



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: NOVEMBER 3, 2023

[REDACTED]  
Northland Heights LLC  
[REDACTED]

RE: Northland Heights  
4859 McKnight Road  
Pittsburgh, Pennsylvania 15237  
License/COC #: 450842

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 25, 2023, August 9, 2023, and August 15, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), mistreatment or abuse of a resident being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 450841) dated July 24, 2023 – January 24, 2024, and issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from November 3, 2023 to May 3, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.


55 Pa. Code Chapter 2800 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
15(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
15(b)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
42(b)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
51	II	40	\$5	\$200	5 calendar days from mailing date of this letter
65(g)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
231(c)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
23(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
25(b)	III	40	\$3	\$120	15 calendar days from mailing date of this letter
41(e)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
141(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
141(b)(1)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
183(d)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
184(a)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
187(d)	II	40	\$5	\$200	5 calendar days from mailing date of this letter
191	II	40	\$5	\$200	5 calendar days from mailing date of this letter

231(d)            II            40            \$5            \$200            5 calendar days from  
mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]

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

**Facility Information**

Name: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *01/24/2024*  
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: Total Daily Staff: *59* Waking Staff: *44*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Provisional, Fine* Exit Conference Date: *08/15/2023*

**Inspection Dates and Department Representative**

08/09/2023 - On-Site: [REDACTED]  
08/15/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *123* Residents Served: *40*

**Special Care Unit**

In Home: *Yes* Area: *2nd floor* Capacity: *19* Residents Served: *7*

**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: *1* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *19* Have Physical Disability: *2*

**Inspections / Reviews**

**08/09/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2023*

09/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2023

09/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/21/2023

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

## 23a ADL assistance

**1. Requirements**

2800.

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

**Description of Violation**

Resident #1's most recent assessment, dated [REDACTED]/23, indicates the resident requires extensive supervision inside and outside of the residence, and [REDACTED] most recent support plan, dated 7/1/23, indicates the resident was moved to the secure care unit (SCU) and that direct care staff will provide supervision when inside the residence. However, on 7/26/23, at approximately 6:30 p.m., resident #1 entered the elevator located next to the SCU nurse's station, where staff person A was sitting. The resident was able to go to the main floor of the residence and exit the home from the main entrance. The resident entered a restaurant 0.3 miles away, where the police were called. When the residence received a phone call at approximately 7:30 p.m., staff were unaware that the resident had been missing and the resident was returned approximately 10 minutes later by ambulance. The staff and the resident's wanderguard did not prevent the resident from exiting the home alone.

REPEAT VIOLATION: 5/10/2023 et al.

**Plan of Correction**

Accept [REDACTED] - 09/05/2023)

On 7/26/23 at approximately 6:30pm Resident #1's wander guard device malfunctioned allowing [REDACTED] to leave the residence. Upon residents return to the facility at approximately 7:40 pm, a new wander guard device was placed on the resident and checked to ensure that it was working. Resident #1 was placed on a one-hour schedule to be checked by staff on the unit. Staff member A was given a verbal warning on 7/27/23 with possible further review of incident by administrator. Upon the administrators review of the incident on 8/2/23 staff member A was given a final written warning. Staff member A was terminated on [REDACTED]/23 for failure to follow the residence policies and procedures. Resident's #1 support plan was updated by the DON on 8/15 to include 1-hour checks by care staff. All staff, including management, will be re-educated on providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan by Administrator by 9/8/23. Administrator will privately interview 2 residents once a week for 3 months and 2 residents a month thereafter for 6 months to ensure the residence is providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

## 25a Resident - residence contract

**2. Requirements**

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

Resident #2 was admitted to the residence on [REDACTED] 23; however, a resident-residence contract was not completed until 7/19/23.

**Plan of Correction**

Accept [REDACTED] 09/05/2023)

25.a All persons responsible for completing resident contracts and reviewing and explaining its contents to the

25a Resident - residence contract (continued)

resident and the resident's designated person if any, prior to signature were re-educated by the Area Operations Director on 8/28/23.

Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all contracts were in accordance with 2800.25a. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Administrator will monitor all new admissions prior to admission move in date, or within 24 hours after admission, to ensure a written contract between the resident and the residence is in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/05/2023

Not Implemented [redacted] - 10/2/23)

25b Contract signatures and renewal

3. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #2's resident-residence contract, dated 7/19/23, is not signed by the resident.

