



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Mr. James E. Stambaugh II, President  
Hillside Manor Personal Care Home, Inc.  
177 Oliver Road  
Uniontown, Pennsylvania 15401

RE: Hillside Manor Personal Care Home  
License #: 467990


Dear Mr. Stambaugh:

As a result of the Department of Human Services' licensing inspection on January 7, 2015 and January 8, 2015 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.

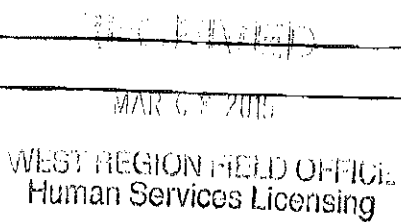
Your regular license for the period April 9, 2015 to April 9, 2016 was issued on January 8, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director  
SH

Enclosure  
License Inspection Summary

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

PCN Name: HILLSIDE MANOR PERSONAL CARE HOME		License Number: 46799
Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		County: Fayette
Administrator: James Stambaugh		Region: WEST
Legal Entity Name: HILLSIDE MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy C-2 LP 06/17/1998 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 69	Waking Staff: 52
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/07/2015: Williams, Jason; Georgoulis, Karen; Breuer, Patricia 01/08/2015: Williams, Jason; Georgoulis, Karen; Breuer, Patricia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 01/19/2016: Williams, Jason		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 76 Number of Residents Served: 58 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: 13 Number of Hospice Residents in past year: 48		<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 58 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

MAR 2 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

None of the home's monthly quality management reviews in 2014 addressed complaint procedures.

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.

Created a outline sheet which addresses all of the state requirements for the quality management plan. (See addendum #1 and #2).

By 4/30/15 - The home will conduct a quality management review, to include all required items. Documentation will be kept.

3/4/15

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)

James Stambough II

Date 3/2/2015

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

The above plan of correction is approved as of

3/4/15  
(Date)

Plan of correction Implementation status as of

3/4/15  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

  
(Initials)

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Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

MAR 04 2015

Page 3 of 19

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

In November of 2014, Staff person A took \$1,231.05 from Resident #1's bank account by stealing and forging the resident's checks. Staff person A took a total of 4 personal checks belonging to Resident #1 to the bank, wrote their name as the payee and cashed them.

Staff person A was arrested and charged with forgery and theft and no longer works 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.

The resident is alert and oriented and is capable of making his own decisions and managing his own finances. [redacted] was aware, prior to the above incident, that any money, check books, etc can be locked in the administration office. Since [redacted] has no family, the administrator's secretary is available to assist [redacted] with any financial affairs at [redacted] request. Hillside obtained a criminal background check on Staff person B upon hire. Staff person B did not have any criminal history that prevented her from working in a personal care home. Resident #1 notified the administrator when [redacted] realized that there was a problem with bank account. With resident #1 permission the bank was called and they faxed copies of cancelled checks to Hillside. When it was discovered that checks were forged the state police and PA Dept of Human Services were notified. Staff person [redacted] Remind residents that valuables, cash, check books, etc can be safely locked in the office.

Immediately

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) James Stambaugh II Date 3/2/2015

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

The above plan of correction is approved as of 3/4/15 (Date)

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

- Plan of correction implementation status as of 3/4/15 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

MAR 2 2015

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 7/17/14, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Staff person B presented a high school diploma when hired. The PA Department of Human Services is questioning the credibility of the institution that issued the diploma. We are awaiting further documentation of the credibility of the institution. If the documentation is not acceptable to the PA Department of Human Services, staff person B has agreed to enroll in GED classes. Staff person B is currently on maternity leave and will not be returning to work until the diploma is approved by the state or enrolled in GED classes. Hillside will monitor the credibility of the institutions issuing high school diplomas more thoroughly.

Immediately. The administrator will ensure that all direct care staff persons have a valid high school diploma, GED diploma or active registry status on the PA nurse aid registry.

2/3/15

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
James Stanbush II	3/2/2015

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(Date)

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(Initials)

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(Date)

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Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired 2/11/02, did not receive training in fire safety or emergency preparedness during training year 2014.

No staff persons, including staff person C, received training in emergency preparedness during the training year 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.

Staff person C did receive emergency preparedness training in 2014.  
See proof of emergency preparedness training (addendum #3 and #4).  
Staff person C received fire safety training on 1/23/2015 (see addendum #5).

All staff received emergency preparedness training and certificates in January 2014. The training was provided by Viaquest. This was an oversight by the inspector because they used the 2014 annual training spreadsheet only (addendum #6). However, additional required training documentation was in the employee files. The 2015 training spreadsheet includes all planned training. (Addendum #7).  
Immediately - The administrator will review all staff training at least quarterly, to ensure staff receive all required training under 2600.65g annually.

3/4/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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James Stambaugh II

Date 3/2/2015

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Plan of correction implementation status as of 3/4/15 (Date)

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

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2800.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 1/7/15, the enabler bar attached to Resident #2's bed has a 3 inch gap between the bar and the bed, posing an entrapment 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.

Upon inspection, the enabler bar was installed properly and there was no way to correct the 3 inch gap. The bar did have a covering over the space between the bars to prevent an entrapment hazard. Resident #2 is no longer at the facility. Resident #2 was discharged on 2/24/2015.

There are currently no enabler bars at Hillside Manor.

Immediately - The administrator or designee will inspect all wheelchairs, walkers, and other apparatus, including enablers, at least monthly, to ensure they are clean, in good repair and free of hazards.

By 4/15/15 - All staff persons will be educated on this requirement.

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) James Stambaugh II Date 3/2/2015

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Plan of correction implementation status as of 3/4/15 (Date)

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

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MAR 23 2015

Violation Report: 48799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 1/7/15, the following items were found in the bathroom shared by Resident #3 and #4:

-A 32 oz. bottle of hydrogen peroxide with a label indicating "If swallowed get medical help or contact poison control center"

-A 16.9 oz bottle of mouthwash with a label indicating "if swallowed get medical attention or contact poison control center"

Not all residents of the home, including resident #3, have been assessed as capable to safely use or avoid poisonous materials.

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 - All staff persons will be educated on this requirement, and will be directed to monitor the home daily for poisonous materials

All poisonous materials have been removed from the rooms unless resident has been assessed to safely use or avoid poisonous materials.

By 4/15/15 - The administrator will monitor the home at least weekly to ensure poisonous materials are stored in locked areas.

The home rules have been updated to include that all materials that state "if swallowed get medical help or contact poison control center" need to be approved by administration before they are put in resident's room.

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)

James Stambaugh II

Date 3/2/2015

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Plan of correction implementation status as of 3/4/15 (Date)

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

The above plan of correction was approved by (Initials)

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
2800.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/7/15, the following conditions were observed in the kitchen:

- A layer of dust covered the food items stored on the pantry shelves. The rear wall of the kitchen has a cut out section exposing the industrial dryer, and staff interviews indicate that food items in this area need dusted twice a week due to the close proximity of the dryer.

- There was a layer of dust on measuring cups, scissors, measuring spoons and knives stored in buckets. There were crumbs in the buckets and the inside of the buckets were sticky. Knives stored in the buckets had a black substance on the handles.

On 1/8/15, in the afternoon, a portable urinal, full of urine, was on top of the middle dresser in bedroom 401. Interviews indicated that it was there since early that morning.

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

- Upon inspection of the dryer vent it was found that the dryer vent had separated at a joint allowing dust and lint in the dry food storage area causing a thin layer of dust to gather on packaged food items. The dryer vent was reassembled and secured with screws (Addendum #8 and #9).

- The kitchen utensils in the buckets were not in use and were thrown away. The resident is alert and oriented and empties ~~his~~ own urinal.

Hillside Manor has private bathrooms in every room, and has updated the house rules to no longer allow the urinals in the facilities.

Immediately - all staff will be educated on checking lint filters and maintaining sanitary conditions in the home. By 4/15/15 - The administrator will monitor the home at least weekly to ensure sanitary conditions are maintained.

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 3/2/2015

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

The above plan of correction is approved as of 2/4/15 (Date)

Plan of correction implementation status as of 3/4/15 (Date)

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

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

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MAR 27 2015

Violation Report: 46789 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/7/15, the coverplate on the electric outlet on the long outside wall of the dining room stuck out approximately 1/2 inch from the box, posing a shock 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.

The outlet and outlet cover were repaired during the inspection (Addendum # 10). The inspector verified completion of work.

Immediately - all staff persons will be educated on monitoring the home to ensure surfaces are clean, in good repair, and free of hazards, and to report items in need of repair.

By 4/15/15 - The Administrator will monitor the home at least weekly, to ensure that all surfaces are clean, in good repair and free of hazards.

3/11/15

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)

James Stambaugh II

Date 3/2/2015

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

The above plan of correction is approved as of 3/4/15  
(Date)

Plan of correction implementation status as of 3/4/15  
(Date)

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

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

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2500

2500.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 1/7/15 at 9:30 AM, there was a 1 inch layer of snow covering the walkway outside of the emergency exit door closest to the laundry room. There was also a 4 inch drift of snow directly outside of the emergency exit door in the dining room. It was not snowing at the time and staff indicated that it had not snowed that morning.

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.

It had snowed all evening. Hillside Manor is located on top of a hill and it is not uncommon for snow to drift in a very short period of time. Hillside monitors all exits and emergency exits and removes snow as necessary. Snow was cleared on date of inspection.

Immediately - All staff persons will be educated on the requirement to ensure all ice, snow and obstructions are removed.

Immediately - A designated staff person, daily, and on each shift will be assigned to monitor exterior of the home, to include all walkways, ramp, stairs, emergency exits, and to ensure all areas are free of snow, ice and obstructions.

Immediately - The administrator will monitor the home at least weekly to ensure all walkways, ramp, stairs and emergency exits are free of ice, snow and obstructions.

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  
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Date 3/2/2015

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Plan of correction implementation status as of 3/4/15 (Date)

The above plan of correction was approved by (Initials)

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

RECEIVED

MAR 03 2015

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE 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

On 1/7/15, the bed in room 210 did not have a source of light that can be turned on/off from bedside.

On 1/7/15, neither of the 2 beds in room 401 had a source of light that can be turned on/off from bedside.

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 lamp was provided at bedside. Resident refused to leave lamp at bedside and demanded that it be placed on ~~the~~ dresser. ~~She~~ Used it as a source of light throughout the evenings. Complained it was too bright at bedside and there was adequate lighting from the lamp on her dresser. Resident is no longer at Hillside Manor.

Immediately - All staff will be educated on this requirement and directed to monitor the home daily as part of their regular duties. 3/4/15

Residents of 401 are husband and wife. They did not want lamps.

Hillside respected residents rights and wishes not to have lamps at bedside. Despite residents wishes Hillside has placed a source of light at bedside of both residents per state's request.

Immediately - The administrator will develop a system of washlights or push lights, are provided to residents who do not want a traditional lamp at bedside.

By 4/15/15. The administrator will monitor the home at least monthly to ensure safe bedside lighting.

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) James Stanbary II

Date 3/2/2015 - 2

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

The above plan of correction is approved as of 3/4/15 (Date)

Plan of correction implementation status as of 3/4/15 (Date)

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

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

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

On 1/8/15, there was a hole, 3 inches in diameter, in the plaster wall behind the bed of Resident #5, in room 401.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #5 has a motorized scooter and ~~it~~ backed into the wall causing damage. The hole has been repaired (Addendum # 11).

Immediately - All staff persons will be educated on this requirement and instructed to daily monitor resident bedrooms to ensure walls, floors and ceilings are in good repair.

By 4/15/15 - The administrator or designee will monitor resident bedrooms at least monthly, to ensure surfaces including walls floors and ceilings, are in good repair.

*J*  
3/2/15

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)

James Stambaugh, Jr.

Date 3/2/2015

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(Date)

Plan of correction implementation status as of 3/4/15  
(Date)

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(Initials)

- Fully Implemented
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Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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 1/7/15, there was no thermometer in the small dining room refrigerator.

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.

Thermometer was replaced during inspection and witnessed by inspectors.

Immediately - All staff persons will be educated on this requirement.

Immediately - A designated staff person will monitor all refrigerators and freezers daily to ensure a thermometer is present and that food is stored at safe temperatures.

By 4/15/15 - The administrator or designee will monitor the home at least weekly to ensure a thermometer is present in each refrigerator and freezer, and that food is stored at safe temperatures.

