

Department of Human Services
Bureau of Human Service Licensing

November 18, 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 09/12/2022, 09/13/2022 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,
[REDACTED]

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

Name: *NORTHVIEW ESTATES LIMITED PARTNERSHIP*
Address [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/10/2001* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/13/2022*

Inspection Dates and Department Representative

09/12/2022 - On-Site: [REDACTED]
09/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 56

Secured Dementia Care Unit

In Home: *Yes* Area: *first floor* Capacity: 10 Residents Served: 7

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 1
Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

09/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

10/11/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/18/2022

10/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 11/15/2022

11/18/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/12/22, a copy of the licensing inspection summaries, dated 6/21/19, 3/4/21, and 6/8/21 were posted on the second floor bulletin board; however, a copy of the most recent licensing inspection summaries, dated 9/9/21 and 1/21/22, were not posted in a conspicuous and public place in the home.

POC Submission

Accept (████) 10/21/2022)

A copy of the licensing inspection summaries dated 9/9/21 and 1/21/22 were posted in the lobby on 9/19/22. The facility policy on posting requirements was reviewed with staff responsible for ensuring required items are posted on 10/4/22 by the VP of Operations. The office assistant is responsible for posting the inspection summaries when received.

A member of the the quality management team (office manager) will complete a Monthly Posting Requirement Report to ensure all postings required are posted in accordance with regulations.

A Monthly Posting Requirement Report was completed on 10/3/22 by the office manager on 10/3/22. The Administrator verified completion of the report on 10/4/22.

The Administrator will verify the Monthly Posting Requirement Report is completed monthly and sign off on the report.

Licensee's Plan Completion Date: 10/18/2022

Implemented (████) - 11/18/2022)

81b - Resident Personal Equipment

2. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On █████/22, the bed enabler on resident #1's bed was not secured to the bed frame and had an opening on the top portion exceeding 12 inches. Additionally, both legs were approximately 2 inches off the floor; posing a hazard.

POC Submission

Accept (████) - 10/21/2022)

The enabler bar was removed from resident 1's room by █████ on 9/14/22.

The Assistive Device Safety Checklist policy was reviewed with staff responsible for completing the form on 10/4/22 by the VP of Operations.

All devices, to include wheelchairs, walkers, prosthetic devices and other apparatus to include enabler bars will be checked weekly beginning on October 9, 2022 by nursing assistants to ensure the devices are clean, in good repair and free of hazards.

The Administrator will ensure the checklist is completed and all devices are checked weekly beginning the week ending 10/15/22.

Licensee's Plan Completion Date: 10/18/2022

Implemented (████) - 11/18/2022)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/12/22, at approximately 10:13 a.m., the emergency exit door in stairway C, was rusted to the door frame in the lower right hand side of the door, requiring excessive force to open the door.

POC Submission

Accept (████) 10/21/2022)

The emergency door in stairway was adjusted on 9/13/22 by the maintenance man and functions properly.

An Egress Door and Key Locking Device Policy was created and reviewed with maintenance staff and administrative staff on 10/04/22 by the VP of Operations.

The facility Door Alarm Weekly Checklist was updated to include stairwell C on 10/5/22 by the VP of Operations.

All egress doors will be checked weekly by maintenance staff to ensure doors function properly. Maintenance staff will verify door checks on the Door Alarm Weekly Checklist beginning the week of 10/10/22.

The Administrator will sign off on the Door Alarm Weekly Checklist to verify completion beginning the week ending 10/15/22.

Licensee's Plan Completion Date: 10/18/2022

Implemented (████) 11/18/2022)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 9/12/22, a monthly unannounced fire drill had not been conducted from December 2021 through August 2022.

POC Submission

Accept (████) 10/21/2022)

An unannounced fire drill was conducted on 9/14/22 by the Ellwood City Fire Department.

The Fire Drill policy was reviewed with administrative staff and maintenance staff on 10/04/22 by the VP of Operations.

The maintenance man will conduct an unannounced fire drill monthly beginning September 14, 2022.

The Administrator will review and sign off on the Fire Drill Log monthly beginning September 2022.

Licensee's Plan Completion Date: 10/18/2022

Implemented (████) - 11/18/2022)

233c - Key-Locking Devices

5. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 9/12/22, there was no code posted for the locking mechanism for the emergency exit door leading from the secured dementia care unit.

233c - Key-Locking Devices (continued)

POC Submission**Accepted (████ - 10/21/2022)**

The code for the locking mechanism was conspicuously posted by the emergency exit door leading from the secured dementia unit by the Administrator on 9/14/22.

The facility created a policy on Egress Doors and Key Locking Devices.

The new Policy on Egress Doors and Key Locking Devices was reviewed with administrative staff and maintenance staff on 10/04/22 by the VP of Operations.

The facility Door Alarm Weekly Checklist was updated to include verifying the code is posted by all mechanically locked doors on 10/4/22 by the VP of Operations.

Maintenance staff will check all doors weekly and ensure the code is posted by all mechanically locking doors.

Maintenance staff will document these check on the Door Alarm Weekly Checklist beginning the week of 10/10/22.

The Administrator will verify completion of the Door Alarm Weekly Checklist beginning the week ending 10/15/22.

Licensee's Plan Completion Date: 10/18/2022

Implemented (████ - 11/18/2022)