



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 21 2014

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

RE: Hillview Home
License #: 430230

Dear Ms. Arena-Cronin:

As a result of the Department of Public Welfare's licensing inspection on April 23, 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.

Your regular license for the period July 6, 2014 to July 6, 2015 was issued on April 21, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

SM

Enclosure
License Inspection Summary

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

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		
Certificate(s) of Occupancy S.O.B.H. 05/30/1979 Labor & Industry		RECEIVED JUL 17 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 22	
Type of Inspection: Full	BHA Docket Number:	Waking Staff: 17 Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/23/2014: Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 101j2, 101j7		
Random Indicators: 5a1, 25c2, 60c, 98a, 181b		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 21 Number of Residents Served: 21 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 20 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

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Violation Report: 43023 - 04/23/2014 - Flinner-Alman, Lisa
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.17 - 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

At approximately 10:27 a.m., all of the resident records were unlocked, accessible and unattended, in a filing cabinet in the administrator's office.

The medication administration records for all of the residents in the home were unlocked, accessible and unattended in the medication/laundry room.

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.

Administrators office is a secured office and never left unattended or unlocked.

MAR's are kept in the Med Room and will be kept in a locked med cart.

Administrator and Manager will ensure that staff comply with this regulation, by

educating all staff on this requirement.

By 8/15/14 - A designated staff person, daily, and on each shift, shall check the home to ensure records are kept locked.

[Signature]

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

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The above plan of correction is approved as of <u>7/22/14</u> (Date)	Plan of correction implementation status as of <u>7/22/14</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa PCH Name: HILLVIEW HOME		WEST REGION FIELD OFFICE Human Services Licensing	
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, hired 10/28/13, did not have a criminal background check completed until 3/17/14.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
<p>Administrator will be sure to comply with reg. 2600.51, <i>by ensuring criminal background checks are completed timely and criminal history checks and hiring policies are in accordance with the Older Adult Protective Services act and Pa Code Chapter and Pa code Chapter 15.</i></p>			
Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wanda Adams-Crown</i>			Date <i>7/17/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa PCH Name: HILLVIEW HOME		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2600 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <ul style="list-style-type: none"> (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services. 			
<p>2a. DESCRIPTION OF VIOLATION Staff person A, whose first day of work was 10/28/13, did not receive orientation in any of the required areas under 2600.65a until 10/30/13.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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></p> <p>Staff person A was a former employee of Hillview Home for 13 years.</p> <p>New orientation was overlooked.</p> <p>Administrator will be sure to comply with reg. 2600.65(a)</p> <p><i>Immediately - The administrator will ensure all employees have documented training under 265a prior to or on their first day of work. @ 7/22/14</i></p>			
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Violation Report: 43023 - 04/23/2014 - Pinner-Alman, Lisa PCH Name: HILLVIEW HOME		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2600 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:</p> <ul style="list-style-type: none"> (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive impairments. (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques. (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home. 			
<p>2a. DESCRIPTION OF VIOLATION Direct care staff person B did not receive annual training care for residents with mental illness. The home serves 4 residents with diagnoses of mental illness.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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></p> <p style="text-align: center;">Staff person B received training care for residents with mental illness.</p> <p style="text-align: center;">Training Certificate dated 2/19/2013 attached.</p> <p style="text-align: right; font-size: 1.2em;">Violation M.H. Pinner 7/17/14</p>			
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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
Bedroom #6 has three residents but only two chairs.

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 chair was placed in Room#6 on day of inspection, all other rooms checked as well.
Administrator and Manager will be sure to comply with reg. 2600.101 (j)(2) per Quality Management Plan.

By 8/31/14 - All staff will be educated on this requirement and instructed to check daily, as part of their regular duties, to ensure all required furniture, including chairs, are in each resident's bedrooms.

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Repeat Violation: No	Date of correction implementation	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
[Handwritten Signature]		7/22/14
[Handwritten Name: M. ALMAN, COORDINATOR]		

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PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #2, in room #3, has a bedside lamp; however, the lamp is out of reach from the bedside.
The bedside lighting for the bed on the right side of room #2, is inoperable as it has no light bulb.

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.

Lamp in Room #3 was placed within reach for Resident #2 on day of inspection.

Light bulbs replaced in Room #2 same day of inspection.

All other lamps were checked.