REPEAT VIOLATION: 4/4/2023 et al.

Plan of Correction

Accept [redacted] 09/14/2023)

25b All persons responsible for completing resident contracts to ensure the contract is signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days' notice or by the residence with 30 days' notice in accordance with § 2800.228 (relating to transfer and discharge) were re-educated by the Area Operations Director on 8/28/23.

Resident #2's contract was signed by the resident on 8/17/2023 in the presence of the BOM.

Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all contracts were in accordance with 2800.25b. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Administrator will monitor all new admissions prior to admission, or within 24 hours after admission, to ensure a written contract between the resident and the residence is in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/12/2023

Not Implemented [redacted] - 10/2/23)

25c2 Fee schedule

4. Requirements

2800.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

## 25c2 Fee schedule (continued)

**Description of Violation**

Resident #2's resident-residence contract, dated 7/19/23, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are include in the resident's core service package.

**Plan of Correction**

Accept (█) 09/05/2023)

25c All persons responsible for completing resident contracts to ensure that at a minimum, the contract must specify the following: 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services were reeducated by the Area Operations Director on 8/28/23. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Resident #2's contract has been updated on 8/9/23 by the Business Office Manager to include the fee schedule that lists the actual amount of charges per month.

New Sales Director and Business Office Manager will monitor all new admission contracts to ensure that at a minimum, the contract specifies the following: 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services beginning 9/5/23.

Licensee's Proposed Overall Completion Date: 09/05/2023

Not Implemented (█) - 10/2/23)

## 41e Signed statement

**5. Requirements**

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

The following resident records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures:

- resident #2
- resident #3
- resident #4
- resident #5
- resident #6

REPEAT VIOLATION: 4/4/2023 et al.

**Plan of Correction**

Accept (█) 09/05/2023)

41.e. All persons responsible for ensuring a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record. were re-educated by the Area Operations Director on 8/28/23. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Residents #2,3,4,5,6 were completed on 8/9/23 to include records containing a statement signed by the resident acknowledging receipt of resident rights and complaint procedures.

Business Office Manager or Administrator will audit all new resident charts prior to admission or the day of admission to ensure a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, is kept in the resident's record.

## 41e Signed statement (continued)

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

## 141a Medical evaluation

## 6. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

**Description of Violation**

*Resident #2's medical evaluation, dated [REDACTED]/23, does not include an immunization history or an indication resident #2 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section, immunization section, and the allergies section indicate- see attached; however, nothing is attached.*

*Resident #3's medical evaluation, dated 5/30/23, does not indicate an immunization history or an indication resident #3 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the addendum; however, this section is blank and there was nothing attached.*

*Resident #7's medical evaluation, dated 5/24/23, does not indicate an immunization history or an indication resident #7 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the attached addendum; however, this section is blank and there was nothing attached.*

*Resident #8's medical evaluation, dated 7/27/23, does not indicate an immunization history or an indication resident #8 has had a tuberculin skin test administered with negative results within 2 years. This area of the form indicates-unknown.*

REPEAT VIOLATION: 5/10/2023 et al.; 4/4/2023 et al.

**Plan of Correction**

Accept ([REDACTED] - 09/05/2023)

*All current resident charts were reviewed by the Director of Nursing and Area Operations Director on 8/15/23*

*Resident #2's medical evaluation, dated 7/12/23 will be corrected by 9/8/23 by the Director of Nursing, to include an immunization history or an indication resident #2 has had a tuberculin skin test administered with negative results within 2 years. To include a proper medications section, immunization section, and the allergies section.*

141a Medical evaluation (continued)

Resident #3's medical evaluation, dated 5/30/23, does not indicate an immunization history or an indication resident #3 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the addendum; however, this section is blank and there was nothing attached. Resident #3's medical evaluation will be corrected by 9/8/23 by the Director of Nursing,

Resident #7's medical evaluation, dated 5/24/23, does not indicate an immunization history or an indication resident #7 has had a tuberculin skin test administered with negative results within 2 years. Also, the medications section indicates-see the attached addendum; however, this section is blank and there was nothing attached.

Resident #7's medical evaluation will be corrected by 9/8/23 by the Director of Nursing,

Resident #8's medical evaluation, dated 7/27/23, does not indicate an immunization history or an indication resident #8 has had a tuberculin skin test administered with negative results within 2 years. This area of the form indicates unknown. Resident #8's medical evaluation will be corrected by 9/8/23 by the Director of Nursing.

