

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

February 14, 2023

[REDACTED], PRESIDENT/COO
NORTHLAND HEIGHTS LLC
[REDACTED]

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 01/06/2023 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

Facility Information

Name: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *02/04/2024*
 Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/06/2023*

Inspection Dates and Department Representative

01/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *123* Residents Served: *36*

Special Care Unit
 In Home: *Yes* Area: *2nd Floor* Capacity: *19* Residents Served: *3*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

01/06/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2023*

01/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/10/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/10/2023*

Inspections / Reviews *(continued)*

02/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

224a5 Written initial assessment

1. Requirements

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

- i. The individual's need for assistance with ADLs and IADLs.
- vi. The individual's need for special diet or meal requirements.

Description of Violation

Resident #1's initial assessment, dated [REDACTED], was incomplete and the assessment for 'Eating' did not indicate the assisted living care need and degree, the description of service need, the plan to meet service need, the frequency, or the responsible party, that section of the assessment was left blank. The assessment did not include the resident's special dietary need for a puree diet indicated on the medical evaluation dated [REDACTED].

REPEAT VIOLATION 1/11/22 et. al.

Plan of Correction

Accept [REDACTED] - 01/30/2023)

ASP completed for resident #1 on [REDACTED] to include the assessment for eating and includes assisted living care need and degree, the description of service need, the plan to meet the service need, the frequency, the responsible party, and the current diet.

Staff completing ASPs reeducated on requirement to complete all areas of ASP by [REDACTED]

All ASPs will be audited for compliance in complete documentation in all areas and make certain residents with special dietary needs on Medical Evaluation is addressed on ASP by [REDACTED].

Administrator will audit ASPs monthly for 3 months for compliance. Beginning [REDACTED] and ending [REDACTED].

Responsible Party: Administrator

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented [REDACTED] - 02/14/2023)

231b Medical evaluation

2. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

- 1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident #1 was admitted to the facility's special care unit on [REDACTED]. However, the medical evaluation dated [REDACTED] did not indicate that resident #1 required dementia related care in a secured area.

Plan of Correction

Accept [REDACTED] - 01/30/2023)

Resident #1 had a new Medical Evaluation completed on [REDACTED] and indicates Resident #1 requires dementia related care in a secured specialty unit.

An audit of all residents on the special care dementia unit will be done to make certain a Medical Evaluation that includes a diagnosis of [REDACTED] disease or dementia and requires specialty care in a secured unit. Will be completed by 2/15/23.

Administrator reeducated on need to obtain medical evaluation prior to admission to a specialty care unit to ascertain need of specialty care unit related to diagnosis of dementia or [REDACTED].

231b Medical evaluation (continued)

The administrator will audit records of secured specialty unit every month for 3 months for compliance. Beginning 2/15/23 and ending 5/15/23.

Responsibility: Administrator

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented [redacted] - 02/14/2023)

231c1 Preadmit screening

3. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #1 admitted to the facility's special care unit on [redacted] did not have a written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team documented on the Department's cognitive preadmission screening form within 72 hours prior to admission to the facility's special care unit.

REPEAT VIOLATION 1/11/22 et. al.

Plan of Correction

Accept [redacted] - 01/30/2023)

Cognitive screening was completed on [redacted] on Resident #1.

Administrator was educated on obtaining cognitive pre admission screening form 72 prior to admission to a specialty care unit.

An audit of all residents on the specialty care dementia unit will be done to make certain a cognitive preadmission screening was completed in collaboration with a physician or a geriatric assessment team documented on the Departments cognitive preadmission screening form within 72 hours prior to admission to the facility's special care unit. Will be completed by 2/15/23.

The administrator will audit records of secured specialty unit every month for 3 months for compliance. Beginning 2/15/23 and ending 5/15/23.

Responsibility: Administrator

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented [redacted] - 02/14/2023)

231d No objection statement

4. Requirements

2800.

231.d. Resident admission to special care unit. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

231d No objection statement (continued)

Description of Violation

Resident # 1 was admitted to the special care unit on [REDACTED]. However, the resident's record does not include documentation that the resident and the resident's designated person or the resident's family have agreed to the resident's admission to the special care unit.

Plan of Correction

Accept [REDACTED] - 01/30/2023)

Family verbally agreed on [REDACTED] for resident #1 to move to the specialty care unit. Written documentation will be obtained by [REDACTED].

Written documentation will be obtained for all residents by [REDACTED]

Administrator was reeducated on obtaining resident families consent to transfer to a special care unit.

The administrator will audit records of secured specialty unit every month for 3 months for compliance. Beginning [REDACTED] and ending [REDACTED]

Responsibility: Administrator

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented [REDACTED] - 02/14/2023)

234a Admission – support plan

5. Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 admitted [REDACTED] to the special care unit, had a support plan that was dated [REDACTED] and not developed, implemented and documented in the resident's record within 72 hours of admission or within 72 hours prior to admission.

REPEAT VIOLATION 1/11/22 et. al.

Plan of Correction

Accept [REDACTED] - 01/30/2023)

Resident #1 support plan was completed on [REDACTED]

Administrator was educated on obtaining a support plan on all residents residing on the specialty care unit within 72 hours of admission or within 72 hours prior to admission.

An audit will be completed by 2/15/23 on all residents residing on the specialty care unit for compliance that a support plan was developed, implemented and documented in every residents records.

The administrator will audit records of the secured specialty unit every month for 3 months for compliance. Beginning 2/15/23 and ending 5/15/23.

Responsibility: Administrator

Licensee's Proposed Overall Completion Date: 02/15/2023

234a Admission – support plan (*continued*)

Implemented [REDACTED] - 02/14/2023)