



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **NORTHVIEW ESTATES LIMITED PARTNERSHIP**
LEGAL ENTITY

To operate **NORTHVIEW ESTATES**
NAME OF FACILITY OR AGENCY

Located at **945 BORDER AVENUE, ELLWOOD CITY, PA 16117**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **75**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 10**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 24, 2025** until **January 24, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **404990**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: January 24, 2025

[REDACTED]
Northview Estates Limited Partnership
[REDACTED]

RE: Northview Estates
945 Border Avenue
Ellwood City, PA 16117
License #: 40499

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 26, 2024, October 3, 2024, and January 2, 2024, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

January 13, 2025

[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 licensing inspections on 01/02/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

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]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *01/02/2025*

Inspection Dates and Department Representative

01/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *Yes* Area: *memory* Capacity: *10* Residents Served: *8*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *51*
 Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *5*
 Have Mobility Need: *23* Have Physical Disability: *1*

Inspections / Reviews

01/02/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND

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

January 15, 2025

[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 09/26/2024, 10/03/2024 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]

[REDACTED]

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional* Exit Conference Date: *10/03/2024*

Inspection Dates and Department Representative

09/26/2024 - On-Site: [REDACTED]
 10/03/2024 - 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: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

09/26/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/16/2024*

11/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/13/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/21/2024*

Inspections / Reviews *(continued)*

12/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/16/2024

01/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Certificate of Operation for the home's elevator expired on 7/31/24.

Plan of Correction

Accept [redacted] - 11/18/2024)

1. The president of JKT Management, the management company for Northview Estates, faxed and emailed the Pennsylvania department for elevators on 8/16/24 as the Operation Certificate for the elevator had not been received, and to also inform the state that the address of the management company had changed in 2022.
2. On 10/7/24 a representative from the PA Department of Labor and Industry contacted the president of JKT Management and the Certificate of Operation for the elevator that was issued on 6/27/24 was emailed by the PA Department of Labor and Industry.
3. On 10/7/24 the Administrator received and posted the Certificate of Compliance for the elevator.
4. The facility's policy on posting requirements was updated on 11/13/24 by the administrator to include protocols on obtaining a Certificate of Compliance for the elevator.
5. The facility policy on posting requirements was reviewed by the administrator on 11/14/24 with the president of JKT Management, the director of maintenance for JKT Management, the accounting office for JKT Management and the office manager of Northview Estates.
6. The facility's Monthly Posting Requirement QA Report was updated by the Administrator on 11/13/24 to include verifying monthly, beginning 11/15/24, by the office manager the Certificate of Operation of the Elevator is posted and not expired.
7. The facility Quality Management Checklist was updated on 11/14/24 by the administrator to include verifying the elevator certificate of operation is current. Beginning 11/14/24 the Administrator will coordinate the receipt of the Certificate of Compliance for the elevator at least 1 month prior to the expiration date of the certificate of compliance.

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented [redacted] - 01/15/2025)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 10/3/24, a plastic bag of sliced meatloaf in the upright freezer and a 5-pound bag of cheese in the double upright freezer in the kitchen were opened and unsealed.

Plan of Correction

Accept [redacted] - 11/18/2024)

1. On 10/3/24 the Kitchen Supervisor threw away the meatloaf and the bag of cheese.
2. On 11/14/24 the facility's policy on Food Storage was updated by the administrator to include the use of zip lock freezer bags that can be written on.

103g - Storing Food (continued)

- 3. On 10/07/24 sealing freezer bags were purchased by the kitchen supervisor.
- 4. On 11/14/24 the facility policy on Food Storage was reviewed with all food service staff by the kitchen supervisor.
- 5. On 10/7/24 the kitchen supervisor inspected all food storage areas to ensure all food was properly sealed and dated.
- 6. The facility quality management checklist for food service was updated by the Administrator on 11/1/24 to include the checking of all food service areas by the kitchen supervisor during her shift at least 5 days per week to ensure all food is stored in closed or sealed container.
- 7. The facility Quality Mangement Checklist was updated by the Administrator on 11/14/24 to include weekly verification by the administrator that the Food Service Quality Management Checklist is completed by the kitchen supervisor.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 01/15/2025)

103i - Outdated Food

3. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 10/3/24 there was an unlabeled and undated bag of sliced meatloaf in the upright freezer in the kitchen.

Plan of Correction

Accept [REDACTED] 11/18/2024)

- 1. On 10/3/24 the Kitchen Supervisor threw away the meatloaf.
- 2. On 11/14/24 the facility's policy on Food Storage was update by the administrator to include the use of zip lock freezer bags that can be written on.
- 3. On 10/07/24 sealing freezer bags were purchased by the kitchen supervisor.
- 4. On 11/14/24 the facility policy on Food Storage was reviewed with all food service staff by the kitchen supervisor.
- 5. On 10/7/24 the kitchen supervisor inspected all food storage areas to ensure all food was properly sealed, dated and labeled properly.
- 6. The facility quality management checklist for food service was updated by the Administrator on 11/1/24 to include the checking of all food service areas by the kitchen supervisor during her shift at least 5 days per week to ensure all food is stored in closed or sealed container and is properly labeled and dated.
- 7. The facility Quality Mangement Checklist was updated by the Administrator on 11/14/24 to include weekly verification by the administrator that the Food Service Quality Management Checklist is completed by the kitchen supervisor.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 01/15/2025)

130a - Smoke Detector 15 ft Bedroom

4. Requirements

- 2600.
- 130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The nearest operable smoke detector to resident bedroom #330 was 18 feet from the bedroom door.

130a - Smoke Detector 15 ft Bedroom (continued)

Plan of Correction

Accept [REDACTED] - 11/18/2024)

1. On 10/4/24 battery operated smoke detectors were purchased by the administrator.
2. On 10/7/24 a smoke detector was placed with 15 feet of room 330's door.
3. On 11/15/24 the administrator reviewed regulation 2600, 130a Smoke Detectors and Fire Alarms with the facility's maintenance man.
4. On 11/15/24 the administrator created a smoke detector checklist listing all resident room.
5. On 11/15/24 the facility maintenance man checked all resident rooms in the facility to ensure an operable smoke detector was located with 15 feet of each resident bedroom door.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 01/15/2025)

133.1 - Exit Signs

5. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 9/26/24, there was no exit sign over the exit door leading from the secured dementia unit's (SDCU) sitting room to the outside secured courtyard. The home currently serves 58 residents.

Plan of Correction

Accept [REDACTED] - 11/18/2024)

1. On 9/26/24 a sign stating "THIS IS NOT AN EXIT" was placed on the door leading to the courtyard by the office assistant.
2. On 11/15/24 all exit doors were inspected by the administrator to ensure an exit sign was present.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 01/15/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED] 23.

Repeat violation; 11/30/23, et all

Plan of Correction

Accept [REDACTED] 11/18/2024)

1. Resident's 1's medical evaluation was received on [REDACTED] 4.2.
2. The facility policy on medical evaluations was updated by the administrator on 11/15/24 to include clarification on the date the resident was evaluated and the date the form was completed.
3. The facility policy on medical evaluations will be reviewed by the administrator with the resident care coordinator, the care manager of the dementia unit and the office manager on 11/18/24.
4. The facility quality management checklist for medical evaluation was updated by the administrator on 11/15/24 to include both the date the form was completed and the date the resident was evaluated.

141b1 - Annual Medical Evaluation (continued)

- 5. Beginning 11/15/24 the resident care coordinator will check all medical evaluations monthly to ensure medical evaluations are completed properly.
- 6. The facility quality management plan was updated by the administrator on 11/15/24 to include the verification of the dates of the medical evaluation and the date the form was completed. Beginning 11/15/24 the administrator will verify weekly that the quality management checklist for medical evaluations is completed by the resident care coordinator.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 01/15/2025)

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/26/24, at approximate 10:30 am., 2 bottles of Tylenol were unlocked, unattended, and accessible in resident #2's bathroom of bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/18/2024)

- 1. The two bottles of Tylenol were removed from room [REDACTED] by the administrator on 10/26/24.
- 2. The facility policy on medication storage will be reviewed with all staff on 11/21/24 by the administrator.
- 3. The resident living area checklist was updated by the administrator on 11/15/24 to include that medications in resident rooms that cannot self-administer medications are not present.
- 4. Beginning 11/18/24 Housekeeping staff will check all resident rooms weekly to ensure no medications are present in resident rooms for those residents that cannot self-administer medications.
- 5. Beginning 11/18/24 the administrator will verify weekly that all resident rooms are being checked by housekeeping staff weekly.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 01/15/2025)

184a - Resident's Meds Labeled

8. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed Tresiba Flextouch pen, 100 units, 17 units every evening. On 10/3/24, the open flextouch pen, in a plastic bag did not have a pharmacy label.

Resident #1 is prescribed Novalog Flexpen, 5 units for breakfast plus sliding scale. On 10/3/24, the pharmacy label indicates to administer 6 units plus sliding scale.

Resident #3 is prescribed Atorvastatin, 80mg, 1 tab every day at 8:00 am. On 10/3/24, the pharmacy label indicates

184a - Resident's Meds Labeled (continued)

1 tab every day at night.

Repeat violation; 3/27/23

Plan of Correction

Accept [REDACTED] - 12/02/2024)

1. On 10/3/24 a copy of the label for Tresiba Flextouch pen, 100 units, 17 units every evening was placed in the bag with resident #1's flextouch pen by the resident care coordinator.
2. On 10/3/24 a direction change - refer to MAR label was placed on resident 1's novalog by the resident care coordinator to indicate 5 units of novalog flexpen for breakfast.
3. On 10/3/24 resident a direction change - refer to MAR label was put on resident 3's atorvastatin by the resident care coordinator to indicate the atorvastatin is to be administered at 8:00 a.m.
4. On 11/14/24 the facility policy on medication labeling was updated by the administrator to include the use of a direction change -refer to MAR label which will indicate the medication change and the label will be placed on the medication.
5. All staff responsible for administering medication will be trained on the facility policy for medication labels by the administrator by 11/22/24.
6. Beginning 11/18/24 the resident care coordinator will maintain a log of all medication changes faxed to the pharmacy and verify on the log that the labels match the order.
6. The medication reconciliation form was updated by the administrator on 11/15/24 to include the verification that the medication on the MAR and the medication label match.
7. Beginning 11/18/24 the resident care coordinator will check 10 residents weekly to ensure resident medication order on the MAR match the medication label.
8. The facility quality management checklist was updated by the administrator on 11/15/24 to include verification that the medication reconciliation form is being completed weekly for 10 residents by the resident care coordinator. Beginning 11/18/24 the administrator will verify weekly that 10 resident MAR's are checked and the resident care coordinator is verifying that the resident medication on the MAR matches the label on the medication.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [REDACTED] - 01/15/2025)

187a - Medication Record**9. Requirements**

2600.

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

3. Name of medication.

Description of Violation

Resident #4 is prescribed Loperamide, 2mg 1 tab three times a day. However, on 10/3/24, resident's #4's October 2024 medication administration record (MAR) indicated 1 tab as needed.

Resident #5 is prescribed Aspirin, 325mg, and Quetiapine, 50mg, 1 tab daily as needed. However, on 10/3/24, resident #5's October 2024 MAR did not include these medications.