Director of Nursing will do monthly medical evaluation audits for the next 6 months to ensure compliances starting on 9/8/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [redacted] - 10/2/23)

141b1 Annual medical evaluation

7. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 6/29/23; however, his previous medical evaluation is undated; therefore, it is unable to be determined if it was completed annually.

Resident #4's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 3/14/22, and the resident's most recent medical evaluation does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank.

Resident #5's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 12/28/21, and the resident's most recent medical evaluation does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank.

Resident #6's most recent medical evaluation, dated 6/29/23, does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank.

REPEAT VIOLATION: 5/10/2023 et al.; 4/4/2023 et al.

Plan of Correction

Accept [redacted] 09/05/2023)

141.b. A resident shall have a medical evaluation: 1. At least annually

Resident #1's most recent medical evaluation was completed on 6/29/23; however, his previous medical evaluation is undated; therefore, it is unable to be determined if it was completed annually. Resident #1's medical evaluation now includes the date the evaluation was completed. This was corrected by 8/15/23 by the Director of Nursing

Resident #4's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 3/14/22, and the resident's most recent medical evaluation does not include an

141b1 Annual medical evaluation (continued)

indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank. Resident #4's medical evaluation now includes the tuberculin skin test. This was corrected by 8/15/23 by the Director of Nursing.

Resident #5's most recent medical evaluation was completed on 6/29/23; however, the resident's previous medical evaluation was completed on 12/28/21, and the resident's most recent medical evaluation does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank. Resident #5's medical evaluation now includes a tuberculin skin test. This was completed by 8/15/23 by the Director of Nursing.

Resident #6's most recent medical evaluation, dated 6/29/23, does not include an indication the resident has had a tuberculin skin test or chest x-ray within 2 years. This area of the form is blank. Resident #6's medical evaluation now includes a tuberculin skin test. This was completed by 8/15/23 by the Director of Nursing.

Director of Nursing will do monthly medical evaluation audits for the next 6 months to ensure compliances starting on 9/8/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [redacted] - 10/2/23)

183d Current medications

8. 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

On 8/9/23, at 1:28 p.m., resident #2's albuterol neb 0.083% was in the 6th floor medication cart; however, the medication was discontinued on 8/2/23.

On 8/9/23 at 1:42 p.m., resident #4's Phenaseptic liquid 1.4% was in the 6th floor medication cart; however, the medication was discontinued on 8/2/23.

REPEAT VIOLATION: 4/4/2023 et al.; 11/1/2022

Plan of Correction

Accept ( [redacted] 09/05/2023)

Resident #2 albuterol neb that was discontinued was destroyed by DON on 8/21/2023.

Resident #4 phenaseptic liquid that was discontinued was destroyed by DON on 8/21/2023.

Education to be completed by DON to all staff that are responsible for medications before 9/8/2023 under regulation 2800.183.d. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts, among other aspects of a cart audit. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [redacted] - 10/2/23)

184a Resident meds labeled

9. Requirements

2800.

**184a Resident meds labeled (continued)**

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*Resident #3 is ordered Humalog Kwipen insulin-Inject 5 units before meals, plus sliding scale of 1 unit for every 40 points above 150; however, the pharmacy label indicates-inject 5 units subq 3 times daily before meals + sliding scale if not eating a meal, don't give.*

*Resident #4 is ordered oxycodone 5mg-Take 1 tablet by mouth 4 times daily; however, two medication cards are present, and the pharmacy label on one medication card indicates-Take 1 tablet by mouth 3 times daily.*

REPEAT VIOLATION: 4/4/2023 et al.