Administrator and Manager will ensure all lamps are within reach and operable as per Q.M.P.

By 8/31/14 - All staff will be educated on this requirement, and instructed to monitor bedside lighting as part of their daily duties.

By 8/31/14 - The administrator or designee will monitor resident bedrooms at least monthly to ensure there is a source of lighting at each bedside.

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

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(Date)

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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa PCH Name: HILLVIEW 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 There were two unlabeled, used bars of soap in the medicine cabinet in the 3rd floor common bathroom.			
3. PLAN OF CORRECTION [POC] (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
<p>Bar soaps in 3rd floor bathroom were discarded on the day of inspection.</p> <p>All bedrooms and bathrooms checked for unlabeled bar soap.</p> <p>Administrator will have information session with residents by July 21, 2014.</p> <p><i>Staff will monitor for compliance, daily, as part of their regular duties, to ensure bar soap is labeled with residents' name.</i></p> <p style="text-align: right;"><i>[Signature]</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative <i>Marko Acosta-Correa</i>			Date <i>7/17/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa PCH Name: HILLVIEW HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2800 2800.103(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 Undated pieces of kielbasa and ham, wrapped in tin foil, were in the staff/resident refrigerator in the garage.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
<p>Date put on food items in question. Memo posted on refrigerator to "label and date all items". <i>Kitchen staff educated to monitor food storage daily to ensure all is labeled + dated.</i></p> <p>Administrator will address this violation at an information session with residents by July 21, 2014. A letter to the families regarding the violation will be mailed by same date. <i>7/22/14</i></p> <p>Administrator and Manager will monitor kitchen staff's compliance, by checking food storage areas at least monthly. <i>7/22/14</i></p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/03/2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
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Violation Report: 43023 - 04/23/2014 - Flinger-Alman, Lisa
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the locked chest freezer in the garage.

At 10:57 a.m., the temperature in the upright freezer in the garage measured 20 degrees Fahrenheit. At 4:12 p.m., the temperature measured 10 degrees Fahrenheit.

At 11 a.m. and again at 4:12 p.m, the temperature in the bread chest freezer measured 12 degrees Fahrenheit.

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 thermometer was placed in the locked chest freezer at the time of inspection.

All refrigerators and freezers were adjusted to the proper temperature. Thermometers were placed in a visible area.

Administrator and kitchen staff will monitor temperatures daily.

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

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(Date)

Plan of correction implementation status as of

7/22/14
(Date)

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(Initials)

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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa PCH Name: HILLVIEW HOME		JUL 17 2014	
1. REGULATION 65 Pa.Code §2600 2600.103(i) - Outdated or spoiled food or dented cans may not be used.		WEST REGION FIELD OFFICE Human Services Licensing	
2a. DESCRIPTION OF VIOLATION An undated bag of cut green peppers was in the upright freezer in the garage. Three undated bags labeled "1 meal-pork" were in the locked chest freezer in the garage.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
Undated items were dated and labeled per regulation.			
Administrator and kitchen staff will monitor for compliance daily.			
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	
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43023 - 04/23/2014 - Flinner-Alman, Lisa PCH Name: HILLVIEW HOME	
1. REGULATION 56 Pa.Code §2600 2630.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	
2a. DESCRIPTION OF VIOLATION On 4/23/14, the home served 21 residents, requiring 63 gallons of emergency drinking water; however, less than one gallon of emergency drinking water is stored on site. The home has a contract, dated 6/24/13, with Tri-State Waters for emergency water delivery; however, the contract does not include: A guarantee that the water will be delivered immediately upon request, 24-hours-per-day A guarantee that the water will be delivered as a priority even in the event of a regional general emergency	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>Administrator cancelled contract with Tri-State Waters and purchased 66 gallons of water which is stored on site.</p> <p><i>By 8/26/14 - The administrator or designee will monitor the drinking water supply at least monthly, to ensure adequate drinking water supply is always on-site.</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/03/2013
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
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Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa PCH Name: HILLVIEW HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.			
2a. DESCRIPTION OF VIOLATION The home's emergency procedures are posted in the staff room, which is not a conspicuous and public place in the home.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
Emergency procedure plan has been posted in a public accessible area.			
Administrator ensures future compliance with reg. 2600.123(b) per Q.M.P. by monitoring the posting at least monthly.			
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(Initials)			

