



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 07 2014

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
License #: 474880

Dear Mr. Simmons:

As a result of the Department of Public Welfare's licensing inspection on September 3, 2014 and September 5, 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 October 15, 2014 to October 15, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

PAGE 1

VIOLATION REPORT
PERSONAL CARE HOMES - 88 Pa.Code Chapter 2605

RECEIVED OCT 27 2014 Page 1 of 15

PCN Name: THE RESIDENCE AT HILLTOP	License Number: 47488
Address: 210 ROUTE 897, MONONGAHELA, PA 15063	County: Schuylk
Administrator: WALT YOUNG	Region: WEST

DELIVERED OCT 27 2014
VIA EMAIL

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Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC
Legal Entity Address: 1163 COUNTRY CLUB ROAD, MONONGAHELA, PA 15023

Certificate(s) of Occupancy C-2 LP 07/20/1998 Labor & Industry	OCT 27 2014 WEST REGION FIELD OFFICE Human Services Licensing
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Staffing Hours	Total Daily Staff: 63	Voluntary Staff: 70
Resident Support: 0	BNA Checklist Number:	Notice: Unannounced

Type of Inspection: Ind - Full	Reason(s) for Inspection(s): Renewal, Indicator
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On-Site Inspection Dates and Department Representatives On-Site 09/03/2014: Filmer-Alman, Lisa; Georgoulis, Karen 09/06/2014: Filmer-Alman, Lisa; Georgoulis, Karen
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Off-Site Inspection Dates and Inspectors, if Applicable
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Other Details Partial or Full Triggers: 184a, 187a	Resident Indicators: 28a, 59a, 133a1, 184a, 184b
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Resident Demographic Data as of Inspection Date	
Licensed Capacity: 64	Number of Residents who:
Number of Residents Served: 73	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Historic Area:	Are 60 Years of Age or Older: 73
Secured Dementia Unit Capacity, if Applicable:	Have Mental Illness: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have an Intellectual Disability: 0
Number of Current Hospice Residents: 13	Have a Mobility Needs: 20
Number of Hospice Residents in past year: 24	Have a Physical Disability: 2

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Human Services Licensing

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Violation Report 47458 - 08/03/2014 - Pflimur, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 85 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 8/3/14, the licensing inspection summary, dated 7/15/13, which included progress notes containing confidential information about resident #1 was located in a container in the lobby.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 2A of 15

Repeat Violations Yes _____ Date(s) of Previous Violation(s) 07/15/2013

Signature of Legal Entity Representative (Required on EVERY Form) *Walter Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Form) **Walt Young, N.H.A. Administrator**

DELIVERED OCT 7 2014

DEPARTMENT USE ONLY - HOMES ADMINISTRATION

The above plan of correction is approved on of 10/21/14 (Date)

Plan of correction implementation status as of 10/21/14 (Date)

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

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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Human Services Licensing

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REGULATION

2600.17

Resident # 1's name was removed from the 2013 Plan of Correction on September 3, 2014 for all state survey reports. In the future, resident numbers will be used instead of resident's names. The administrator will be responsible to review the Plan of Correction to ensure names and no harm comes to any resident.

This was an inadvertent event. No harm came to the resident.^{*}

** unacceptable portion of plan*

D 10/31/14

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Human Services Licensing

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Violation Report: 47488 - 08/03/2014 - Pianos-Alman, Lisa
POH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 65 Pa.Code §2600
2600.85(e) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/3/14, there was a strong smell of urine, a puddle of urine approximately an 8" by 6" on the left side of the toilet and what appeared to be feces smeared on four of the floor tiles in the bathroom of room #124.

On 8/3/14, there was a significant amount of dried, crusted milk and brown crumbs on the bottom shelf of the small black refrigerator located in the Club 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.

**PLEASE SEE
ATTACHED SHEET**

See Page 3A of 15

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**

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

The above plan of correction is approved as of 10/31/14
(Date)

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

Plan of correction implementation status as of 10/31/14
(Date)

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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Human Services Licensing

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REGULATION

2600.85

Restroom cleaned on date of inspection. 8/10/14

Resident of room # 124 used the rest room very quickly that day as he was in a hurry to go out to lunch that day. He was independent with using the bathroom. He did not report to any staff member his bathroom needed cleaning before going to lunch. If the staff was informed or became aware that his bathroom needed cleaned, it would have been cleaned immediately. All floorings are carpeted except the bathrooms, Community Room, and the Nurses Station. There are NO odors of urine or feces anywhere in the facility. These rooms are cleaned on a regularly scheduled basis.

The refrigerator in the Club Room is checked 2 times a day and cleaned at that time by the dietary staff. The refrigerator in the Club Room was immediately cleaned on September 3rd. The dietary staff has in service every year to check the cleanliness and to clean the refrigerator when needed.

No harm came to any resident.

** unacceptable portion of plan*

See attached in service sign in sheet.

Immediately - all staff will be educated on checking resident rooms and bathrooms for sanitary conditions several times daily to ensure they are clean

Immediately - The administrator or designee will monitor the home at least once weekly to ensure sanitary conditions are maintained. 8/10/14

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Violation Report: 47488 - 09/03/2014 - Pliner-Alman, Lisa
POH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 56 Pa. Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 9/5/14, the bottom of the lampshade of the bedside lamp was torn, unattached and hanging approximately 1/4". In room 218.

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.

**PLEASE SEE
ATTACHED SHEET**

See page 4A of 16

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.
Administrator

DELIVERED
Date

OCT 27 2014

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The above plan of correction is approved as of 10/31/14
(Date)

Plan of correction implementation status as of 10/31/14
(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 2
- Partially Implemented - Inadequate Progress
- Not Implemented

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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Human Services Licensing

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REGULATION


2600.95

The lamp shade was replaced on 10/21/2014. See Attached Picture.

The employee will notify maintenance of the repairs needed. Maintenance will be responsible to make certain repairs are made in a timely manner.

The lampshade was left on the lamp because tattered lampshade was a memento from [REDACTED].
[REDACTED] After discussion and approval from the resident, the lampshade was replaced.

No harm came to any resident.

 10/31/14

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Violation Report: 47488 - 09/03/2014 - Pinner-Alman, Lisa
POH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2000
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 9/3/14, there was approximately 2 1/2' of a 50' hose on the walking path near the gate outside of exit door #7, posing a potential tripping hazard.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 5A of 15

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.
Administrator**

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

The above plan of correction is approved as of 10/21/14
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10/31/14
(Date)

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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Human Services Licensing

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REGULATION

2600.100(a)

During the physical site walk through the description of the violation was immediately rectified by hanging the hose completely on the fence.

A new hose holder has been installed on the outside of the garden patio fence away from the foot traffic of our residents. Installation of the new hose holder occurred on 10/21/2014. The hose was stored in the shed for the winter months. The hose hanger will be used next garden season.

The maintenance and activity departments have been in-serviced in the proper stowing of the garden hose when it is not in use.

(See attached pictures and sheet)

No harm came to any resident.

[Signature]
10/31/14

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Violation Report: 47488 - 08/03/2014 - Pinner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2800.103(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

On 9/3/14, at 3:15 p.m., the temperature in the double door refrigerator in the kitchen was 48 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.

**PLEASE SEE
ATTACHED SHEET**

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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, M.Ed.
Administrator

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The above plan of correction is approved as of

10/31/14
(Date)

Plan of correction implementation status as of

10/31/14
(Date)

The above plan of correction was approved by

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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Plan of Correction 2014
Food Service

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2. Page 6 of 15; Regulation 55 Pa. Code 2600 2a.

"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.

Description of Violation: On 9/3/14, at 3:15pm, the temperature in the double door refrigerator was at 46°F.

Correction: We respectfully request that this violation be withdrawn.

The temperatures of coolers and freezer are recorded by the cook on duty at 6:30am, 1pm and 7pm daily. The 2 door cooler is "Reach-in #2" on the log. During the temperature checks, the cooler was not above 40°, as the attached temperature logs for August 2014 and September 2014 demonstrate.

Licensing Representative [REDACTED] stated in the exit interview that while doing the inspection, the doors of the cooler were opened for a time, to insure cleanliness, to check the interior & exterior thermometers and to check the dates on items in the cooler.

By 11/30/14 - The administrator will check refrigerator and freezer thermometers at least weekly, to ensure temperatures are at safe levels.

10/31/14

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WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 47488 - 09/03/2014 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 9/3/14 and 9/5/14, two large planters were blocked egress from the home's 2nd floor to the stairs. There was only an 11" space between the plant on the right and the railing and a 17" space between the plant on the left and the railing, with 14" of space between the plants.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 7A-716

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

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

The above plan of correction is approved as of

10/31/14
(Date)

Plan of correction implementation status as of

10/31/14
(Date)

The above plan of correction was approved by

J
(Initials)

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

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THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014

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Human Services Licensing

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REGULATION

2600.121 (a)

The planters were removed from the top of the main staircase on October 27, 2014.