Repeat Violation: No Date(s) of Previous Violation(s): 3/4/15

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Stambaugh II Date 3/2/2015

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Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

MAR 6 3 2015

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/7/15, the following food items were found opened and unsealed in the kitchen pantry:

- A half-full, 5 pound container of pancake mix
- A 2 pound 10 ounce box of quick oats
- An 8 ounce bag of chocolate chip cookie mix

On 1/7/15, a bag of hashbrowns was opened and unsealed in the walk-in freezer.

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.

Above items were immediately thrown away. Inspectors were present when items were thrown away. The kitchen staff has been re-educated that all food items must be closed and dated.

Immediately - A designated staff person will monitor food storage areas daily to ensure food is stored in closed and sealed containers.

By 4/15/15 - The administrator or designee will monitor the home at least weekly to ensure food is stored safely and in sealed containers. 3/4/15

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)      Date

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The above plan of correction is approved as of 3/4/15  
(Date)

Plan of correction implementation status as of 3/4/15  
(Date)

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

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

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
On 1/7/15 at 11:35 AM, there was a 1/4 inch layer of lint covering the lint screen of the industrial dryer to the right. Staff interviews indicate that it is usually cleaned at the end of every shift.

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.

Staff informed that lint screens must be cleaned after each use. Signs were posted on dryers to remind staff to clean after each use (Addendum # 121#13)  
I immediately - a designated staff person, daily and on each shift, will monitor dryers to ensure they are clean and free of lint.  
By 4/15/15 - The administrator or designee will monitor the dryers at least weekly to ensure that they are free of lint.  
Dzly/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) James Stambaugh II Date

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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

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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  
On 1/7/15, there was a plastic container of rug cleaner touching the vent in the back of the furnace next to the laundry room. There was also a wooden stool approximately 3 inches 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.

Staff was re-educated that materials cannot be located near heat sources or hot water heaters. The items were removed and witnessed by inspectors at the time of inspection. Reminder signs were posted for the staff (Addendum # 14)  
Immediately - A Designated Staff person will monitor heat sources daily to ensure no combustible or flammable materials are stored nearby.  
By 4/15/15 - The administrator or designee will monitor the home at least weekly to ensure heat sources do not have combustible or flammable materials stored nearby

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) James Jambough # Date 3/2/2015

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

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a DESCRIPTION OF VIOLATION

Resident #6, was admitted on 6/20/14; however, the medical evaluation was completed on 3/28/14.

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.

DME was corrected immediately by staff certified registered nurse practitioner (CRNP). Observers were present when DME was corrected. All DMEs will be reviewed on a monthly basis.

Immediately - All new residents will have a medical evaluation, documented on the required medical evaluation form, completed within 60 days prior to admission or within 30 days of admission. The administrator will review all new resident documentation to ensure all forms, including the medical evaluation, are timely and complete.

*[Signature]*  
3/2/15

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

Signature of Legal Entity Representative  
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RECEIVED

MAR 02 2015

Violation Report: 46799 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The home's smoking area is located outside the doors leading to the central courtyard on the common walkway. The ashtray was located just outside about a foot from the door.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The ashtray was immediately moved and placed in a location approx 15 feet from the door. This was witnessed by a state inspector at the time of inspection.

Immediately - All residents and staff will be educated on the location of the smoking area, and that no smoking is permitted near doors and common walkways.

Immediately. The administrator will monitor the home at least weekly to ensure that smoking is confined to the designated area.

② 3/4/15

Repeat Violation: No

Date(s) of Previous Violation(s):

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James Stanbaugh II

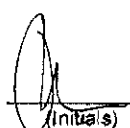
Date 3/2/15

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

16-03-17-14-1

MAR 03 2015

Violation Report: 46798 - 01/07/2015 - Williams, Jason  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

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

Resident #3 is ordered Warfarin 3mg, one tablet by mouth once a day except on Tuesdays. The label on the bottle indicates "take one tablet once a day or as directed for blood thinning."

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.

Even though the label on the medication already indicates "or as directed" a correction change sticker was applied to the label and witnessed by a state inspector during the inspection.

Immediately - All staff who administer medications will be educated on having all medication labels match the medication administration record and to check each medication label and the map at each medication pass.

Immediately and at least monthly thereafter, the administrator or designee will complete a medication audit at least monthly, to ensure that MARs and labels match.

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)      James Standaugh II      Date 3/2/15

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