



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: Jul 23 2012

Mr. Daniel Simmons, Secretary/Treasurer
Mon-Vale Non Acute Care Services, Inc.
1163 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 July 9, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jill Pezzino".

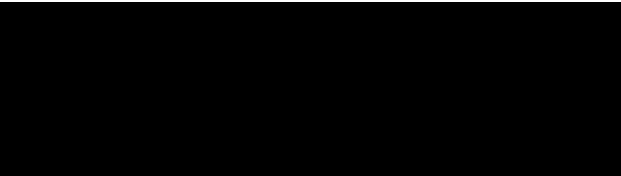

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

RECEIVED

JUL 24 2012

PCH Name: THE RESIDENCE AT HILLTOP		License Number: 474880
Address: 210 ROUTE 837, MONONGAHELA, PA 15063		County: Washington
Administrator: Walt Young		Region: WEST
Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC		Western Field Office
Legal Entity Address: 1163 COUNTRY CLUB ROAD, MONONGAHELA, PA 15063		Adult Residential Licensing
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 93	Waking Staff: 70
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/09/2012: Cutter, Jan; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 78 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 47488 - 07/09/2012 - Cutter, Jan
PCH Name: THE RESIDENCE AT HILLTOP

JUL 24 2012

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 4/26/2012, was not updated to include fall precautions as ordered upon the resident's return from Mon Valley Hospital on 6/18/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED SHEETS
HAND COPY TO BESSENT VIA MAIL
SENT VIA FAX 7/24/12 *why*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Walt Young Administrator* Date *7-24-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/25/12
(Date)

The above plan of correction was approved by ASP
(Initials)

Plan of correction implementation status as of 7/25/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 47488 - 07/09/2012 - Cutter, Jan
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner determines the necessity of these services.

JUL 24 2012

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 5/17/2012, was not updated to include fall precautions as ordered upon the resident's return from Mon Valley Hospital on 6/18/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED SHEETS,

HAND COPY TO COME VIA MAIL
SENT VIA FAX 7/24/12.
mlg

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date
7/24/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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(Date)

Plan of correction implementation status as of 7/25/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

**PLAN OF CORRECTION FROM
THE RESIDENCE AT HILLTOP
IN RESPONSE TO THE INCIDENT SURVEY ON
JULY 9, 2012**

2600.225

1. The nurses will be in serviced on the documentation of the new fall risk evaluation process. The new Fall Risk Evaluation form was ordered from Briggs Corp. on July 23, 2012.
2. The new fall risk evaluation will be completed and updated upon admission, readmissions, and after any falls. The shift nurse is required to complete/ update the new fall risk evaluation by the end of the nurse's shift.
3. The completed/ updated fall risk assessment will be reviewed by the Support Plan Coordinator making any additions or corrections if necessary.
4. The Support Plan Coordinator or his/ her designee will update the admission assessment and the Resident Assessment Support Plan (RASP).
5. The Director of Nursing will audit all new/ updated fall risk evaluations.
6. A new Fall Risk evaluation will be completed on all residents by the Support Plan Coordinator semi-annually whether or not an event has occurred by August 27, 2012.
7. Resident #1's Personal Care Home Assessment was updated to include **Fall Risk** on July 9, 2012.

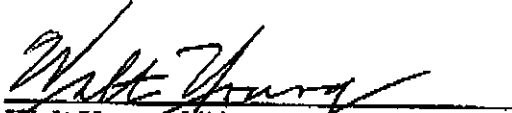
2600.227d

1. The Support Plan Coordinator will be in-serviced by the Director of Nursing on documentation, accuracy, communications and updating the support plan and/ or the RASP especially after a new admission, readmission or fall.
2. The support plan coordinator will review and update any residents' RASPs/ support plans that have gone out of the building (physicians' offices, the emergency department visits, readmissions and falls) and returned with new orders.
3. The Director of Nursing will be auditing the RASPs/ support plans to make sure the assessments are updated as events occur in the shortest possible time.
4. The Director of Nursing will also meet weekly with the Support Plan Coordinator to discuss the updates and new orders for the RASPs/ support plans to ensure accuracy.

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Plan of Correction
The Residence at Hilltop
In response to the partial survey of July 9, 2012

5. The Support Plan Coordinator or his/her designee will update the Fall Risk Assessments semi-annually.
6. Resident #1's support plan was updated to include **FALL RISK** on July 9, 2012.

THIS PLAN OF CORRECTION WILL BE COMPLETED BY AUGUST 27, 2012.



Walt Young, NHA, PCA

7/24/12

Date