



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2013

Ms. Mary Jo Arena-Cronin, Owner/Administrator  
Hillview Home, Inc.  
Hillview Home  
615 Cornell Street  
Coraopolis, Pennsylvania 15108

Dear Ms. Aread-Cronin:

As a result of the Department of Public Welfare's licensing inspection on May 3, 2013 and May 14, 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.

Your regular license for the period of July 6, 2013 to July 6, 2014 was issued on March 25, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Violation Report

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

Page 1 of 10

PCH Name: HILLVIEW HOME		License Number: 43023
Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108		County: Allegheny
Administrator: Mary Jo Arena-Cronin		Region: WEST
Legal Entity Name: HILLVIEW HOME INC		
Legal Entity Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108		
<b>Certificate(s) of Occupancy</b> Special Occupancy 05/30/1979 L&I		
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 18 Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/03/2013: Miller-Linhart, Alden 05/14/2013: Miller-Linhart, Alden		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		<b>RECEIVED</b>  JUL 05 2013  WEST REGION FIELD OFFICE Human Services Licensing
<b>Other Details</b> Partial or Full Triggers:		
Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 22 Number of Residents Served: 17 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 16 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden  
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A was hired by the home on 7/1/09. Staff person A plead guilty to a misdemeanor GC3921 on 8/9/95 and a misdemeanor CC3929 on 2/19/96. The two prohibitive offenses make staff person A ineligible to be hired.

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.

Staff person A was re-hired by me in 2009. At that time and every inspection since this record was checked AND OK'd by several inspectors.

Administrator & staff A working on a pardon as well as working with Dept. of Aging to keep this employee working.

Staff member on leave until this gets resolved.

8-10-13 - The Administrator will review all current staff records to ensure all staff persons have had a criminal history background check completed and all staff persons have been hired in accordance with the older adult protective services act. 7-5-13.

8-10-13 - The Administrator and all staff involved in the hiring and retention of staff persons will complete the on-line Older Adult Protective Services Act Training. Documentation of training will be kept. 7-5-13.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>7-17-13</u> (Date)		Plan of correction implementation status as of <u>7-17-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>7-17-13</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden  
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired by the home on 7/1/09. Staff person A plead guilty to a misdemeanor CC3921 on 8/9/95 and a misdemeanor CC3929 on 2/19/96. The two prohibitive offenses make staff person A ineligible to be hired.

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 which the steps will be completed.

*See page 2*

*8-10-13 - The administrator will review all current staff records to ensure all staff persons have a criminal history background check completed and all staff persons have been hired in accordance with the Older Adult Protective Services Act. 7-5-13*

*8-10-13 - The administrator and all staff involved with the hiring and retention of staff persons will complete the on-line Older Adult Protective Services Act training. Documentation of training will be kept. 7-5-13*

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WEST REGION FIELD OFFICE  
Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 7/21/13

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The above plan of correction is approved as of 7-17-13 (Date)

Plan of correction implementation status as of 7-17-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 7-17-13
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden  
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 7/1/09 and provides direct care services to residents. Direct care staff person A does not have a high school diploma, a valid GED or a current CNA license.

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

Include plans to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed

*Staff person A has worked in personal care since 1993 when she was employed by this facility for 11 years. From 2004 to 2009 she worked in her sisters PCH, in 2009 I rehired her back to my facility. There has been no lapse of employment or job description. Documentation with training certificates support this & was offered at the time of inspection. According to 2600.54a this is not a violation.*

*withdrawn  
g*

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Human Services Licensing

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The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43023 - 05/03/2013 - Miller-Linhardt, Alden

PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 5/3/13, the vinyl baseboard on the right wall of the "fish bathroom" was curling off of the wall.

On 5/3/13, the metal heating register of the "fish bathroom" was dislodged from the wall and was rusted.

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.

Register replaced + vinyl baseboard glued.  
(Receipt copy attached)

Administrator will be sure home stays in good repair  
According to Quality Management Plan.

