





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 12 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

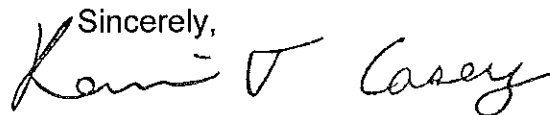
Ms. Mary Jo Arena-Cronin, Administrator  
Hillview Home, Inc.  
Hillview Home  
615 Cornell Street  
Coraopolis, Pennsylvania 15108

Dear Ms. Arena-Cronin:

As a result of the Department of Public Welfare's licensing inspection on June 25, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,  


Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**Western Region**  
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**  
 JUL 20 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
Hillview Home 615 Cornell Street, Coraopolis, Pa 15108		Adult Residential License 439239	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
June 25, 2010		Michael Marini, Kathy Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<i>MARYJO ARENA-CROVIN</i>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>		<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>MaryJo Arena-Crovin</i>		<i>Jan D. Lumbard (PA)</i>	7-28-10
		<i>7/14/10</i>	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	Video cameras in the 1 <sup>st</sup> and 2 <sup>nd</sup> floor common areas are capable of digital recording.	<i>June 26, 2010 Corrected</i>	<i>Video monitor adjusted to live feed only. Reg 42s understood &amp; will be followed by Administrator</i>	<i>7-28-10</i> <i>[Signature]</i>

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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HILLVIEW HOME INC

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07/19/2010

NAME AND ADDRESS OF PERSONAL CARE HOME Hillview Home 615 Cornell Street, Coraopolis, Pa 15108		CURRENT LICENSE NUMBER Adult Residential Licensing 430290		
INSPECTION DATE(S) (Include all dates of the inspection) June 25, 2010		REGIONAL REPRESENTATIVE Michael Marini, Kathy Kruppa		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>		DATE 6/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	
			DATE 7-28-10	
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c 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.	There was a bottle of bleach outside by the picnic table that was accessible to residents. The bottle labels read "Call a poison control center or contact a physician if swallowed."  A can of Comet cleanser was under the bathroom sink in the cupboard on the 2 <sup>nd</sup> floor. The can label reads "Call a poison control center if swallowed."  There was a can of Power House Disinfectant Spray in an unlock-	6/26/10 Corrected	Bleach was properly disposed of. Comet + Disinfectant Spray put in locked closet. Administrator discussed with all staff regulation 82c & will continue to follow up with staff to ensure safety of our residents. See page 2A.	Steps have been taken to correct violation; full compliance is not verifiable 7-28-10 Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Hillview Home 615 Cornell Street, Coraopolis, Pa 15108		<b>CURRENT LICENSE NUMBER</b> 430230	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 25, 2010		<b>REGIONAL REPRESENTATIVE</b> Michael Marini, Kathy Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> <i>PC</i> 7-28-10



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82c 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.	There was a bottle of bleach outside by the picnic table that was accessible to residents. The bottle labels read "Call a poison control center or contact a physician if swallowed."  A can of Comet cleanser was under the bathroom sink in the cupboard on the 2 <sup>nd</sup> floor. The can label reads "Call a poison control center if swallowed."  There was a can of Power House Disinfectant Spray in an unlock-	08/15/10  08/15/10  08/15/10	All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation will be kept.  Designated staff people will check the home for unlocked poisonous materials daily on each shift. Poisonous materials not in use will be stored properly. All staff persons will be instructed to immediately report unlocked poisonous materials.  The administrator will monitor the home weekly to ensure all poisonous materials are locked and inaccessible to residents. Documentation will be kept.	

**VIOLATION REPORT**  
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HILLVIEW HOME INC

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION ed closet next to the main floor bathroom. The label reads "Call a poison control center or doctor for treatment advice." if it is swallowed. None of the residents have been assessed to safely use or avoid poisons.	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


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HILLVIEW HOME INC

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			DATE 7-28-10

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	There was no handrail for the step by the office.	6/30/10 Corrected	Hand rail installed 6/30/10 for the single step by the office door. All maintenance will be more aware of this regulation per quality management plan	7-28-10 

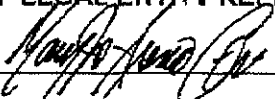
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The dinning room hand washing sink/cabinet had a broken drawer.	7/30/10	Drawer will be repaired. Administrators will be sure all furniture is in good repair as per my Quality Management Plan	7-28-10 g

**Western Region**  
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**  
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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Hillview Home 615 Cornell Street, Coraopolis, Pa 15108		<b>CURRENT LICENSE NUMBER</b> Adult Residential License 480230	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) June 25, 2010		<b>REGIONAL REPRESENTATIVE</b> Michael Marini, Kathy Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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103d Food shall be stored off the floor.	The following cases of canned food were on the floor in the dry storage area: <ul style="list-style-type: none"> <li>• mandarin oranges</li> <li>• pineapple</li> <li>• applesauce</li> </ul>	6/25/10          6-25-10	Staff unloaded cases of the fruit & placed on shelves in storage area the same day.  Kitchen staff as well as administrator will follow thru with this reg in the future.  STAFF persons were educated on safe proper food storage procedures. 7-28-10	7-28-10 g

Western Region  
**VIOLATION REPORT**  
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<i>Michael Marini</i>		<i>gy</i>	
<b>DATE</b>		<b>DATE</b>	
<i>7/28/10</i>		<i>7-28-10</i>	

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The dining room exit door was blocked by a folding walker.	<i>7/28/10</i>	<i>the French doors in the dining room are double doors, both open dependently of the other. the left door had a residents walker in front of it &amp; was removed at time of inspection. Staff spoke to resident &amp; explained the danger. Administrator will follow through</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>7-28-10</i> Date <i>gy</i> Initials (DPW)

*See page 7A.*

**VIOLATION REPORT**  
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The dinning room exit door was blocked by a folding walker.	08/15/10	All staff persons will be educated on the location and use of all fire exits including keeping all fire exit passageways and exits clear and unobstructed. Documentation will be kept.	
		08/15/10	Staff persons will be instructed to monitor all exit passageways and exits daily during regular assigned duties to ensure all exit passageways and exits are clear and unobstructed.	
		08/15/10	The administrator will monitor all exit passageways and exits weekly to ensure all exit passageways and exits are clear and unobstructed.	

