



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

ADULT RESIDENTIAL LICENSING

OCT 15 2010

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

Mr. Daniel F. Simmons, Secretary/Treasurer
Mon-Vale Non-Acute Care Services, Inc.
1663 Country Club Road
Monongahela, Pennsylvania 15063

RE: The Residence at Hilltop
210 Route 837
Monongahela, Pennsylvania 15063

Dear Mr. Simmons:

As a result of the Department of Public Welfare's licensing inspection on August 17, 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,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

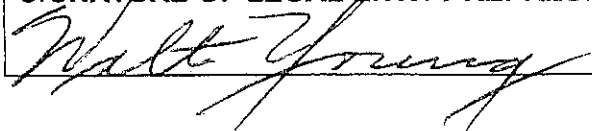
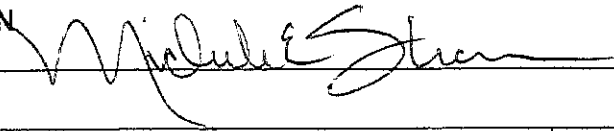
ORIGINALLY RECEIVED SET 08 NEW
 2ND FORM RECEIVED SEP 23 REC'D
 DUE TO POOR QUALITY
 OF FIRST VIOLATION REPORT
 FROM DPW.

DOCUMENT EMAILED FROM DPW ON 9/23/10

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

- 2ND RESPONSE - OFFICIAL RESPONSE -


NAME AND ADDRESS OF PERSONAL CARE HOME The residence at Hilltop 210 Route 837; Monongahela, PA 15063		CURRENT LICENSE NUMBER 474880
INSPECTION DATE(S) (Include all dates of the inspection) 8/17/10	REGIONAL REPRESENTATIVE D. McConnell, D. Hoover	
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 SEP 24 2010
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 10/7/10

9/14/10
 ORIGINAL DATE SIGNED

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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a	Resident medication administration records were left on top of the medication carts in the dining room, unsupervised and accessible to unauthorized persons. SEP 28 2010	8/18/10	ALL NURSES AND MEDICATION AIDES WERE IN SERVICE ON HIPAA AND DPW REGULATIONS ABOUT RESIDENT CONFIDENTIALITY. NURSES AND MEDICATION AIDES HAVE BEEN ORDERED TO REMOVE THE MEDICATION ADMINISTRATION BINDERS FROM THE MED CARS AND SECURE THEM IN THE NURSES' STATION WHEN NOT PASSING MEDICATIONS IN THE DINING ROOM AREA OR ANYTIME. THE DIRECTOR OF NURSING AND THE ADMINISTRATOR WILL CONSTANTLY MONITOR THE SECURITY OF THE MEDICATION ADMINISTRATION BINDERS. SEE EXHIBIT #1	MCS 10/7/10

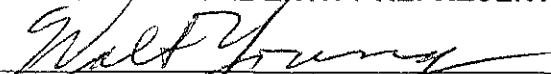

Adult Residential Licensing

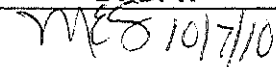
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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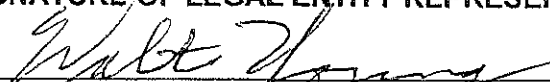

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resident's designated person, or if a court orders disclosure.			SEE PAGE 1	

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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15	The home did not have criminal background checks on file for the visiting care staff from the home health/hospice service agency.	8/19/10	OFFICIAL STATE POLICE CRIMINAL BACKGROUND DOCUMENTATION WAS HAND DELIVERED BY THE DIRECTOR OF SPECIALIZED FROM THE ALBERT GALLITIN HOME CARE / HOSPICE AGENCY ON 8/19/10. WE HAD THE CRIMINAL BACKGROUND CHECKS FROM ALL OTHER HOME CARE / HOSPICE AGENCIES THAT SERVICE OUR FACILITY. ALL AGENCIES THAT PROVIDE CARE TO OUR FACILITY HAVE BEEN INSTRUCTED TO SUPPLY US WITH ALL OF THEIR CURRENT AND ANY FUTURE EMPLOYEES BEFORE ENTERING THE RESIDENCE AT HILLTOP TO PROVIDE CARE. CONTINUED ON THE NEXT PAGE	 10/7/10

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(protective services for older adults) and other applicable regulations.		8/19/10	THIS DOCUMENTATION WILL BE MONITORED AND MAINTAINED BY THE DIRECTOR OF NURSING. SEE EXHIBIT # 2	

