

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HILLSIDE MANOR PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate HILLSIDE MANOR PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 177 OLIVER ROAD, UNIONTOWN, PA 15401

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 76  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 April 9, 2012 until April 9, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 467990

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUL 17 2012

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

Ms. Connie J. Stambaugh, Administrator  
Hillside Manor Personal Care Home, Inc.  
Hillside Manor Personal Care Home  
177 Oliver Road  
Uniontown, Pennsylvania 15401

Dear Ms. Stambaugh:

As a result of the Department of Public Welfare's licensing inspection on March 29, 2012 and April 4, 2012 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 black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

No. 8634 P. 4/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman	
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 <i>C. J. Stambaugh</i>	DATE 6-14-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Maia Stapanovich (ms)</i>	DATE 6/29/12

Hillside Manor PCH 724-437-2100

Jun. 14. 2012 1:28PM

REGULATION 55 Pa.Code §2600	VIOLATION	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
5a1 The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.	On 03/29/2012, the administrator's records were not accessible to agents of the Department throughout the entire day. The home's designee did not have a key to access the records.  Repeated Violations: 02/25/2011	6/14/12  I CALLED A REPRESENTATIVE "JESSIE" NUMEROUS TIMES PRIOR TO LEAVING ON VACATION TO MAKE HIM AWARE OF THE DATES I WOULD BE OUT OF TOWN. I DID THIS WITH PLENTY OF TIME TO COME BEFORE I LEFT. THIS IS THE 2 <sup>ND</sup> YEAR IN A ROW DPW WAS NOTIFIED I WOULD BE GONE AND STILL CAME TO DO OUR ANNUAL INSPECTION.	Steps have been taken to correct violation; full compliance is not verifiable 6/29/12 ms Date Initials (DPW)

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JUN 14 2012

Western Field Office  
Adult Residential Licensing

NEW KEYS HAVE BEEN GIVEN TO THE FACILITY MANAGER - By 7/29/12 - the administrator will develop a system of record keeping to ensure agents of the Department, upon request, have immediate access to records including the administrator's records ms 6/29/12

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

No. 8634 P. 5/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 457990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman	
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 <i>CJ Stambough</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION ms	DATE 6/29/12

Jun. 14, 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff Person A, whose first day of work was 09/01/2010, did not receive orientation training in the following areas prior to or on his/her first day of work:  *Evacuation procedures *Staff duties and responsibilities during fire drills, as well as during emergency location evacuation, transportation and at an emergency location, if applicable *The designated meeting place outside the building or within the fire safe area in the event of an actual fire *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable *The location and use of fire extinguishers *Smoke detectors and fire alarms *Telephone use and notification of emergency services  Repeated Violations: 02/25/2011 <b>RECEIVED</b>	6/17/12  STAFF PERSON "A" WAS <del>BE</del> A REHIRE. ALL OF THE CITED PAPER WORK WAS COMPLETED DURING HER ORIGINAL HIRE ORIENTATION. SINCE CITED ON 2/25/11 ALL PAPERWORK HAS BEEN REPEATED FOR REHIRERS  THIS IS A REPEAT VIOLATION HOWEVER THE PREVIOUS VIOLATION WAS AFTER STAFF PERSON "A"'S HIRE DATE.  staff person A is no longer employed at the home. ms 6/29/12	ms 6/29/12

JUN 14 2012

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

No. 8634 P. 6/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Aiman	
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 <i>cg Stamborough</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  MS	DATE 6/29/12

Jun. 14. 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	<p><b>RECEIVED</b></p> <p>JUN 14 2012</p>	<p><i>See pg #2</i></p>	

Western Field Office  
Adult Residential Licensing

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

No. 8634 P. 7/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinger-Aiman	
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 <i>C. J. Stamborough</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/29/12

Jun. 14. 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff Person A, hired 09/01/2010, did not receive training in the following areas within 40 scheduled working hours:  *Resident rights. *Emergency medical plan. *Mandatory reporting of abuse and neglect under the Older Adults Protective Services Act. *Reporting reportable incidents and conditions.  Repeated Violations: 02/25/2012  <b>RECEIVED</b>  JUN 14 2012	6/14/12	See pg #2  Staff person A is no longer employed at the home. Since cited on 2/25/11, all paperwork has been repeated for all rehires. MS 6/29/12	MS 6/29/12

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

No. 8634 P. 8/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Finner-Alman	
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 <i>Cy Stambrough</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  ms	DATE 6/29/12

Jun. 14. 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	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
	<p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">JUN 14 2012</p>	<p style="font-size: 24px; margin: 0;"><i>See page #2</i></p>	

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

No. 8634 P. 9/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman	
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 <i>C. Stambough</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/29/12

Jun. 14, 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person A, hired 09/01/2010, provides regularly unsupervised ADL's; however, this staff person has not completed the Department-approved direct care training course.  Repeated Violations: 02/25/2012	6/14/12	<i>See pg #2</i> staff person A is no longer employed at the home. Since cited on 5/25/12, all paperwork has been repeated for all returns. MS 6/29/12	MS 6/29/12

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Western Field Office  
Adult Residential Licensing

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

No. 8634 P. 10/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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Jun. 14. 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	<b>RECEIVED</b>  JUN 14 2012	<i>see page #2</i>	

Western Field Office  
Adult Residential Licensing

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

No. 8634 P. 11/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Finner-Alman,	
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 <i>G Stambauer</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/29/12

Jun. 14. 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.	<b>RECEIVED</b>  JUN 14 2012	<i>See page # 2</i>	

Western Field Office  
Adult Residential Licensing

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

No. 8634 P. 12/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman,	
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 <i>CJ Stambaugh</i>	DATE 6-14-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/29/12

Jun. 14. 2012 1:28PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	<p><b>RECEIVED</b></p> <p>JUN 14 2012</p> <p>Western Field Office Adult Residential Licensing</p>	<p><i>see page #2</i></p>	

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

No. 8634 P. 13/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinger-Alman	
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SIGNATURE OF LEGAL ENTITY <i>C. J. Stamborough</i>	DATE 6/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/29/12

Jun. 14. 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person A, hired 09/01/2010, only received 10 hours of annual training in training year 2011.	6/14/12  STAFF PERSON A HAD 10 HRS OF MONTHLY TRAININGS PLUS HER CPR TRAINING WHICH WE WERE COUNTING AS 2 HOURS. (see attached CPR CARD)	MS 6/29/12

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Western Field Office  
 Adult Residential Licensing

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

No. 8634 P. 14/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Fliener-Alman	
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Hillside Manor PCH 724-437-2100

Jun. 14, 2012 1:29PM

REGULATION 55 Pa.Code §2600	VIOLATION	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
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 5 ounce tube of Moisture Barrier Cream with a warning label that read, "If swallowed, get medical help or contact poison control right away", on the bathroom shelf in resident #7's room. Staff person B, administrator, indicated this resident is unable to use poisonous materials safely, due to the resident's diagnosis of dementia.  Observed 03/29/2012	6/14/12  RESIDENT #7 IS A Hospice patient and the CREAM WAS LEFT BEHIND BY THE HOSPICE AIDE. SHE WAS REMINDED THAT CREAMS WITH POISON CONTROL STATEMENTS MUST NOT BE ACCESSIBLE TO RESIDENTS. STAFF (AIDES) INSTRUCTED TO CHECK EACH TIME THEY LEAVE A ROOM THAT THERE ARE NO CREAMS LEFT BEHIND. The moisture barrier cream was removed from resident #7's room at the time of the inspection. ms 6/29/12	Steps have been taken to correct violation; full compliance is not verifiable. 6/29/12 ms Date Initials (DPW)

Western Field Office  
Adult Residential Licensing

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

No. 8634 P. 15/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinger-Alman	
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Jun. 14. 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	<p>The fire drill record for the fire drill conducted on 01/06/2012 indicates there were 54 residents; however, the record does not indicate if this was the number of residents in the home, the number of residents who evacuated or both.</p> <p>The fire drill record for the fire drill conducted on 02/27/2012 indicates there were 58 residents; however, the record does not indicate if this was the number of residents in the home, the number of residents who evacuated or both.</p> <p align="center"><b>RECEIVED</b></p> <p align="center">JUN 4 2012</p>	6/14/12	<p>The correct form is now being used. The form has columns for the cited missing information.</p> <p>During the fire drill on 2/27/12 and 1/6/12. All residents were evacuated.</p> <p>The fire drill record for 5/29/12 at 2:15 PM indicates there were 63 residents in the home and 63 residents evacuated. MS 6/29/12</p>	MS 6/29/12

