Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

December 14, 2022

[redacted], PRESIDENT/COO
NORTHLAND HEIGHTS LLC

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 11/01/2022, 11/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *NORTHLAND HEIGHTS* **License #**: *45084* **License Expiration**: *02/04/2023*

Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *44* **Waking Staff**: *33*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *11/02/2022*

Inspection Dates and Department Representative

11/01/2022 - On-Site

11/01/2022 - Off-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* **Residents Served**: *32*

Special Care Unit

In Home: *Yes* **Area**: *2nd Floor* **Capacity**: *19* **Residents Served**: *0*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *31*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

11/01/2022 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/17/2022*

11/17/2022 - POC Submission

Submitted By: **Date Submitted**: *12/13/2022*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/27/2022*

Inspections / Reviews *(continued)*

11/28/2022 POC Submission

Submitted By: [redacted]
Date Submitted: *12/13/2022*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *12/02/2022*

12/14/2022 Document Submission

Submitted By: [redacted]
Date Submitted: *12/13/2022*
Reviewer: [redacted]
Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.
16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 passed away on date-of-death #1. However, this incident was not reported to the Department's assisted living residence office or the assisted living residence complaint hotline within twenty-four hours in a manner designated by the Department.

REPEAT VIOLATION 1/11/22 et. al.

Plan of Correction ***Accept (- 11/28/2022)***

Responsibility: Administrator, Director of Personal Care
, incident report completed and reported to the Dept. for death of Resident #1 by Director of Personal Care (DPC).
11/22/22, DPC and recently appointed Administrator educated on Regulation 16.c to report the death of a resident to the Dept. within 24 hours by submitting an incident report. Staff to be reeducated on procedure to report deaths immediately to Administrator or Director of Personal Care.
11/22/22, Administrator will confirm completion and submission to the Dept. of incident report when a death occurs.

Licensee's Proposed Overall Completion Date: *11/26/2022*

Implemented (- 12/14/2022)

183d Current medications

2. Requirements

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

Resident #1's , one tablet by mouth twice daily was discontinued on . However on and the medication was on the residence's medication cart.

Resident #2's was discontinued on , however, the medication was found on the residence's medication cart on at approximately

Plan of Correction ***Accept - 11/28/2022)***

Responsibility: Administrator, Director of Personal Care

11/1/22, and were removed from the medication cart by DPC.
11/18/22, Director of Personal care performed audit of all medication carts to make certain only current prescription, OTC, sample and CAM for individuals are being kept in the residence.

183d Current medications (continued)

11/18/22, Nursing staff responsible for medications will be reeducated on Regulation 183.d by DPC.
11/22/22, Procedure established to have DPC audit residence weekly for four weeks to monitor that only current prescription, OTC, sample, and CAM for individuals living in the home are kept in the residence. On 12/22/22, DPC will perform same audit monthly.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented - 12/14/2022)

187b Date/time of med admin

3. Requirements

2800.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On at . direct care staff person A documented the medication administration record of resident #1 as having administered , one tablet by mouth once daily, one tablet by mouth twice daily, and , one tablet by mouth every twelve hours. However, on at approximately direct care staff person B found the medications in a medicine cup on the nightstand to the right of the resident's chair in the living room of resident living unit belonging to resident #1 and not administered to the resident.

Resident #3 is ordered , take one tablet by mouth twice daily. However, on resident #3 refused the dose of medication and direct care staff person C did not document the refusal at the time of the attempted administration.

REPEAT VIOLATION 1/11/22 et. al., 10/5/2020

Plan of Correction ***Accept - 11/28/2022)***

Responsibility: Administrator, Director of Personal Care

11/22/22: documented in clinical record of Resident #1 that they did not receive on at .
11/22/22: RN documented in clinical record of Resident #3 of refusal of on at .
11/18/22, Medication Technicians and nurses reeducated by DPC on Regulation 187.b, recording administration at the time medication is delivered, documentation of refusals, and not leaving medications at bedside.
12/01/22, DPC will begin to run a daily medication audit report to check for missed initials. DPC will address with each nurse/ Medication Technician involved to correct the omission. The daily medication audit reports will be monitored weekly for repeat offenders. Repeat offenders will be counseled and progressive disciplinary action will occur per policy.

Licensee's Proposed Overall Completion Date: *12/01/2022*

Implemented - 12/14/2022)

187d Follow prescriber's orders

4. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On , Resident #1 was ordered , one tablet by mouth once daily, , one tablet by mouth every twelve hours, and , one tablet by mouth twice daily was discontinued on . On direct care staff person A documented the medication administration record as having passed all three medications, however, on the morning of at approximately . direct care staff person B found the medications not administered to the resident and in a medicine cup on the nightstand to the right of the resident's chair in the living room of resident living unit belonging to resident #1.

Resident #1's , one tablet by mouth twice daily was discontinued on . However on at and at the medication was administered to resident #1 by direct care staff person B, and on at the medication was administered to resident #1 by direct care staff person A.

Resident #2 is ordered tablet – Take one tablet by mouth daily. However, on dates ranging from and , and from through , the tablet was not available in the home and not administered to resident #2.

Resident #3 is ordered – Take one tablet by mouth daily. However, on dates ranging from through and , and from , the medication was not was not available in the home and not administered to resident #3.

Resident #3 is ordered - Administer two sprays intranasally twice daily. However, on at . the is not was not available in the home and not administered to resident #3.

Resident #4 is ordered . resident #4's blood glucose reading was not taken and no insulin was administered.

Resident #4 is ordered However, on at . resident #4's glucometer indicated a blood glucose reading of which was documented as on the medication administration record, and units of was administered to resident #4.

REPEAT VIOLATION 1/11/22 et. al., 10/5/2020

Plan of Correction ***Accept (- 11/28/2022)***

Responsibility: Administrator, Director of Personal Care

11/22/22: RN documented in the clinical record of Resident #1 that they did not receive on at .
11/1/22: DPC removed for Resident #1 from medication cart.

187d Follow prescriber's orders (continued)

: Resident #2 was obtained from pharmacy by DPC.
for Resident #3 was obtained from pharmacy by DPC.
0.03% for Resident #3 was obtained from pharmacy by DPC.
11/18/22, audit done by DPC of physician medication orders to make certain all medications available.
11/18/22, DPC will reeducate Medication Technicians and Nurses on following the directions of the prescriber by following the 5 rights of medication administration and proper documentation.
11/18/22, DPC will reeducate Medication Technicians and Nurses on procedures when a medication is not available for administration.
11/22/22, DPC will audit physician medication orders to EMAR for accuracy, compliance in documentation, and availability of all medications ordered weekly x 4 weeks. 12/22/22, same audit will be completed monthly. DPC will be accountable to identify and address repeat offenders, document counseling and progressive disciplinary action per policy.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented - 12/14/2022)