8-10-13 - All staff persons will be educated on reporting or correcting any floors, walls, ceilings, windows, doors and other surfaces that are not clean, not in good repair or are hazardous. Documentation of education will be kept. 7-5-13

8-10-13 - A designated staff person will check the home on a daily basis to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. 7-5-13

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Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
MARY JO ALLEN - CROVIN			6/19/13
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		7-17-13 (Date)	Plan of correction implementation status as of 7-17-13 (Date)
The above plan of correction was approved by		(Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress 7-17-13 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden**  
**PCH Name: HILLVIEW HOME**

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**  
 On 5/3/13, there was an unlabeled and undated plastic bowl of ham in the garage storage area refrigerator.

**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.

*Item was labeled, dated, re-wrapped & put back in the refrigerator at time of inspection.*

*Staff inservice with focus on this regulation will be held July 8, 2013 for all staff members including kitchen staff.*

*8-10-13 - A designated staff person will check all food storage areas including refrigerators and freezers daily to ensure all food items are properly labeled and dated.*

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WEST REGION FIELD OFFICE  
Human Services Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/30/2012		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Mary D. Arena-Crown</i>			
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>7-17-13</u> (Date)		Plan of correction implementation status as of <u>7-17-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>7-17-13</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden  
 PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa. Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
 The home's contract for a three-day emergency water supply, dated 4/25/12, does not include the exact amount of water to be delivered to the personal care home or the verification that the water delivery will be considered a priority in the event of a regional 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.

*Water contract reviewed & corrected by Tri-State Water Company  
 (letter attached)*

*Administrator will be sure contract is updated with Annual  
 reviewed.*

*8-10-13 - The home will obtain documentation from the water  
 supply company that includes: a guarantee that the  
 water will be delivered immediately upon request, 24-hours a day and  
 a guarantee that the water will be delivered as a priority even in the  
 event of a regional general emergency. 7-5-13y*

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Human Services Licensing

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
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The above plan of correction is approved as of	<u>7-18-13</u> (Date)	Plan of correction implementation status as of <u>7-18-13</u> (Date)
The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>7-18-13y</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden

PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 3/29/12; however, the resident's next medical evaluation was not completed until 5/31/13.

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 #1 had a medical evaluation done on 5/31/12 + less than a year later on 4/14/13.*

*Regulation was followed.  
(DME's Attached)*

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Human Services Licensing

*withdrawn  
8*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/26/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Marjorie Albert Carwin*

Date

*6/29/13*

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The above plan of correction is approved as of \_\_\_\_\_ (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

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

JUL 17 2013

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.190(a) - 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.

2a. DESCRIPTION OF VIOLATION

Staff person B completed medication administration training on 3/16/12. Staff person B did not complete the medication administration annual practicums by a qualified train the trainer in 2012 in order to continue to be qualified to administer medications.

Staff person C completed medication administration training on 1/3/12. Staff person C did not complete the medication administration annual practicums by a qualified train the trainer in 2012 in order to continue to be qualified to administer medications.

Staff person D completed medication administration training on 10/1/07. Staff person D did not complete the medication administration annual practicums by a qualified train the trainer in 2012 in order to continue to be qualified to administer medications.

Staff person E completed medication administration training on 10/0/07. Staff person E did not complete the medication administration annual practicums by a qualified train the trainer in 2012 in order to continue to be qualified to administer medications.

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.

*Only staff that are real trained administer medications.  
Staff in question as well as all staff that administer meds will be re-certified by July 13th.  
Administrators will be more aware of re-cert dates & stay in compliance with all med techs.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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*8-1-13 - The Administrator will review all medication administration and annual practicum aspects of the quality management review to ensure all staff persons administering medications are qualified to do so. 7-17-13*

Violation Report: 43023 - 05/03/2013 - Miller-Linhart, Alden  
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600  
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
Resident #2 was admitted to the home on 9/24/14. Resident #2 has not been educated on the resident's right to question or refuse medication if the resident believes there may be a medication error.

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 #2 was explained regulation 2600.191, signed a paper that she has been informed & added to contract. (Form attached)  
Administrator will be sure all contracts state this under the residents rights.

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JUL 05 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

8-10-13 - The Administrator or designated staff person will review all current resident records to ensure all residents have received the required education in accordance with regulation 2600.191. 7-17-13

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 7-17-13  
(Date)

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

Plan of correction implementation status as of 7-17-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 7-17-13
- Partially Implemented - Inadequate Progress
- Not Implemented