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

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No. 8634 P. 16/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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Jun. 14. 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The fire drill record for fire drills held during sleeping hours on 04/23/2011 at 2:52 AM and on 10/13/2011 at 12:15 AM indicates 8 staff persons participated in the drill; however, minimum staffing at those times is 3 personnel, according to the staff schedule.  <b>RECEIVED</b>  JUN 4 2012	6/14/12  MIDNIGHT SHIFT Staffing MINIMUM IS 4 PEOPLE 2 AIDES 1 SHIFT COORDINATOR 1 Laundry Person  FIRE ALARM ON 4/23/11 WENT OFF DUE TO A SMOKING BELT IN THE LAUNDRY ROOM. THERE WERE Additional Aides IN the bldg. because it was close to shift Change. FIRE DRILL ON 10/13/2012 WAS USED AS A TRAINING DRILL. IN the future	

Western Field Office  
 Adult Residential Licensing

These drills will be completed with the minimum # of staff

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

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No. 8634 P. 17/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
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Jun. 14, 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #3's medical evaluation, dated 02/29/2012, does not indicate the resident's mobility needs.  <b>RECEIVED</b>  JUN 4 2012  Western Field Office Adult Residential Licensing	6/14/12  IN THE FUTURE I WILL REVIEW ALL MED. EVAL'S CLOSELY AND RETURN TO PHYSICIAN TO COMPLETE ANY AREAS THAT ARE LEFT BLANK.  Resident #3's medical evaluation was revised to include the resident's mobility needs. MS 6/29/12	MS 6/29/12

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

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No. 8634 P. 18/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman	
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 <i>CJ Stam Daugh</i>	DATE 6/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>ms</i>	DATE 6/29/12

Jun. 14. 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<b>RECEIVED</b>  JUN 4 2012	<i>see pg 14</i>	

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

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No. 8634 P. 19/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flimmer-Alman.	
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 <i>CJ Stamm Daugh</i>	DATE 6/14/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE 6/29/12

Jun. 14. 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
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 #5's preadmission screening, dated 10/23/2011, does not indicate whether or not the home can meet the resident's needs.	<i>6/14/12</i>	<i>In the future all preadmission forms will be reviewed to make sure all information is present. I will review these forms myself</i>	<i>MS 6/29/12</i>
<p><b>RECEIVED</b></p> <p>JUN 14 2012</p>				

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

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No. 8634 P. 20/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinner-Alman.	
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 <i>C. J. Stambaugh</i>	DATE 6/14/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE 6/29/12

Jun. 14. 2012 1:29PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
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.	<p>Resident #1's assessment, dated 01/09/2012, does not include diagnoses of hypertension, coronary artery disease and coronary artery bypass graft as indicated on the resident's medical evaluation, dated 01/30/2012.</p> <p>Resident #2's assessment, dated 12/19/2012, does not include the diagnosis of hypothyroidism as indicated on the resident's medical evaluation, dated 12/27/2011. Also, the assessment does not include a 2 gm Na diet as indicated on the medical evaluation.</p> <p>Resident #3's assessment, dated 03/08/2012, is missing page 4 and does not indicate a mechanical soft diet as indicated on the resident's medical evaluation, dated 03/08/2012.</p> <p>Resident #4's assessment, dated 01/13/2012, does not include diagnoses of hyperlipidemia, osteoarthritis and arteriosclerotic heart disease as indicated on the resident's medical evaluation, dated 12/27/2011.</p> <p>Resident #5's assessment, dated 11/03/2011, does not include diagnoses of mild cognitive</p>	<p>6/14/12</p> <p>While doing assessments I have always addressed the most critical and pressing issues. Not all diagnosis. In the future all Dx. will be addressed. The New RASP form will also provide a better format to do this.</p>	<p><i>MS</i> 6/29/12</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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No. 8634 P. 21/24

NAME AND ADDRESS OF PERSONAL CARE HOME HILLSIDE MANOR PERSONAL CARE HOME, 177 OLIVER ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 467990	
INSPECTION DATES (Include all dates of the inspection) 03/29/2012, 04/04/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Lisa Flinger-Alman.	
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 <i>C. Stambough</i>	DATE 6/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION ms	DATE 6/29/12

Jun. 14. 2012 1:30PM Hillside Manor PCH 724-437-2100

REGULATION 55 Pa.Code §2600	VIOLATION	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
	<p>impairment, idiopathic pulmonary fibrosis and osteoarthritis as indicated on the resident's medical evaluation, dated 01/18/2012.</p> <p>Resident #6's assessment, dated 08/26/2011, does not include diagnoses of hypertension, pacemaker, breast tumor, B12 deficiency and cataracts as indicated on the resident's medical evaluation, dated 08/24/2011.</p>	<p>See pg # 17</p>	

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