**Plan of Correction**

Accept (█ - 09/05/2023)

*Resident #3 insulin orders were clarified by MD on 8/21/2023 and change of direction stickers were applied by DON at that time.*

*Resident #4 oxycodone cards that were mislabeled were given a direction change sticker on 8/21/2023 by DON. Education to be completed by DON to all staff that are responsible for medications by 9/8/23 for regulation 2800.184.a. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts, among other aspects of a cart audit. Audits will start 9/8/2023.*

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented (█ - 10/2/23)

**187a Medication record****10. Requirements**

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

9. Administration times.

**Description of Violation**

*Resident #7 is prescribed simvastatin 40mg-Take one tablet by mouth once daily in the morning; however, the resident's August 2023 medication administration record (MAR) indicates the medication is administered at 8:00 p.m.*

**Plan of Correction**

Accept (█ - 09/05/2023)

*Resident #7 simvastatin administration time was changed on the eMAR to reflect the correct time that was prescribed by the provider by the DON on 8/21/2023 to coincide with the original order time. The provider was made aware of this error and correction on 8/22/2023 by DON. No new orders from the provider and agreed with the time change.*

*Education to be completed by DON to all staff that are responsible for medications by 9/8/23 for regulation 2800.187.a. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be*

**187a Medication record (continued)**

audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

**187d Follow prescriber's orders****11. Requirements**

2800.

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

**Description of Violation**

Resident #3 is ordered Humalog Kwikpen insulin-Inject 5 units before meals, plus sliding scale of 1 unit for every 40 points above 150; however, from 8/3/23 at 7:00 a.m. through 8/9/23 at 11:00 a.m., the resident was administered Humalog as follows- inject 5 units subq 3 times daily before meals + sliding scale as follows: 70-150=0 units; 151-190=1 unit; 191-230=2 units; 231-270=3 units; 271-310=4 units; 311-350=5 units; 351-390=6 units; >390= call md. If not eating a meal, don't give,

Resident #4 is prescribed mucus relief 600mg-Take 1 tablet every 12 hours; however, the medication being administered is a 1200mg tablet.

Resident #7 is prescribed simvastatin 40mg-Take one tablet by mouth once daily in the morning; however, the resident's July 2023 and August 2023 medication administration records indicate the medication was administered at 8:00 p.m. from 7/1/23 through 8/8/23.

Resident #7 is prescribed hydromorphone 2mg-Take 1 tablet by mouth 3 times daily; however, the medication was not administered on 7/31/23 at 6:00 a.m., 2:00 p.m., 10:00 p.m. and on 8/1/23 at 6:00 a.m. and 2:00 p.m. because it was not available in the home.

REPEAT VIOLATION: 5/10/2023 et al.; 4/4/2023 et al.; 11/1/2022

**Plan of Correction**

Accept ( [REDACTED] 09/05/2023)

[REDACTED] CRNP made aware of error with resident #3 insulin and SSI on 8/22/2023 by DON. CRNP was to see resident #3 to reach out to endocrinologist. Reportable incident was sent to State Health Department 8/22/2023 by DON. Family and resident #3 made aware on the same day.

[REDACTED] CRNP made aware of incident with resident #4 mucus relief on 8/10/2023 by the DON and new orders were given to make order proper dose based on previous orders. Reportable incident was sent to PA Health department on 8/22/2023 by DON. Family and resident #4 aware of incident.

[REDACTED] CRPN made aware on 7/31/2023 the need for new script for hydromorphone by med tech on duty. Script sent over late to pharmacy for refill medication arrived at facility for medication administration on 8/1/2023 for 10pm dose. Report sent to PA health department on 8/22/2023 by DON and family and resident aware of incident.

Resident #7 simvastatin administration time was changed on the eMAR to reflect the correct time that was prescribed by the provider by the DON on 8/21/2023 to coincide with the original order time. The provider was made aware of this error and correction on 8/22/2023 by DON. No new orders from the provider and agreed with the time change. Report sent to PA health department on 8/22/2023 by DON and family and resident aware of incident.

187d Follow prescriber's orders (continued)

Education to be completed by DON to all staff that are responsible for medications before 9/8/23 for regulation 2800.187.a. The new pharmacy to start in the home on 9/1/2023 and will conduct cart audits monthly with cycle fills. Cart audit training will be given to shift supervisor staff to ensure understanding and regulations. Carts will be audited by shift supervisor (either LPN or Lead Med Tech) weekly to ensure that all discontinued medications are removed from the carts, among other aspects of a cart audit. Audits will start 9/8/2023.

Licensee's Proposed Overall Completion Date: 09/08/2023

Not Implemented [REDACTED] - 10/2/23)

191 Resident right to refuse

12. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error:

- resident #2, admitted [REDACTED]/23
- resident #3, admitted [REDACTED] 23
- resident #4, admitted [REDACTED]/22
- resident #5, admitted [REDACTED]/21
- resident #6, admitted [REDACTED]/22

REPEAT VIOLATION: 4/4/2023 et al.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Resident #'s 2,3,4,5, and 6 were educated on their right to refuse medication on 8/16/23 by DON. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. Beginning 9/1/23 The home will educate all new residents of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept. Administrator created and implemented a new resident admission checklist on 8/10/23 to ensure all contracts were in accordance with 2800.191.

