



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: *NOV 20 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 (Department) licensing inspection on September 18, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

Maria Stepanovich
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: THE RESIDENCE AT HILLTOP		RECEIVED	License Number: 47488
Address: 210 ROUTE 837, MONONGAHELA, PA 15063			County: Washington
Administrator: Walt Young		NOV 13 2013	Region: WEST
Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 1163 COUNTRY CLUB ROAD, MONONGAHELA, PA 15063			
Certificate(s) of Occupancy C-2 LP 07/20/1998 L&I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 98	Waking Staff: 74	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Incident			
On-Site Inspections Dates and Department Representatives On-Site 09/18/2013: Glidden, Michelle; 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: 77 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: 16 Number of Hospice Residents in past year: 24		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 2	

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Violation Report: 47488 - 09/18/2013 - Glidden, Michelle
PCH Name: THE RESIDENCE AT HILLTOP

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1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

NOV 13 2013

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent medical evaluation was completed on 5/14/12.

WEST REGION FIELD OFFICE
Human Services Licensing

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 SHEET

See homes attached plan of correction

A medical evaluation for resident #1 was completed on 10/11/13.
ms 11/18/13

See Attachment A page 2A of 4

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)

Walt Young, N.H.A. ^{ate}
Executive Director

NOV 12 2013

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

The above plan of correction is approved as of 11/18/13
(Date)

Plan of correction implementation status as of 11/18/13
(Date)

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

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION
TO PAGE 2 OF 4
2600.141(B)(1) OF THE VISIT OF
September 18, 2013**

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NOV 13 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Effective immediately the Care Plan Coordinator Nurse and the Receptionist will coordinate the current year's schedule of the Documentation of Medical Evaluations. This procedure will be overseen by the Director of Nursing.

The Documentation of Medical Evaluations was made current upon resident [redacted] readmission to the Residence at Hilltop on October 15, 2013 (see attachment #1).

The next years scheduling of the Documentation of Medical Evaluations will be requested of the physicians' offices when the resident is being seen this year. Both the receptionist and Care Plan Coordinator Nurse will keep separate calendars but coordinate them every month to make sure that the DMEs will be done on time. The director of nursing will oversee the scheduling of future DME appointments.

No harm came to the resident, this was a paper violation and the resident received all of the care needed when it was needed.

Walt Young [redacted]

NOV 12 2013

**Walt Young, N.H.A.
Executive Director**

MARIA STEPANOVICH (ms) 11/15/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

Violation Report: 47488 - 09/18/2013 - Glidden, Michelle
PCH Name: THE RESIDENCE AT HILLTOP

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

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2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/21/12, indicates the resident has no problems with hallucinations. However, this resident has had hallucinations as indicated in the following interdisciplinary progress notes:

- * 10/22/12 12:00 MN - "Brother shot in head and someone needs to identify the body."
- * 2/2/13 6:30 AM - "c/o sister calling to her from the woods out back of the bldg."
- * 2/7/13 6:30 AM - "Resident awake @ 1:10 A stated she was hearing voices & seeing a man hiding in her room & under the bed."
- * 2/14/13 2:50 PM - "Resident came walking up to the front desk very fast without walker very anxious she said someone was coming to get her"

An addendum to resident #1's assessment addressing hallucinations was not completed until 5/2/13.

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.

SEE ATTACHED SHEET

see home's attached plan of correction

See Attachment B page 3A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

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

Walt Young, N.H.A.
Executive Director

NOV 12 2013

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(Date)

Plan of correction implementation status as of 11/15/13
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION
TO PAGE 3 OF 4
2600.225(c) OF THE VISIT OF
September 18, 2013**

The incidents listed on this citation, while not listed on the RASP until May 2, 2013, were documented on the resident's chart. The resident was and is being seen by her psychiatrist on a timely and as needed basis. The lack of the diagnosis of hallucinations on the RASP was an omission error.

It was corrected on May 2, 2013 with an addendum. See attachment # 2

Effective immediately the Director of Nursing will audit all RASPs that are completed that week for timely completion and accuracy.

This was a paper violation, no harm came to the resident and the resident has received care from her psychiatrist on a timely basis and as ordered by her physician.