The planters were placed there to prevent residents with wheel chairs from accidentally going down the stairs.

No harm came to any resident.

+ unacceptable portion of plan.

By 11/15/14 - All staff persons will be educated on keeping egress routes, including stairways, clear of obstructions.

Immediately - Sufficient supervision of residents will be provided to ensure residents who are unable to safely navigate the stairs do not use the stairs and ambulate safely throughout the home, including at the top of the staircase.

By 12/15/14 - Only resident who is assessed as unable to safely navigate the hallway to avoid the staircase will be moved to a first floor room or will be assisted by staff while ambulating in the hallway.

4
12/15/14

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Human Services Licensing

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Violation Report: 47488 - 09/03/2014 - Filmer-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

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
On 9/3/14, the home's emergency procedures were kept in the wellness center, 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.)
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.

**PLEASE SEE
ATTACHED SHEET**

See Page 8A of 15

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**

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

The above plan of correction is approved as of 10/31/14
(Date)

Plan of correction implementation status as of 10/31/14
(Date)

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

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

5
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Human Services Licensing

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REGULATION

2600.123(b)

A copy of The Residence at Hilltop Emergency Plan was placed in the plastic case in the atrium for public review on October 22. The administrator will monitor placement in the atrium.

See attached picture.

The copy in the Well Center will remain there.

J 10/31/14

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Human Services Licensing

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Violation Report: 47488 - 09/03/2014 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 68 Pa.Code §2600
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 7/10/14, for resident #2 was not completed in the areas of health status and cognitive functioning.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 9A of 15

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

DELIVERED
Date

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The above plan of correction is approved as of 10/31/15
(Date)

Plan of correction implementation status as of 10/31/14
(Date)

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

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

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Human Services Licensing

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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REGULATION

2600.14(a)(2)

2a

Resident # 2's PCP did not fill in Section 9 of the health status & cognitive functioning section of the Medical Evaluation. An updated Medical Evaluation was completed by the resident's PCP on 10/21/2014 and section 9 health status and cognitive functioning was completed.

No harm came to Resident # 2.

The Support Plan Coordinator and DON will continue to check completeness of the DME, when they are returned from the physicians.

10/31/14

See attachment # 1.

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Violation Report: 47408 - 09/03/2014 - Flinner-Almen, Lisa
PGH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa.Code §2800
2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
On 9/3/14, nine tubes of Xolegel 2% Gel, expired 3/14, prescribed to resident #3 were in a zip lock bag in the medication cart.

There was a tube of triple antibiotic ointment, expired 12/10, in the first aid kit in the home's van.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 10A of 15

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**

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The above plan of correction is approved as of 10/31/14
(Date)

Plan of correction implementation status as of 10/31/14
(Date)

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

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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WEST REGION FIELD OFFICE
Human Services Licensing

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REGULATION

2600.183(f)

2a

On 9/3/2014 the outdated treatment was destroyed in a safe manner. (Xolegel 2%)

All discontinued and/or expired medication or treatments are promptly removed from the treatment cabinet and/or medication cart and are taken care of in a safe manner.

No harm came to Resident # 3, for the order on the medication record for xolegel % was discontinued.

The out dated triple antibiotic ointment was removed from the van on 9/3/2014.

All nurses and med techs were re-in serviced on 9/12/2014 on regulation 2600.183 (f).

By 11/30/14 - A designated staff person will audit the medication cart, at least monthly, to ensure only current medications are stored.

By 12/31/14 - A designated staff person will check the first aid kit in the van at least quarterly to ensure all contents are present and expiration dates have not been reached.

(Signature)
10/21/14

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Violation Report: 47488 - 09/03/2014 - Flinner-Alman, Lisa
FCM Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 9/3/14, in room #115, the following over the counter medications were not labeled with the resident's names:

- A box of nasal spray saline and aloe was on top of Resident #4's dresser.
- A bottle of Bausch & Lomb Ocuvite was in Resident #5's night stand.
- A bottle of D-Mannose with CranAotin was on top of the Resident #5's dresser.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 11 of 15

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.
Administrator

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DEPARTMENT USE ONLY - HOUSEKEEPERS WRITE BELOW THIS LINE!

The above plan of correction is approved as of

10/3/14
(Date)

Plan of correction implementation status as of

10/3/14
(Date)

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

The above plan of correction was approved by

(Initials)

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

RECEIVED

OCT 27 2014

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Human Services Licensing
SV

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REGULATION

2600.184 (a)

2a

On 9/3/2014 in apartment # 115, the OTC medications were immediately labeled and the resident's name # 4 and # 5.

