASP on 2/10/22.
2. The facility policy on Resident Weekly Care Record was reviewed with all direct care staff on 2/10/22.
3. The facility’s shower schedule was reviewed with all direct care staff on 2/10/22. The Resident Care Coordinator or designee will be responsible for maintaining the Shower Schedule.
4. Disciplinary Action was taken against the staff person responsible for showering the resident.
5. The facilities Quality Management Checklist was updated. The administrative assistant will check the shower schedule weekly, interview 10 residents weekly to question if they have been showered and review the Weekly Care Record to ensure proper documentation of care.
6. The Administrator will sign off to ensure residents are being checked for showers.

Completion Date: 02/10/2022

Document Submission

Implemented

Supporting documentation attached.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

There was a 50 caplet bottle of DG Health brand – 8 HR Arthritis Pain Relief – 650mg – unsecured, unattended and accessible on the table next to the chair in bedroom [REDACTED]

Plan of Correction

Accept

1. The bottle of medication was removed from the resident's room on 1/22/22.
2. All staff will be trained on the following facility policies: Medication Storage in Resident Rooms and Medication Storage by the Facility by February 10, 2022.
3. All resident rooms will be checked by 2/10/22 to ensure only physician approved medications are located in resident rooms and the medications are properly stored.
4. The facility quality management plan has been updated to include the weekly checking of all resident rooms. The housekeeper will check all resident rooms weekly to ensure all medication are properly stored. The housekeeper will document the check on the Resident Living Area Checklist.
5. The Administrator will ensure the checklist is completed and sign off on the checklist.

183b - Meds and Syringes Locked (continued)

Completion Date: 02/10/2022

Document Submission

Implemented

Supporting documentation attached