

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HILLSIDE REST HOME, INC.
LEGAL ENTITY

To operate HILLSIDE PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 24, 2014 until April 24, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 348750

Robert E. Robinson
ISSUING OFFICER


ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 23 2014

Ms. Catherine C. Rowe, President/Administrator
Hillside Rest Home, Inc.
P.O. Box 552
Blue Ridge Summit, Pennsylvania 17214

RE: Hillside Personal Care
1175 Old Waynesboro Pike
Fairfield, Pennsylvania 17320
License #: 348750

Dear Ms. Rowe:

As a result of the Department of Public Welfare's licensing inspection on January 27, 2014 and April 11, 2014, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 34875 - 01/27/2014 - Rouse, McKinley
PCH Name: HILLSIDE PERSONAL CARE

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

There was a container of sliced cheese opened with no date in the refrigerator on 01/27/2014.

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.

Immediately cheese was discarded. All areas were audited the same day for any other items that may have not been properly dated or undated were discarded.

On-going - Administrator will weekly monitor area for proper dates and labels.
Staff training on Regulation 2600.103(e)(i) and safe food handling. Will complete with all staff by 04/11/14

Repeat Violation: No

Date(s) of Previous Violation(s):

05/08/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine Rouse

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

Catherine Rouse, Admin.

Date

3/21/14

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

The above plan of correction is approved as of

4-11-14
(Date)

Plan of correction implementation status as of

4-11-14
(Date)

The above plan of correction was approved by

SE
(Initials)

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

Violation Report: 34875 - 01/27/2014 - Rouse, McKinley

PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

In the home's pantry, there were 3 packages of bread with 3 to 5 slices of bread in each package. The slices of bread in the packages had visible patches of mold on them.

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.

Immediately bread was discarded. All areas were audited the same day for any other items that may have been out dated, spoiled or dented cans were discarded.

On-going - Administrator will weekly monitor area for proper dates and labels, and ensure food is not spoiled. Will complete with all staff by 04/11/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine Rouse

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

Catherine Rouse Admin

Date

3/21/14

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

The above plan of correction is approved as of

4-11-14
(Date)

Plan of correction implementation status as of *4-11-14*
(Date)

The above plan of correction was approved by

CR
(Initials)

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

Violation Report: 34875 - 01/27/2014 - Rouse, McKinley
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2500.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation is dated 01/07/2014, but the resident's previous medical evaluation is dated 11/23/2012. The current medical evaluation for Resident #1 was completed more than 12 months after the last medical evaluation.

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 been in and out of the hospital on several occasions during the time period. Notes will be kept with file in the future for residents that may not be available at time evaluation is due.

On-going medical care coordinator has placed new color tab reminder system on all files to remind of pending due dates. She will monitor these tabs monthly or more frequently as needed, to ensure that each resident will have a medical evaluation annually. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Catherine Rouse</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Catherine Rouse, Admin</i>	<i>3/21/14</i>

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

The above plan of correction is approved as of <u>4-11-14</u> (Date)	Plan of correction implementation status as of <u>4-11-14</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented