



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 4, 2011

Ms. Catherine Rowe, Administrator
Hillside Rest Home, Inc.
P.O. Box 552
Blue Ridge Summitt, Pennsylvania 17214

Re: Hillside Personal Care Home
1175 Old Waynesboro Pike
Fairfield, Pennsylvania 17320

Dear Ms. Rowe:

As a result of the Department of Public Welfare's licensing inspection on September 15, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michele Strauser'.

Michele Strauser
Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE PERSONAL CARE, 1175 OLD WAYNESBORO PIKE FAIRFIELD, PA 17320		CURRENT LICENSE NUMBER 348750	
INSPECTION DATES (Include all dates of the inspection) 09/15/2010		REGIONAL REPRESENTATIVE Jaime Erb, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl A. Morgan, Assistant Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Morgan</i>	DATE 11/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael Erb</i>	DATE 2/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	<p>Staff person A completed initial medication training on 4/24/07. The initial annual practicum was completed 9/17/08. The annual practicum was completed 12/09. No training was completed in 2010.</p> <p>Staff person B completed initial medication training on 4/24/07. The initial annual practicum was completed 6/5/08. The annual practicum was completed 6/3/09. No training was completed in 2010.</p> <p>Staff person C completed initial medication training on 4/24/07. The initial annual practicum was completed 6/11/08. The annual practicum was completed 6/24/09. No training was completed in 2010.</p> <p>The administrator confirmed that Staff person A, B and C administered medications in September.</p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">NOV 5 2010</p>	<p>11/19/10</p> <p>11/30/10</p> <p>On Going</p>	<p>All medication training documents will be reviewed for compliance of regulation 2600.190a.</p> <p>Staff Person A, B, and C and any additional Staff if found in audit of training documents will be retrained and retested as per regulation 2600.190a standards. Enclosed are the documents of 2010 trainings that Staff Person A, B and C had received prior to September</p> <p>Assistant Administrator will review all training records quarterly and facilitate trainings in a timely manner.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/2/11 <i>JAMES</i> Date Initials (DPW)</p>

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Hillside

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