



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

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 15, 2013 and July 17, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period October 15, 2013 to October 15, 2014 was issued on July 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

E MAILED TO DPW ON 8-8-13

VIOLATION REPORT

RECEIVED JUL 31 2013

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: THE RESIDENCE AT HILLTOP		License Number: 47488
Address: 210 ROUTE 837, MONONGAHELA, PA 15063		County: Washington
Administrator: Walt Young		Region: WEST
Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC		
Legal Entity Address: 1183 COUNTRY CLUB ROAD, MONONGAHELA, PA 15063		
<p style="text-align: right;">WEST REGIONAL OFFICE Human Services Licensing</p>		
Certificate(s) of Occupancy		
C-2 LP 07/20/1998 Dept L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 100	Waking Staff: 75
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		
07/15/2013: Pfaff, Vicki; Cutler, Jan 07/17/2013: Pfaff, Vicki		
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 Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 15 Number of Hospice Residents in past year: 29	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 4	

Violation Report: 47488 - 07/16/2013 - Pfaff, Vick
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 7/15/13, the home's current license inspection summary, dated 8/24/12, was not posted in a conspicuous or public place in the home.

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.

A CLEAR DISPLAY CASE HAS BEEN ORDERED TO PROVIDE ACCESSIBILITY AND CONVENIENCE TO ANY PARTY THAT WISHES TO REVIEW THE LATEST SURVEY, Z600 REGULATIONS OR THE DISASTER PLAN. ALL MANAGERS ARE NOW REQUIRED TO MONITOR THE PLACEMENT AND AVAILABILITY AT ALL TIMES. IF ANY OF THE PUBLICATIONS ARE MISSING IT IS TO BE REPLACED.

ON 7/15/13 THE MISSING INSPECTION REPORT WAS REPLACED BEFORE THE D.P.W. SURVEYORS DEPARTED THIS FACILITY THAT DAY.

NO HARM CAME TO ANY RESIDENT

9-1-13 - The Administrator or designated staff person will check the home at least weekly to ensure the current licensing inspection summary is posted in a conspicuous and public place. 8-13-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young, N.H.A.

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

Administrator

ANSWERED AUG 08 2013

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

The above plan of correction is approved as of 8-13-13
(Date)

Plan of correction implementation status as of 8-13-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 8-13-13
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 47488 - 07/15/2013 - Pfaff, Vicki
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGIONAL HEALTH OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
On 3/15/13, several of resident #1's morning medication cards were given to resident #2's family when resident #2 was being discharged. The medication cards included resident #1's name, medication diagnoses, and names of medications that are prescribed for resident #1.

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.
THE NURSE THAT GAVE THE WRONG MEDICATIONS TO FAMILY OF THE RESIDENT BEING DISCHARGED DISCOVERED HER ERROR THAT MORNING AND ARRANGED FOR AN EMERGENCY DELIVERY OF REPLACEMENT MEDICATIONS FOR THE NEXT DAY SO THAT THE REMAINING RESIDENT RECEIVED HER MORNING MEDICATION ON TIME.
THE NURSE THAT MADE THE ERROR WAS REINSERVICED ON MARCH 18, 2013, SEE EXHIBIT #1A
IN ADDITION THE ATTACHED FORM (EXHIBIT #B) WILL BE USED FOR EACH TRANSFER OR DISCHARGE FROM THIS FACILITY. THE FORM SHOWS ALL MEDICATIONS AND NUMBER OF MEDICATIONS DISPENSED. 2 NURSES OR A NURSE AND A MEDICATION TECHNICIAN WILL DOUBLE CHECK THE NAME, MEDICATION AMOUNT OF MEDICATIONS GIVEN TO THE RESIDENT AND/OR FAMILY. THE RESIDENT AND/OR FAMILY MEMBER WILL SIGN THIS FORM. THIS POLICY/FORM WAS PUT IN SERVICE ON 8/2/13 SEE EXHIBIT #C.
ALL RESIDENT INFORMATION ISSUED PER HIPAA REGULATIONS. THIS WAS AMBIGUOUS.
NO HARM CAME TO ANY RESIDENT.
9-15-13 - All staff persons will be educated that resident records shall be confidential in accordance with regulation 2600.17. Documentation of education will be kept. 9-13-13g

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, N.H.A.
Administrator**

Date: **ANSWERED AUG 11 2013**

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The above plan of correction is approved as of 8-13-13
(Date)

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

Plan of correction implementation status as of 8-13-13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 8-13-13

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 47488 - 07/15/2013 - Pfaff, Vicki
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGIONAL OFFICE
Muncie, IN 47302

2a. DESCRIPTION OF VIOLATION

On 7/15/13, there was an unsealed box of frozen bread dough in the commercial freezer located in the home's kitchen.

