



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

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

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

Mrs. Catherine C. Rowe, President/Administrator
Hillside Rest Home, Inc.
P.O. Box 552
Blue Ridge Summit, Pennsylvania 17214

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

Dear Mrs. Rowe:

As a result of the Department of Public Welfare's licensing inspection on August 8 and 17, 2011 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,

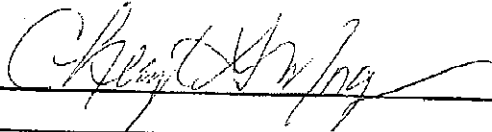
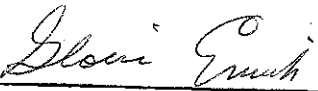
A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

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

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7177942063

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) 08/08/2011		REGIONAL REPRESENTATIVE Doug 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 	DATE 8/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
85b There may be no evidence of infestation of insects or rodents in the home.	The home has a bedbug infestation. A large exterminator panel/bucket truck was parked on the premises with furniture and personal clothing inside in preparation for treatment. Furniture and personal items were stored outside around the parking lot under blue tarps after undergoing treatment. Staff A confirmed that there was a bedbug infestation and that the treatment/fumigation of bedbugs was current and ongoing.	current + full complete on-going	After poor treatment from previous extermination company, we are undergoing a treatment plan with a new company. Current plan is to use heat for all personal belongings and furniture. All items are removed until structure is cleared by pest detection dog. Where structural alerts are found company uses a combination treatment based on structure location and level of infestation. A minimal amount of clothing is kept in building. Those items kept are stored in smooth sided totes and also inspected by dog on various inspections. On going please see attached belongings admission policy.	Steps have been taken to correct violation; full compliance is not verifiable 10-4-11 Date: Initials (DPW)

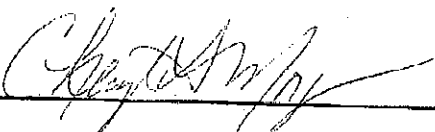
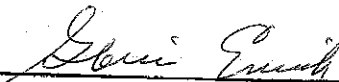
Sep 29 11 05:08p Hillside

RECEIVED TIME SEP. 29. 6:13PM

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

p.4

7177942063

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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 	DATE 8/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 8/11/11, resident #1 pushed resident #2 who fell and struck his/her head which resulted in a head wound that required 7 stitches. The home did not report the incident to the local area agency on aging.	8/17/11 8/26/11 on-going	Incident was reported to the local area agency on aging. On going all office staff will be in-serviced on regulation 2600.15a and all reporting requirements.	Steps have been taken to correct violation; full compliance is not verifiable 10-4-11 SE Date Initials (DPW)

RECEIVED TIME SEP. 29. 6:13PM

Hillside

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