Beginning on 9/1/23, the Business Office Manager or Administrator will review all new resident charts upon admission to ensure that the resident has been educated on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of education will be kept in accordance with 2800.65L

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

231c1 Preadmit screening

13. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- 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.

231c1 Preadmit screening (continued)

- ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident’s physician, designated person and the resident’s family to coordinate the resident’s care.

**Description of Violation**

Resident #1 was admitted to the SCU on [REDACTED]/23; however, [REDACTED] written cognitive preadmission screening was completed on 6/29/23 and was not completed in collaboration with a physician or a geriatric assessment team.

Resident #3 was admitted to the SCU on [REDACTED]/23; however, [REDACTED] written cognitive preadmission screening is undated, therefore it is unable to be determined if it was completed within 72 hours prior to admission to the SCU. Also, the written cognitive preadmission screening was not completed in collaboration with a physician or a geriatric assessment team.

Resident #9 was admitted to the SCU on [REDACTED]23; however, [REDACTED] written cognitive preadmission screening was completed on 6/29/23 and was not completed in collaboration with a physician or a geriatric assessment team.

REPEAT VIOLATION: 4/4/2023 et al.; 1/6/2023

**Plan of Correction**

Directed ([REDACTED] 09/14/2023)

Resident's #1,3 and 9's written cognitive preadmission screening were completed by [REDACTED] CRNP on 8/16/23 in conjunction with the DON and the Administrator. The responsible parties for all 3 residents were contacted on 8/16/23 as well.

All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. All staff persons involved in the admission process were educated on the new admission checklist, as well as regulation 2800.231c(1) to ensure a written cognitive preadmission screening is completed within 72 hours prior to admission for all new residents admitted to the residence's SCU on 8/28/23 by AOD. Documentation of the education shall be kept in accordance with 2800.65L.

**DIRECTED**

Within 1 calendar day of the accepted plan of correction: The administrator shall ensure all resident cognitive preadmission screenings are completed in accordance with Regulation 2800.231(c)(1). 9/14/23 [REDACTED]

Within 1 calendar day of the accepted plan of correction: The administrator shall audit all ne resident admissions to ensure compliance with Regulation 2800.231(c)(1). 9/14/23 [REDACTED]

Directed Completion Date: 09/12/2023

Not Implemented [REDACTED] - 10/2/23)

231d No objection statement

**14. 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.

**Description of Violation**

Resident #3 was admitted to the SCU on [REDACTED]/23. 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.

231d No objection statement (continued)

REPEAT VIOLATION: 4/4/2023 et al.; 1/6/2023

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Resident #3's record was updated on 8/17/23 to include the documentation that the resident and the resident's designated person or the resident's family has agreed to the resident's admission to the special care unit. As a result of this POC the Administrator created and implemented a new resident admission packet and checklist on 8/10/23. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. All staff persons involved in the admission process were educated on the new checklist and packet by AOD on 8/28/23. Documentation of education will be kept in accordance with 2800.65L.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)

251c Standardized forms

15. Requirements

2800.

251.c. The residence shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED] 2/23, is not completed on the Department's current standardized form required under Chapter 2800.

Resident #3's medical evaluation, dated [REDACTED] 0/23, is not completed on the Department's current standardized form required under Chapter 2800.

Resident #7's medical evaluation, dated [REDACTED] /23, is not completed on the Department's current standardized form required under Chapter 2800.

Plan of Correction

Accept [REDACTED] 09/05/2023)

Resident #'s 2,3, and 7's medical evaluation were completed on the Department's current standardized form required under Chapter 2800 on 8/25/23 by [REDACTED] CRNP. Administrator created and implemented a new resident admission checklist on 8/10/23 to include the residence shall use standardized forms to record information in the resident's record. All current resident charts were reviewed by Quality Assurance Nurse and Area Operations Director on 8/15/23. All staff persons involved in the admission process were educated on the new admission checklist, as well as regulation 2800.251c by AOD on 8/28/23.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/2/23)