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.

WE RESPECTFULLY REQUEST THAT THIS CITATION BE WITHDRAWN AS THE FROZEN BREAD DOUGH WAS IN A PLASTIC BAG. THE PLASTIC BAG WAS TWISTED CLOSED AND THE CARDBOARD BOX THAT CONTAINED THE FROZEN BREAD DOUGH WAS RECLOSED - ALL FLAPS ON THE BOX WERE CLOSED. NO AIR REACHED THE PRODUCT.

2600.103(g) REGULATION SAYS "FOOD SHALL BE STORED IN CLOSED OR SEALED CONTAINERS, (SEE REGULATION QUOTED ABOVE).

WE FEEL THAT REGULATION 2600.103g WAS MET BY THE WAY THE FROZEN BREAD DOUGH WAS STORED BY OUR STAFF.

NO HARM CAME TO ANY RESIDENT.

withdrawn

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Walt Young* **Walt Young, N.H.A.**

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

ANSWERED AUG 08 2013

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 47488 - 07/15/2013 - Pfaff, Vicki
PCH Name: THE RESIDENCE AT HILLTOP

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident #3's assessment, dated 7/26/12, indicates the resident is to receive a mechanical soft diet. On 7/15/13, resident #3 was observed eating hotdogs cut into approximately 1 inch chunks and whole tator tots for lunch.

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 A inservice was held on 8-6-2013 with the executive chef, a dietitian from Mon Valley Hospital with our dietary manager, dietary staff, DON, nurse (support plan coordinator & charge nurse), cooks on what foods are acceptable for a mechanically altered diet along with consistencies.
- II All residents who are on mechanically altered diets will be re-evaluated by speech therapist by Sept. 15, 2013 for diet appropriateness, and then will be re-evaluated every 6 months for continued appropriateness as monitored by nursing & dietary.
- III The resident in question above is currently being assessed by a speech therapist for appropriate diet. SEE EXHIBIT # 2A + B

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

Signature of Legal Entity Representative (Required on EVERY Page)
Walt Young No harm came to any resident.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Walt Young, N.H.A. Administrator Date: 8-13-13

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

The above plan of correction is approved as of 8-17-13 (Date)

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

Plan of correction implementation status as of 8-13-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 8-13-13
- Partially Implemented - Inadequate Progress
- Not Implemented

ANSWERED AUG 16 2013
Eddie ST - speech therapy

Violation Report: 47488 - 07/15/2013 - Pfaff, Vick

FCH Name: THE RESIDENCE AT HILLTOP

WEST REGION HEALTH OFFICE
Nursing Services Department

1. REGULATION 55 Pa.Code §2800

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed eye drops for self-administration. On 7/17/13, there was a bottle of Naphcon - A and a bottle of Systane lubricating eye drops setting unlocked on the table beside the chair in resident #4's bedroom. The resident states that he/she does not always lock the door to her room when the room is not occupied.

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.

EFFECTIVE 8/24/13 ALL SELF-MEDICATING RESIDENTS OR FUTURE SELF-MEDICATING RESIDENTS WILL BE REQUIRED TO HAVE A LOCK BOX FOR ANY MEDS STORED IN THEIR ROOM. ALL SELF-MEDICATING RESIDENTS WILL HAVE LOCK BOXES BY 8/24/13

NO HARM CAME TO ANY RESIDENTS

9-15-13 - All staff persons will be educated that medications including medications that are self-administered by residents shall be kept locked. Documentation of education will be kept. 8-17-13

9-15-13 - A designated state prison will check the home at least weekly to ensure all medications that are self-administered by residents are kept locked in a safe and secure location to protect against contamination, spillage and theft. 8-17-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young, N.H.A.
Administrator

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

ANSWERED AUG 08 2013

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8-13-13
(Date)

Plan of correction implementation status as of

8-13-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 8-13-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

(Initials)

Violation Report: 47488 - 07/15/2013 - Pfaff, Vick
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 7/17/13, there was a 1/3 full bottle of siltussin DM cough syrup with a prescription label with resident #6's name on it in the medication cart. Prescription label states: take 2 tsp. by mouth 4 times a day for 10 days. The prescription was filled 5/22/13. The medication is listed on resident #6's July 2013 medication administration record with same directions and a handwritten note that states "auto stop 6/1/13."