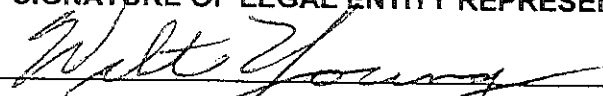

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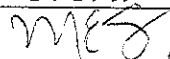
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	According to the home's census, the home is required to have 2 staff persons on duty at all times who are trained in First Aid and CPR. For the dates 8/2/10-8/5/10 and 8/9/10-8/12/10 there were not 2 staff persons on duty for the 10:30pm-6:30am shift trained in First Aid and CPR.	9/9/10	7 EMPLOYEES FINISHED CPR/FIRST AID TRAINING. THIS INCLUDES 5 DIRECT CARE STAFF MEMBERS TO MEET THIS REGULATION. WE WILL HAVE AT LEAST 2 CPR/FIRST AID CERTIFIED DIRECT CARE STAFF MEMBERS WORKING AT ALL TIMES. THE DIRECTOR OF NURSING WILL MONITOR AND SCHEDULE CPR/FIRST AID TRAINING CLASSES TO REMAIN IN COMPLIANCE OF THIS REGULATION. SEE EXHIBITS ZA + ZB	<i>MES</i> 9/17/10

A SECOND CPR/FIRST AID CLASS WAS HELD ON 9/21/10 AND 3 NEW DIRECT CARE STAFF COMPLETED THE CPR/FIRST AID TRAINING.
SEE EXHIBITS ZC + ZD

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A steep drop-off located at the east side of the building is not fully fenced posing a possible fall hazard to residents.	9/9/10	A 250 FT. LONG AND 4 FT HIGH CYCLONE FENCE WAS INSTALLED AT THE EAST SIDE OF THE BUILDING TO PREVENT FALLS. THIS IS A PERMANENT SOLUTION. THE DIRECTOR OF MAINTENANCE WILL MAINTAIN THIS MAINTENANCE FREE OF CHARGE. SEE EXHIBITS 3A + 3B + 3C	 10/7/10

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The evacuation diagrams did not indicate the location of the pull stations.	9/3/10	THE EVACUATION DIAGRAMS WERE UPDATED TO SHOW THE FIRE ALARM PULL STATIONS, THESE DIAGRAMS WILL BE MONITORED AND MAINTAINED BY THE DIRECTOR OF HEALTH CARE. THE FIRE ALARM PULL STATIONS ARE IN RED THE FIRE EXTINGUISHERS ARE MARKED BLUE. SEE EXHIBIT #4	<i>MCS</i> 10/7/10

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125b Combustible materials shall be inaccessible to residents.	Two gallons of gas was stored in the unlocked maintenance storage shed located near the resident walking path.	8/18/10	ALL MAINTENANCE STAFF MEMBERS WERE INSTRUCTED IN THE IMPORTANCE AND THE REGULATIONS CONCERNING KEEPING ALL COMBUSTIBLE MATERIALS INACCESSIBLE TO ALL RESIDENTS. THE OUTSIDE SHED WILL BE LOCKED AT ALL TIMES WHEN THE STAFF IS NOT WORKING IN THE SHED. THE DIRECTOR OF MAINTENANCE WILL MONITOR THAT THE SHED WILL BE LOCKED AT ALL TIMES. SEE EXHIBIT #5	Steps have been taken to correct violation; full compliance is not verified. 10/7/10 Date/ Initials (DPW) MFS


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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The established fire safe doors on the east and west wings were rendered inoperable due to being tied open with nylon tie tabs.	8/18/10	THE MAINTENANCE STAFF AND THE ELECTRICAL CONTRACTOR WERE INSECTED ON THE REGULATIONS CONCERNING THE IMPORTANCE OF KEEPING ALL FIRE SAFE EQUIPMENT WORKING AT ALL TIMES. IN THE FUTURE ANY ONE WORKING ON THE FIRE ALARM/EQUIPMENT MUST WALK AND INSPECT ALL FIRE ALARM/EQUIPMENT WITH THE DIRECTOR OF MAINTENANCE OR THE ADMINISTRATOR TO ENSURE ALL FIRE ALARMS, FIRE DOORS AND ANY OTHER EQUIPMENT ARE ON LINE AND WORKING AT THE END OF THE DAY. SEE EXHIBIT #6	Steps have been taken to correct violation; full compliance is not verifiable 10/7/10 Date <i>MES</i> Initials (DPW)

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141a-1 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.	Resident #1, admitted 4/30/10, and resident #2, admitted 5/20/10, did not have medical evaluations.	9/21/10	A NEW POSITION, CARE PLAN COORDINATOR, HAS BEEN CREATED TO COORDINATE ALL REGULATORY REQUIRED DOCUMENTS, THE MEDICAL EVALUATIONS HAVE BEEN OBTAINED, AN ADMISSION CHECK LIST HAS BEEN DEVELOPED TO MEET ALL REGULATORY REQUIREMENTS FOR RESIDENTS. THE CARE PLAN COORDINATOR WILL ENSURE THAT ALL REGULATORY REQUIRED RESIDENT DOCUMENTATION WILL BE COMPLETED IN A TIMELY FASHION. SEE EXHIBIT # 7	Steps have been taken to correct violation; full compliance is not verifiable 10/7/10  Date Initials (DPW)