No harm came to resident # 4 or # 5.

All nurses and medication techs were re-in serviced to immediately place resident's names on any OTC meds.

See attachment (A).

J 10/31/14

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Violation Report: 47488 - 09/03/2014 - Pinner-Alman, Lisa
FCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.197(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #8 is ordered Haloperidol 1mg, one tablet every six hours as needed. However, the medication, dosage, and instructions are not indicated on the September 2014 medication administration record.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 12A of 16

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

DELIVERED
Date *10-27-14*

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The above plan of correction is approved as of 10/31/14
(Date)

Plan of correction implementation status as of 10/31/14
(Date)

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

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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REGULATION

2600.187 (a)

Effective 9/3/2014.

The medications Haloperidol 1 MG, one tablet every 6 hours as needed, was immediately placed on the September MAR.

No harm came to Resident # 6.

Effective 9/25/2014

All End of Month MARS will be double checked by another nurse.

See Attachment

2/10/3/14

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Violation Report: 47488 - 09/03/2014 - Flinner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 58 Pa.Code §2800
2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The pre-admission screening form for resident #7, admitted 4/25/14, does not include a determination that the home can meet the service needs of the resident.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 13A of 15

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** DELIVERED OCT 7 2014

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

The above plan of correction is approved as of 10/31/14
(Date)

Plan of correction implementation status as of 10/31/14
(Date)

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

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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REGULATION

2600.224(a)

Effective 9/3/2014

The box on the Pre-Admission screen that states, "This Facility can safely meet the needs of the resident", was a missed human error. The needs of Resident # 7 has been met by this facility.

A double check for Pre-Admission screens will be done by the DON or SPC upon admission.

Proof to double check will be initialed by the DON or SPC on the bottom last page of the Pre-Admission screen.

[Handwritten signature]
10/31/14

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Violation Report: 47488 - 09/03/2014 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

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, dated 7/19/14, for resident #2 does not include that the resident is to have knee high ted hose on in the a.m. and off in the p.m. as is indicated on the medical evaluation, dated 7/10/14.

The assessment, dated 12/18/13, for resident #8 does not include the diagnoses of hypothyroidism and GERD that are indicated on the medical evaluation, dated 6/5/14.

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.

**PLEASE SEE
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See Page 10/31/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/16/2013

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Wait Young, N.H.A.
Administrator

DEPARTMENT USE ONLY - HOW TO COMPLETE THIS SECTION

The above plan of correction is approved as of 10/31/14 (Date)

Plan of correction implementation status as of 10/31/14 (Date)

The above plan of correction was approved by (Initials)

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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REGULATION

2600.225 (a)

Ted hose have been administered as needed per M.D. ordered – reflected by ADL documentation.

Effective 9/3/2014.

An addendum was added to resident # 2's support plan for her PRN ted hose. The DON is to double check RASPS when completed.

Effective 10/23/2014

An addendum was added to resident # 6's Support Plan for her diagnosis, hypothyroidism and Gerd. DON to check RASPS when completed.

By 11/30/14 - The administrator will develop a system to insure all relevant medical information is reported in order to update residents' support plans throughout the year.

By 11/20/14 - The administrator or designee will review all current residents' assessments to insure they include all required information, including diagnoses and other services needed.

J. K. B. 11/14

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Violation Report: 47488 - 09/03/2014 - Plinner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.226(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.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 7/21/14, for resident #1 does not include the diagnosis of atrial fibrillation that is indicated on the medical evaluation, dated 7/18/14.

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.

**PLEASE SEE
ATTACHED SHEET**

See Page 15A of 15

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/18/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Walter Young, N.H.A.** **ADMINISTRATOR**

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The above plan of correction is approved as of 10/31/14 (Date)

Plan of correction implementation status as of 10/31/14 (Date)

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

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

**THE RESIDENCE AT HILLTOP
PLAN OF CORRECTION FOR THE SURVEY
DATED SEPTEMBER 3, 5, 2014**

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REGULATION

2600.225 (C)

Effective 10/21/2014

**An addendum for resident # 1 has been added for a-fib diagnosis that was missed on the RASPS,
but was on DME.**

No harm came to the resident.

Director of Nursing will now double check all RASPS after completed by Support Plan

Coordinator:

By absolute - The administrator or designee will
review all current resident's assessments to ensure
- they include all required information, including
diagnoses.

[Signature]
10/31/14