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.

An inservice was held with all nurses and medication tech's on how to properly auto stop (discontinue medications) & a new form was introduced as to track that medications are being D/C'd properly and it will be triplechecked by staff that medications are being D/C'd, autostopped & removed from med cart, in a timely & proper manner. Inservice was brought to this resident & form instituted 8/2/2013.

See Exhibit A, B, C, D, E

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

Signature of Legal Entity Representative (Required on EVERY Page)

Walt Young, N.H.A. Administrator

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

ANSWERED AUG 08 2013

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Plan of correction implementation status as of 8-15-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 8-15-13
- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by [Signature] (Initials)

Violation Report: 47488 - 07/15/2013 - Pfaff, Vicki
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/15/13, staff person A did not follow the home's procedure for providing a discharged resident's medication to the resident or his/her family. Resident #1's medications were given to resident #2's family when resident #2 was discharged from the home.

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 PAGE 3 OF 10 OF THIS DOCUMENT,
NO HARM CAME TO ANY RESIDENT

9-15-13 - All STAFF persons involved in medication management or Administration will be reeducated on the home's policy and procedure for the safe storage, access, security, distribution and use of medications. Documentation of education will be kept. 8-13-13g

9-15-13 - The administrator or designated staff person qualified to administer medications will monitor medication storage, access, security and distribution at least monthly to ensure the home's policy and procedures are followed. 8-13-13g

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

Walt Young, N.H.A.
Administrator

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

ANSWERED AUG 08 2013

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(Date)

Plan of correction implementation status as of 8-13-13
(Date)

The above plan of correction was approved by *WY*
(Initials)

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- Partially Implemented - Adequate Progress 8-13-13
- Partially Implemented - Inadequate Progress
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Violation Report: 47488 - 07/15/2013 - Pfaff, Vicki
PCH Name: THE RESIDENCE AT HILLTOP

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 #6 was admitted to the home on 8/5/13. The resident's assessment was not completed until 7/4/13.
Resident #6 was admitted to the home on 4/8/13. The resident's assessment was not completed until 5/15/13.

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 #5 AND #6 ASSESSMENTS WERE COMPLETED IN TIME, BUT LACKED DOCUMENTATION. THE SUPPORT PLAN COORDINATING NURSE FAILED TO WRITE "15 DAY ASSESSMENT" ON THE LAST PAGE OF THE RASP FOR THOSE TWO RESIDENTS, SHE DID NOT NOTICE THE ODD PLACE THE RASP "COMPLETED DATE" SPACE ON THE FRONT PAGE (SEE ATTACHMENT 4A).

THE SUPPORT PLAN COORDINATING NURSE HAS BEEN IN SCOLDING ON THE "DATE COMPLETED" SPACES ON THE FIRST PAGE OF THE RASP ON 7/17/13 SEE EXH #4B ALL RASPs ARE DATED CORRECTLY AND WILL BE DATED CORRECTLY IN THE FUTURE.

NO HARM CAME TO ANY RESIDENTS

8-15-13 - The Administrator or designated staff person will review all newly completed assessments to ensure assessments have been completed within the required time frame and are accurate and complete. 8-17-13

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

Walt Young, N.H.A.
Administrator

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

Date
ANSWERED AUG 08 2013

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 47488 - 07/15/2013 - Pfaff, Vicki
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
On 7/15/13, the photograph in resident #3's record was dated "5/11."
On 7/15/13, the photograph in resident #4's record was dated "1/11."

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.

ALL CURRENT RESIDENT PHOTOS' DATES TAKEN WILL BE AUDITED AND UPDATED WHERE EVER NECESSARY BY 8/8/13.
AS A NEW RESIDENT IS ADMITTED THEIR PICTURE WILL BE TAKEN UPON THE DATE OF ADMISSION BY ACTIVITIES' STAFF, THE PHOTO WILL BE PRINTED AND INSERTED IN THE RESIDENTS' CHARTS, MAR, AND ARL. THIS WILL BE DONE FOR ANY FUTURE ADMISSIONS.
ALL CURRENT RESIDENTS WILL HAVE THEIR PHOTOS TAKEN BY 1-15 OF EACH YEAR. THIS WILL KEEP ALL PHOTOS CURRENT.
NO HARM CAME TO ANY RESIDENTS.

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, N.H.A. Administrator**
Date: **ANSWERED AUG 08 2013**

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

The above plan of correction is approved as of 8-13-13 (Date)
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8-13-13 (Date)
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 Partially Implemented - Adequate Progress 8-13-13
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