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1. REGULATION 55 Pa. Code §2600 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.			
2a. DESCRIPTION OF VIOLATION The following combustible or flammable materials were stored in the furnace room: - A can of PVC Cement, and a can of enamel, with manufacturers' label indicating "DANGER: Extremely flammable" were on the floor approximately 2 1/2' from the furnace. - A rug scrubber was stored approximately 1' from the furnace.			
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.			
<p>ALL ITEMS WERE REMOVED FROM FURNACE ROOM</p> <p>ADMINISTRATOR AND MANAGER WILL MONITOR FOR COMPLIANCE AND SAFETY, by checking the furnace room at least weekly to ensure that no flammable or combustible materials are stored near heat sources.</p> <p>MEMO POSTED IN FURNACE ROOM.</p> <p><i>By 8/15/14 - All employees with access to the furnace room will be educated on this requirement. 7/17/14</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
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WEST REGION FIELD OFFICE of 19
Human Services Licensing

Violation Report: 43023 - 04/23/2014 - Finner-Aiman, Lea PCH Name: HILLVIEW HOME	
1. REGULATION 55 Pa.Code §2600 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	
2a. DESCRIPTION OF VIOLATION The furnace has not been inspected within the past year. The home did not have documentation of the last furnace inspection.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>Furnace was cleaned and checked on November 18, 2013.</p> <p>LaGuardia Maintenance dated and signed my "Furnace Inspection Log" (see attached)</p> <p style="font-size: 2em; font-family: cursive;">Violation Withdrawn 7/22/14</p>	
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 _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43023 - 04/23/2014 - Pinner-Alman, Lisa
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600
2500.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION
The furnace has not been cleaned within the past year. The home did not have documentation of the last furnace cleaning.

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.

Furnace was cleaned and checked on November 18, 2013.

LaGuardia Maintenance dated and signed my "Furnace Inspection Log", which is posted on the unit.

(see attached)

VIOLATION
WITHDRAWN
JH Stealy

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 _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

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WEST REGION FIELD OFFICE Page 17 of 19
Human Services Licensing

Violation Report: 43023 - 04/23/2014 - Finner-Alman, Lisa	
PCH Name: HILLVIEW HOME	
1. REGULATION 55 Pa.Code §2600 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	
2a. DESCRIPTION OF VIOLATION The exit sign posted over the emergency exit door in room #1 is blocked by a window valance. On 4/23/14, the home served 21 residents.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>EXIT SIGN MADE VISIBLE ON DAY OF INSPECTION.</p> <p>ALL OTHER EXIT SIGNS CHECKED FOR COMPLIANCE.</p> <p>ADMINISTRATOR AND MANAGER WILL MONITOR FOR COMPLIANCE.</p>	
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	
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43023 - 04/23/2014 - Finner-Aiman, Lisa PCH Name: HILLVIEW HOME	
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	
2a. DESCRIPTION OF VIOLATION A bottle of B-12 for resident: #1 was unlocked and accessible to residents on top of the dresser between the two beds in room #3. Containers of Cold Medicine and Biofreeze Pain Reliever for resident #4 were unlocked and accessible to residents on top of the dresser by the window in room #3.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>All over-the-counter meds on top of the dressers have been disposed.</p> <p>Letters will be mailed to all family members and POA's concerning this violation. (see attached)</p> <p>Administrator/Manager and staff will closely monitor resident's rooms, daily, and on each shift, to ensure that all medications, including OTC medications, are kept locked. <i>js 7/22/14</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARY JO SHODA-CROWD</i>	Date <i>7/16/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>7/22/14</i> (Date)	Plan of correction implementation status as of <i>7/22/14</i> (Date)
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Violation Report: 43023 - 04/23/2014 - Flinner-Alman, Lisa PCH Name: HILLVIEW 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 The assessment for resident #1, dated 2/17/14, does not include the diagnoses of anemia, recurrent falls, chronic low back pain and a mood disorder, that are indicated on the resident's medical evaluation, dated 2/4/14.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
<p>RASP for Resident #1 does not include all diagnoses. Page #6 has been revised to reflect all current diagnoses.</p> <p>Administrator/Manager will be more diligent by including all diagnosis information when completing assessments per Reg 2600.225(a).</p> <p><i>By 8/31/14 - The administrator or designee will review the assessments of all current residents to ensure they are complete, and including all diagnoses.</i></p>			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
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