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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HILLVIEW HOME INC

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INSPECTION DATE(S) (Include all dates of the inspection) June 25, 2010		REGIONAL REPRESENTATIVE Michael Marini, Kathy Kruppa	
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131e Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.	The fire extinguisher in the dining room was located in the corner behind a metal plant stand making it difficult to access in an emergency.	7/14/10 Corrected	Metal plant stand removed, making the fire extinguisher more accessible.  Staff informed, Administrator will follow through.	Steps have been taken to correct violation; full compliance is not verifiable 7-29-10 Date Initials (DPW)

VIOLATION REPORT


PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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HILLVIEW HOME INC

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There were no exit signs over the 2 exits on the lower level leading to the parking lot, over the exit in the office, the two exits on the first floor near the bedrooms, or over the exit on the second floor.	6/28/10 Corrected	EXIT signs put up above all doors in question. Administrator will continue to monitor that exit signs are always in place as per the quality management plan	7-28-10 Y

# Western Region

## VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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HILLVIEW HOME, INC

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NAME AND ADDRESS OF PERSONAL CARE HOME Hillview Home 615 Cornell Street, Coraopolis, Pa 15108		CURRENT LICENSE NUMBER 430230	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maurya Penno</i>	DATE 7/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gr</i>	DATE 7-28-10

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143b The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention: (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.	<del>Resident #2, #3, #4, #5, and #6</del> Resident #2, #3, #4, #5, and #6 had do not resuscitate orders in their resident records that were not signed by a physician.	July 29, 2010	Doctors will be at Hillman 7/29, he will review & sign the DNR & living wills. Administrator will check all new residents upon admission for doctor's signature on living wills & DNR's. After reviewing reg 143611, I do not see where a living will or advanced directive needs to be signed by a doctor.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 7-28-10 Initials (DPW): <i>gr</i>

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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HILLVIEW HOME, INC

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			DATE <i>7-28-10</i>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	Resident #1's medication administration record entries for Fosamax and citalopram did not include a diagnosis.	<i>6/26/10 Corrected</i>	<i>Pharmacy was informed of the missing diagnosis on MAR. New MAR's sent with correction.  All trained med certified staff will continue to monitor for pharmacy errors &amp; record them for administrator to address to pharmacist.</i>	<i>7-28-10 g</i>

**Western Region**  
**VIOLATION REPORT**


**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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HILLVIEW HOME, INC

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			DATE 7-28-10


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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident #1 started hospice services on 6/1/10 but the resident did not have a new assessment completed. The resident's last assessment was dated 2/9/10.	7/23/10	Resident #1 will have a new assessment done. All other residents assessment will be reviewed. Admins to be well reviewed with her assistant proper documentation. Resident's needs did not change, hospice care was as a 20 trial for extra support for resident. See page 12.	Steps have been taken to correct violation; full compliance is not verifiable. 7-28-10 Date Initials (DPW) S

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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident #1 started hospice services on 6/1/10 but the resident did not have a new assessment completed. The resident's last assessment was dated 2/9/10.	08/15/10  08/15/10	Resident #1 will have a new assessment and support plan completed to include all care, needs and services of the resident including hospice services.  The administrator or designated staff person will review all current and newly completed assessments and support plans for accuracy and completion including the documentation of hospice services.	

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>		<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>
		7/19/10	of 7-28-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #7's assessment (dated 1/13/10) indicated the resident was a high fall risk but this was not documented in the resident's support plan (dated 2/9/10).	7/23/10	Resident #7 was a fall risk when the pre-admission + assessment were done. The support plan, which was done 2 weeks later, showed signs of improvement, as the resident had a few weeks of PT & was no longer considered a fall risk.	7-28-10 4

Western Region

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

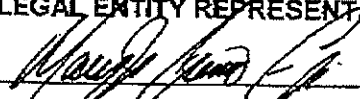
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HILLVIEW HOME INC

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07/19/2010

NAME AND ADDRESS OF PERSONAL CARE HOME Hillview Home 515 Cornell Street, Coraopolis, Pa 15108		CURRENT LICENSE NUMBER Adult Residential License 430230	
INSPECTION DATE(S) (Include all dates of the inspection) June 25, 2010	REGIONAL REPRESENTATIVE Michael Marini, Kathy Kruppa		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8. 7-28-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	There were resident hospice charts in the medication storage room and laundry area. The doors to these areas were unlocked and the records were accessible to unauthorized persons.	<i>6/30/10 Corrected</i>	<i>All outside agencies that have charts or information left here at facilities will have a locked filing cabinet to keep their information. Staff will unlock &amp; give files as needed. Administrator will re-evaluated</i>	<i>7-28-10 g</i>

*\* follow up on reg 254a as part of the quality management plan*