187a - Medication Record (continued)

Plan of Correction

Accept [redacted] 11/19/2024)

1. Resident #4's MAR was updated by the resident care coordinator on 10/03/24 to indicate Loperamide, 2mg 1 tab three times a day as needed.
2. Resident #5's MAR was updated on 10/3/24 by the resident care coordinator to include Aspirin, 325 mg and Quetiapine 50mg 1 tab daily as needed.
3. The facility policy on monthly medication administration record was updated by the administrator on 11/15/24 to include the checking of the medications on the newly received MAR from the pharmacy against the previous months MAR as well as the Physician Order Record.
4. The facility policy on monthly medication administration record will be reviewed by the administrator will all staff responsible for administering medications by 11/22/24.
5. Beginning 12/1/24 the resident care coordinator will check 10 resident MAR's on the first shift of [redacted] month to verify monthly MAR checks for newly produced MARs from the pharmacy are correct. Documentation of these checks will be maintained on the medication reconciliation form.
6. The facility quality management checklist was updated by the administrator on 11/15/24 to include the verification that 10 resident MARs are being checked on the first shift the month by the resident care coordinator.
7. Beginning 12/1/24 the administrator will verify at the first quality management meeting each month that 10 resident MARs are being checked by the resident care coordinator.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 01/15/2025)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's assessment, dated [redacted]/24, does not include the following diagnoses as indicated in the medical evaluation, dated [redacted] 24/24:

- * Seizures
- * Hypertension (HTN)
- * Hyperlipidemia (HLD)
- * Intellectual Disability

Plan of Correction

Accept [redacted] - 11/19/2024)

1. Resident #3's RASP was updated by the resident care coordinator on 10/04/24 to include diagnosis of seizures, hypertension, hyperlipidemia and intellectual disability.
2. The facility policy on RASPs was updated by the administrator on 11/15/24 and will be reviewed with the resident care coordinator and care manager of the dementia unit by 11/22/24 by the administrator.
3. The quality management checklist for RASPs was updated by the administrator on 11/15/24 to include the

225a - Assessment 15 Days (continued)

checking of all resident diagnosis to ensure the diagnosis are addressed in the RASP.

4. Beginning 11/18/24 the resident care coordinator and care manager of the dementia unit will check all resident RASPs completed each month to ensure all resident diagnosis are addressed in the RASP. Documentation of these checks will be kept on the quality management checklist for RASPs.

5. The facility quality management checklist was updated by the administrator on 11/15/24 to include the verification that all resident RASPs are being check monthly to ensure all diagnosis are addressed on the RASP. Beginning 11/18/24 the administrator will verify weekly that all RASPs are being checked monthly by the resident care coordinator and the care manager of the dementia unit.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (████ - 01/15/2025)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #5, dated █████/24, indicates the resident has a need for hospice services. The resident's support plan, dated █████/24, does not include the hospice contact information.

Repeat violation; 11/30/23, et all

Plan of Correction

Accept █████ - 11/19/2024)

1. The hospice contact information for resident 5 was placed on the RASP by the care manager of the dementia unit on 10/4/24.

2. The facility policy on RASPs was updated by the administrator on 11/15/24 to include the need to list hospice contact information in the event the resident is on hospice. The updated policy will be reviewed with the resident care coordinator and care manager of the dementia unit by 11/22/24 by the administrator.

3. The quality management checklist for RASPs was updated by the administrator on 11/15/24 to include the listing of all medical providers and hospice on the RASP.

4. Beginning 11/18/24 the resident care coordinator and care manager of the dementia unit will check all resident RASPs completed each month to ensure all medical providers and their contact information are listed in the RASP. Documentation of these checks will be kept on the quality management checklist for RASPs.

5. The facility quality management checklist was updated by the administrator on 11/15/24 to include the verification that all resident RASPs are being check monthly to ensure all medical providers to include hospice are lillsted on the RASP. Beginning 11/18/24 the administrator will verify weekly that all RASPs are being checked monthly by the resident care coordinator and the care manager of the dementia unit.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented █████ - 01/15/2025)