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141b-1 A resident shall have a medical evaluation at least annually.	Resident #3 did not have an annual medical evaluation completed. The most recent medical evaluation completed was on 8/5/08.	9/21/10	<p>DUR NEW SUPPORT PLAN COORDINATED WITH EPHO. THE MEDICAL EVALUATIONS ARE DONE ON A TIMELY BASIS. THE 2010 MEDICAL EVALUATION HAS BEEN OBTAINED FOR #3 RESIDENT. A TICKLER FILE HAS BEEN CREATED TO ENSURE OF THE TIMELY RECESSION OF THE MEDICAL EVALUATION IN THE FUTURE.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>10/7/10 MGS Date Initials (DPW)</p>

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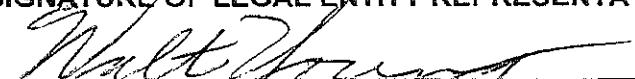
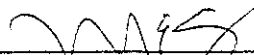
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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident #3 self-administers medications but does not have a medical evaluation completed, indicating the ability to self-administer medications.	9/21/10	THE SUPPORT PLAN COORDINATOR WILL ENSURE THAT THE MEDICAL EVALUATIONS WILL BE RECEIVED ON TIME. THE SPC WILL ALSO MAKE SURE THAT THE MEDICAL EVALUATION WILL INDICATE THE PHYSICIAN'S ORDERS THAT SELF-MEDICATING RESIDENTS MAY CONTINUE TO SELF-MEDICATE. THE DIRECTOR OF NURSING WILL OVERSEE ALL SELF-MEDICATING RESIDENTS.	Steps have been taken to correct violation; full compliance is not verified. 10/7/10 <i>MES</i> Date Initials (SPC)

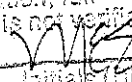
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #4, admitted 1/26/10, did not have a preadmission screening completed.	9/21/10	THE MARKETING DIRECTOR, THE DIRECTOR OF NURSING AND THE SUPPORT SERVICES WILL ENSURE THE PREADMISSION SCREENING INSTRUMENT WILL BE COMPLETED PRIOR TO ADMISSION. THE NEW ADMISSION CHECK SHEET WILL ALSO ASSIST IN MAKING SURE THE PREADMISSION SCREENING INSTRUMENT WILL BE COMPLETED ON TIME, SEE EXHIBIT #7	Steps have been taken to correct violation; full compliance is not verified. 10/7/10 <i>MES</i> Date Initial (DPW)

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225a 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.	The following residents did not have assessments completed: <ul style="list-style-type: none"> • Resident #1 – admitted 4/30/10 • Resident #2 – admitted 5/20/10 • Resident #4 – admitted 1/26/10 • Resident #5 – admitted 7/27/10 	9/21/10	THE SUPPORT PLAN COORDINATOR AND THE DIRECTOR OF NURSING WILL ENSURE THE 15 DAY ASSESSMENTS WILL BE COMPLETED ON TIME. THE ADMISSION CHECK LIST WILL ALSO ENSURE THE 15 DAY ASSESSMENT WILL BE COMPLETED ON TIME.	Steps have been taken to correct violation; full compliance is not verified. 10/7/10 Date:  Initials: DPW

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

NAME AND ADDRESS OF PERSONAL CARE HOME The residence at Hilltop 210 Route 837; Monongahela, PA 15063		CURRENT LICENSE NUMBER 474880	
INSPECTION DATE(S) (Include all dates of the inspection) 8/17/10		REGIONAL REPRESENTATIVE D. McConnell, D. Hoover	
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 SEP 24 2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/7/10

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.	The residents #1, #2 and #4 did not have support plans completed.	9/21/10	<p>THE SUPPORT PLANS HAVE BEEN COMPLETED. THE DIRECTOR OF LICENSING AND THE SUPPORT PLAN COORDINATOR WILL ENSURE SUPPORT PLANS ARE COMPLETED ON TIME. THE SUPPORT PLANS ARE A PART OF THE ADMISSION CHECKLIST AND THE SPC'S STICKLER FILE. THESE</p> <p>ADDITIONAL STEPS SHOULD BE A DOUBLE AND TRIPLE CHECK TO HAVE THE CARE PLANS COMPLETED ON TIME.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10/7/10 MGS Date Initials (DPW)</p>