NOV 12 2013

**Walt Young, N.H.A.
Executive Director**

**Walt Young, N.H.A.
Executive Director**

MARIA STEPANOVICH (LMS) 11/18/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

Violation Report: 47488 - 09/18/2013 - Glidden, Michelle
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, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was assessed as an elopement risk and, according to the home's interdisciplinary progress notes, dated 10/21/12, a wanderguard was applied. However resident #1's support plan, dated 9/21/12, does not include the use of a wanderguard and an addendum to the support plan, addressing the use of a wanderguard, was not completed until 5/2/13.

Resident #1 uses a walker and has had documented hallucinations included in interdisciplinary progress notes, dated 10/22/12, 2/2/13, 2/7/13 and 2/14/13. However, the resident's support plan, dated 9/21/12, does not address the use of a walker and does not include the services the home will provide to assist the resident when hallucinating. An addendum to resident #1's support plan to include hallucinations and use of a walker was not completed until 5/2/13.

Resident #1's assessment, dated 9/21/12, includes a diagnosis of syncope; however, the support plan, dated 9/21/12, does not address fall risk precautions. Resident #1 has been found on the floor on several occasions as indicated in the following interdisciplinary progress notes:

- * 5/12/12 4 PM - "Resident found sitting on floor in front of chair. Denies pain or dizziness. No S&S of injury."
- * 5/26/12 10:30 PM - "@ 6:30 P resident was found on floor by her bathroom door, walker across room. Said she fell trying to hurry to bathroom. 0 injuries noted, denies hitting head."
- 7/21/12 9:55 PM - "When RCA was doing rounds observed resident sitting in chair in her apartment at 9:45 P stating she had fallen backwards onto floor. Body check completed 0 signs of trauma or any red areas."
- * 3/18/13 6:15 AM - "@ 4:35 A Resident found on floor of the Apt beside bed. Denied hitting head 0 marks noted. Stated "I think I just rolled out of bed."
- * 9/15/13 12:25 PM - "Resident sitting on floor c buttocks in BRP."
- * 9/15/13 2:30 PM - "On rounds bright red blood noted / attends c/o LL abd pain at this time. To be transferred to MVH."
- * 9/15/13 9:20 PM - "Being transferred to Presby for repair of lacerated kidney & bladder."

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

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SEE ATTACHED SHEET

See home's attached plan of correction

See Attachment C Page 4A & 4

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WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Walt Young</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Walt Young, N.H.A. Executive Director	Date NOV 12 2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/15/13</u> (Date)	Plan of correction implementation status as of <u>11/15/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION
TO PAGE 3 OF 4
2600.227(d) OF THE VISIT OF
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WEST REGION FIELD OFFICE
Human Services Licensing

The documentation of the resident receiving a Wander Guard bracelet as an elopement risk was not listed on the RASP. Documentation was made to the chart, the Wander Guard List and the Wander Guard Check List which is checked every shift. The resident has not tried to elope since the Wander Guard bracelet was placed on the resident. The Wander Guard documentation was added to the RASP on May 2, 2013.

The documentation for the resident's need of the use of the walker and addressing her hallucinations were added to the RASP on May 2, 2013.

The documentation of syncope and as a fall risk was added to the RASP on October 15, 2013.

We feel the missing information was not communicated to the Support Plan Coordinator Nurse and that this was the cause of the missing diagnoses on the RASP.

Our solution for the future is to have the new information conveyed from the floor nurses to the Support Plan Coordinator Nurse is to re-in-service the nurses (see in service attendance sheet attachment #3), on the procedure to transmit new diagnoses and significant changes in condition. The night nurses will red line all new orders. The next morning the Support Plan Coordinator and the Director of Nursing will audit all new orders to make sure that the new information is document on the RASP.

A new mail box has been installed for the Support Plan Coordinator across from the Wellness Center's nurses' desk that the floor nurses will use to get all new information for the RASP to the Support Plan Coordinator. This mail box will be checked everyday by the Support Plan Coordinator.

Walt Young
Walt Young, N.H.A.
Executive Director



NOV 18 2013

*ACCIDENTALLY OMITTED FROM P.O.C.
EMAILED ON 11/13/13*

*MARIA STEPANOVICH (ms) 11/13/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich*