

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

September 23, 2024

[REDACTED], ADMINISTRATOR
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 06/17/2024 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: NORTHVIEW ESTATES License #: 40499 License Expiration: 11/29/2024
 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]

Certificate(s) of Occupancy

Type: C 2 LP Date: 09/10/2001 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Fine Exit Conference Date: 06/17/2024

Inspection Dates and Department Representative

06/17/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 58
 Secured Dementia Care Unit
 In Home: Yes Area: 1ST FLOOR Capacity: 10 Residents Served: 8
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 58
 Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

06/17/2024 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 07/18/2024

Inspections / Reviews (*continued*)

07/23/2024 POC Submission

Submitted By: *Thomas George*Date Submitted: *08/06/2024*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *07/30/2024*

08/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/06/2024*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *08/08/2024*

09/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: *08/06/2024*

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

From [REDACTED] the home did not provide assistance with showers as required for the following residents: resident #1, resident #2, resident #3, resident #4, resident #5, resident #6, and resident #7.

Plan of Correction

Accept ([REDACTED] - 07/23/2024)

1. A new policy, Resident Weekly Care Record, was created on 6/20/24 by the administrator.
2. The Resident Weekly Care Record was reviewed with all direct care staff by the administrator on 6/20/24.
3. The facility Daily Report policy and form was updated by the Administrator on 7/18/24 to include a designation of what staff persons are responsible for providing care to resident as well as a shower section which indicates which residents are to be showered that day. The facility Daily Report policy and revised Daily Report form was reviewed with all direct care staff by the Administrator on 7/18/24.
4. Beginning 7/19/24 the nurse or med tech on duty will verify and document on the Daily Report that all showers were given to residents during their shift.
5. Beginning 7/29/24 the Resident Care Coordinator will review and sign off on all Daily Report forms verifying completion.
6. On 7/18/24 the Administrator created a Shower Schedule QA form. The form was reviewed by the Administrator with the Resident Care Coordinator on 7/18/24. Beginning 7/19/24 the Resident Care Coordinator will verify that all showers are provided to residents and initial on the day in which the shower was to be provided.
7. The facility Quality Management Checklist was updated by the Administrator on 7/18/24. Beginning 7/19/24 the Administrator will verify weekly that the Shower Schedule QA log is completed by the Resident Care Coordinator.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented ([REDACTED] - 09/23/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED], there were 54 residents in the home, including 9 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency. On this date, there were only 2 direct care staff persons working in the home to assist residents with activities of daily living and to evacuate in the event of an emergency from [REDACTED].

On [REDACTED] there were 54 residents in the home, including 9 residents with mobility needs requiring the assistance of 1 staff person to evacuate in an emergency. On this date, there were only 2 direct care staff persons working in the home to assist residents with activities of daily living and to evacuate in the event of an emergency from [REDACTED].

Repeat Violation: 11/30/23

60a - Staff/Support Plan (continued)

Plan of Correction

Accept [REDACTED] - 08/01/2024)

1. The facility policy on Call Off Procedures was reviewed with all nurses/med techs on 6/20/24 by the Administrator.
2. The facility policy on Call Off Procedures was updated by the Administrator on 7/18/24 to include the notification of the Administrator in the event there are any call offs in which the shift cannot be filled. The Med Tech or Nurse on duty is responsible for contacting on call staff to fill the shift.
3. The updated facility policy on Call Off Procedures was reviewed with all direct care staff on 7/18/24 by the Administrator.
4. On 7/11/24 the Administrator created on call positions. Beginning 7/11/24 staff on call will be notified to come to work in the event of a call off that cannot be covered.
5. There are 3 or 4 staff persons regularly scheduled for the 10:00 p.m. to 6:30 a.m. midnight shift. There are 4 direct care staff persons regularly scheduled on the 6:00 a.m. to 2:30 p.m. shift.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] - 09/23/2024)

81b - Resident Personal Equipment

3. 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

The enabler bar attached to resident #1's bed was uncovered, exposing an area 5" high between the mattress and the top rail support and 12" wide between the two side rail supports, posing a potential entrapment hazard.

The enabler bar attached to resident #8's bed was uncovered, exposing an area 10" high between the mattress and the top rail support and 4" wide between the two side rail supports, posing a potential entrapment hazard.

The enabler bar attached to resident #9's bed was uncovered, exposing 3 open areas, each measuring 10" high between the mattress and the top rail support. and 4" wide between the side rails, posing a potential entrapment hazard.

The enabler bar attached to resident #10's bed was uncovered, exposing an area 8" high between the mattress and the top rail support and 5" wide between the two side rail supports, posing a potential entrapment hazard.

2 enabler bars were attached to resident #11's bed. The first bar was uncovered, exposing an area 8" high between the mattress and the top rail support and 5" wide between the two side rail supports, posing a potential entrapment hazard. The second bar was uncovered, exposing an area 10" high between the mattress and the top rail support, and 5" wide between the two side rail supports, posing a potential entrapment hazard.

Plan of Correction

Accept [REDACTED] - 07/23/2024)

1. On 6/17/24 all resident enabler bars were removed from resident room by maintenance staff.
2. On 6/17/24 resident 8 and resident 11's family provided covers for enabler bars. On 6/17/24 the Administrator and Maintenance staff covered resident 8 and 11's enabler bars.
3. On 6/17/24 the Administrator was provided the BHSL Use of Mobility Devices in Personal Care Homes guidance

81b Resident Personal Equipment (continued)

by BHSL inspectors. The Administrator reviewed the guidance on 6/17/24.

4. On 6/20/24 the Administrator reviewed the facility policy on Assistive Device Safety Checklist and BHSL's Use of Bedside Mobility Devices in Personal Care Homes guidance with all direct care staff as well housekeeping and maintenance staff.

5. Beginning 6/20/24 housekeeping staff will check all resident rooms weekly to ensure all enabler bars are documented as being present on the Assistive Devices Safety Checklist, and all enabler bars are properly secured and covered. Documentation will be maintained on the Resident Living Area Checklist.

6. Beginning 6/20/24 maintenance staff will check all enabler bars weekly to ensure all enabler bars are properly secured and covered. Documentation will be maintained on the Assistive Device Safety Checklist.

7. On 6/13/24 the Administrator created a New Resident Living Area Checklist. and a New Resident Living Area Checklist policy. Both the New Resident Living Area Checklist and the New Resident Living Area Checklist Policy were reviewed with the Office Assistant on 6/13/24 by the Administrator.

8. Beginning 6/13/24 the Office Assistant will check all new resident rooms and rooms when residents change rooms within one business day of them moving in to ensure enabler bars are secure and covered and the facility has properly documented the presence of the enabler bar.

9. The facility Quality Management Checklist was updated by the Administrator on 6/20/24. Beginning 6/20/24 the Administrator will review weekly the Resident Living Area Checklist, the Assistive Device Safety Checklist and New Resident Living Area Checklist to ensure enabler bars are being checked. Documentation will be maintained on the facility Quality Management Checklist by the Administrator.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented () - 09/23/2024)

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

An () of (), with a manufacturer's label indicating if swallowed get medical help or contact a Poison Control Center right away, was unlocked, unattended, and accessible to residents in a supply room in the secure dementia care unit.

Plan of Correction

Accept () - 08/01/2024)

1. The facility Quality Management Checklist was updated by the Administrator on 7/18/24. Beginning 7/18/24 in the event staff responsible for checking for chemicals daily are on vacation or off of work the office assistant will complete the Facility Common Area QM Checklist, the Resident Room QM Checklist, the Quality Management Checklist Food Service and Quality Management Checklist SDU.

2. The Quality Management Checklist SDU was updated on 7/18/24 by the Administrator to include the checking of all closet and supply room doors to ensure they are locked and shut.

3. The Quality Management Checklist SDU was reviewed with the SDU Care Manager and the Office Assistant on 7/18/24 by the Administrator.

4. Beginning 7/18/24 the Quality Management Checklist SDU will be completed by the Care Manager in the SDU during each of () scheduled shifts. In the event the Care Manager SDU is on vacation the Quality Management Checklist SDU will be completed by the office assistant beginning 7/19/24.

82c - Locking Poisonous Materials (continued)

5. Beginning 7/18/24 the Administrator will review the Quality Management Checklist SDU weekly to verify completion.
6. On 6/17/24, upon notification by the inspector that the supply closet in room 107 was open, the Administrator went to check the door and the door was closed and locked.
7. On 7/31/24 the facility's maintenance man adjusted the frame of the supply room door in room 107 and the adjustable self-closing hinge so the door when left open will shut behind you.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] - 09/23/2024)