



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 14 2013

Mr. James E. Stambaugh II, President
Hillside Manor Personal Care Home, Inc.
Hillside Manor Personal Care Home
177 Oliver Road
Uniontown, Pennsylvania 15401

Dear Mr. Stambaugh:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 14, 2013 and January 15, 2013 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

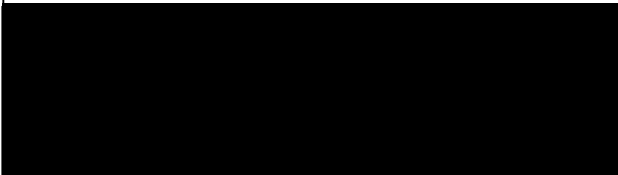
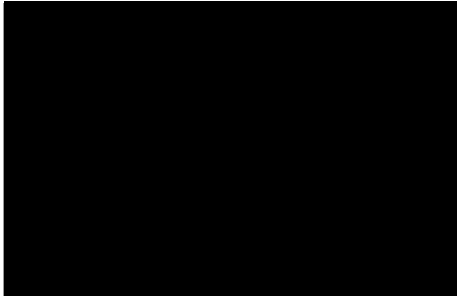
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: HILLSIDE MANOR PERSONAL CARE HOME		License Number: 467990
Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		County: Fayette
Administrator: Connie Stambaugh		Region: WEST
Legal Entity Name: HILLSIDE MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy C-2 LP 12/27/1995 Labor & Industry		RECEIVED FEB 17 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/14/2013: Glidden, Michelle; Whitney, Diane 01/15/2013: Glidden, Michelle; Whitney, Diane		
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: 76 Number of Residents Served: 58 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 46799 - 01/14/2013 - Glidden, Michelle
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 1/15/13, the first aid kit in the kitchen did not include scissors.

On 1/15/13, the first aid kit in the staff break room did not include a thermometer, tweezers, a breathing shield or antiseptic.

On 1/15/13, the first aid kit in the medication room did not include scissors.

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.

All 3 first aid kits were supplied with the missing items.

A visual inventory will be taken weekly on Mondays to verify all required items are present in each kit -

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

CS Stambaugh

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

CONNIE Stambaugh

Date

2-8-13

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

The above plan of correction is approved as of

2/14/13
(Date)

Plan of correction implementation status as of

2/14/13
(Date)

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

The above plan of correction was approved by

MS
(Initials)

Violation Report: 46799 - 01/14/2013 - Glidden, Michelle
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 1/15/13, there was a used, unlabeled bar of soap at the sink in the shared bathroom of resident #1's bedroom.

On 1/15/13, there were four used, unlabeled bars of soap at the sink in the shared bathroom of resident #2's bedroom.

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.

Separate soap dishes were supplied and labeled with residents name.
A visual check will be done every Monday by housekeeping to verify soap dishes are still in place and clearly labeled.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Connie Stambaugh

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

CONNIE STAMBAUGH - Admin

Date

2-8-2013

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2/14/13
(Date)

Plan of correction implementation status as of

2/14/13
(Date)

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- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

MS
(Initials)

FEB 11 2013

Violation Report: 46799 - 01/14/2013 - Glidden, Michelle
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed to evacuate in an emergency.

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.

See attached layout that was sent to the fire department.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

C. Stambaugh

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

Connie Stambaugh Admin

Date 2-5-2013

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

The above plan of correction is approved as of 2/14/13
(Date)

Plan of correction implementation status as of 2/14/13
(Date)

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

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

Violation Report: 46799 - 01/14/2013 - Glidden, Michelle
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(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.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 3/8/12; however, a medical evaluation was completed on 12/19/11.

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.

I was using the date the physician signed the DME form to monitor if it was completed in a timely manner. I now know to use the "date resident examined" so this won't be an issue in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

C. Stambaugh

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

CONNIE J. STAMBAUGH Admin

Date 2-8-2013

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

The above plan of correction is approved as of

2/14/13
(Date)

Plan of correction implementation status as of

2/14/13
(Date)

The above plan of correction was approved by

ms
(Initials)

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

Violation Report: 46799 - 01/14/2013 - Glidden, Michelle
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for resident #4, admitted 12/12/12, is undated; therefore, it could not be determined if it was completed within 30 days prior to admission.

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.

All forms will be dated when completed. All staff was reminded of the importance of this.

By 3/14/13 - The administrator ^{or designated staff person} will create a new admission documentation tracking system to ensure that the Department's preadmission screening form is completed within 30 days prior to admission and that the form is accurate and complete to include dates, MS 2/14/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/29/2012 et al.

Signature of Legal Entity Representative (Required on EVERY Page) *C. Stambaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie J. Stambaugh / Admin* Date *2/8/2013*

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The above plan of correction is approved as of 2/14/13 (Date)

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

Plan of correction implementation status as of 2/14/13 (Date)

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- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46799 - 01/14/2013 - Glidden, Michelle
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted 12/12/12; however, the assessment was not completed until 1/10/13.

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.

Resident #4 was admitted for a short-term 10 day respite stay. when [redacted] stayed longer the date was ~~for~~ missed. I will be more cautious and careful to complete the assessment within 15 days.

By 3/14/13 - The administrator or designated staff person will create a new admission documentation tracking system to ensure the Department's assessment form is completed within 15 days of admission and is accurate and complete to include all diagnoses, special dietary needs and services received.
ms 2/14/13

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/29/2012 et al.

Signature of Legal Entity Representative
(Required on EVERY Page)

C. J. Stambaugh

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

CONNIE J. Stambaugh/ADMIN

Date 2/8/2013

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(Date)

Plan of correction implementation status as of 2/14/13
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented