



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate HILLSIDE PERSONAL CARE
NAME OF FACILITY OR AGENCY

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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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

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

Restrictions: _____

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

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

and shall remain in effect from April 24, 2015 until April 24, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 348750

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Ms. Catherine Rowe, Administrator
Hillside Rest Home, Inc.
P.O. Box 552
Blue ridge Summit, Pennsylvania 17214

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

Dear Ms. Rowe:

As a result of the Department of Human Services' licensing inspection on January 28, 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.

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

Sincerely,

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

PCH Name: HILLSIDE PERSONAL CARE		License Number: 34875
Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320		County: Adams
Administrator: Cheryl Morgan		Region: CENTRAL
Legal Entity Name: HILLSIDE REST HOME INC		
Legal Entity Address: PO BOX 552, BLUE RIDGE SUMMIT, PA 17214		
Certificate(s) of Occupancy Other 12/08/1978 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2015: Minnich, Ron; Hoover, Douglas		
<div align="right"> <p>RECEIVE</p> <p>MAR 10 2015</p> <p>CENTRAL REGION FIE Human Services I</p> </div>		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 37 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: 2	Number of Residents who: Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 21 Have Mental Illness: 19 Have an Intellectual Disability: 14 Have a Mobility Need: 0 Have a Physical Disability: 1	

MAR 10 2015

CENTRAL REGION FIELD OFFICE

Violation Report: 34875 - 01/28/2015 - Minnich, Ron
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home holds money for resident #1, at the time of inspection the balance of those funds was \$747.16. The home has not offered resident #1 with assistance in establishing an interest-bearing account.

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 - Resident #1 has been offered an interest bearing account. The resident has declined interest bearing account. As noted on attached form signed by resident.

On-Going - All residents financial accounts will be reviewed monthly by the Assistant Administrator. Any account that has more than \$200 for two consecutive months the resident will be offered assistance in setting up an account of the residents choice.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine Rowe

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

Catherine Rowe
Administrator

Date 3/2/15

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

The above plan of correction is approved as of

3/10/15
(Date)

Plan of correction implementation status as of

3/10/15
(Date)

The above plan of correction was approved by

CR
(Initials)

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

Violation Report: 34875 - 01/28/2015 - Minnich, Ron
PCH Name: HILLSIDE PERSONAL CARE

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 was hired on 8/20/13 and did not have a criminal background check completed until 10/04/13.

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

Immediately – It is and has been our policy to do the criminal history check within the week of hire for Pennsylvania check and within two weeks for the FBI criminal background check. We are not sure what happened in this case.

On-going – The Assistant Administrator will review all staff records monthly as to assure that all documents are completed and in a timely manner.

No staff will be retained beyond the 30 day provisional hiring period without an acceptable criminal history background check. ca 3/1/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Catherine Howe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Catherine Howe Administrator* Date *3/2/15*

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

The above plan of correction is approved as of 3/1/15 (Date)

Plan of correction implementation status as of 3/1/15 (Date)

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

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

Violation Report: 34875 - 01/28/2015 - Minnich, Ron
 PCH Name: HILLSIDE PERSONAL CARE

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
 The 4th bed furthest from the door in bedroom #3 does not have 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.

Immediately – The lamp was repositioned on 1/29/2015 as to assure that the resident could safely have access to light during evening hours. Resident was educated to the important safety issue of having access to light during evening hours.

On- Going – The building maintenance person will continue to monitor for bed lights every two weeks as per our current procedure indicates. Attached is the maintenance log for inspections.

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

Catherine Rowe

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

Catherine Rowe
 Administrator

Date 3/2/15

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

The above plan of correction is approved as of 3/1/15
 (Date)

Plan of correction implementation status as of 3/1/15
 (Date)

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

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

Violation Report: 34875 - 01/28/2015 - Minnich, Ron

PCH Name: HILLSIDE PERSONAL CARE

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

The wall in bedroom #6 has half dollar size hole by the bed next to the window.

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 - Hole was repaired on 1/31/2015.

On- Going - A new maintenance log for regulation 2600.101(o) has been created by maintenance person. The building will be inspected and repaired as needed on a monthly basis or more often if needed. See attached maintenance log.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine Rowc Administrator Date 3/2/15

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

The above plan of correction is approved as of <u>3/10/15</u> (Date)	Plan of correction implementation status as of <u>3/10/15</u> (Date)
The above plan of correction was approved by <u>CB</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: 34875 - 01/28/2015 - Minnich, Ron
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

A bag of approximately 40 chicken patties were unlabeled and undated in the home's freezer located in the pantry.

A package of approximately 36 waffles were unlabeled and undated in the home's freezer located in the pantry.

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 - Chicken patties and waffles were discarded. Education was given on the importance of labeling and dating ALL items in the food preparation areas.

On-Going - Education in the food preparation will include regulation 2600.103(e). Weekly reviews of food preparation areas will be done by food area supervisor. Monthly reviews will be done by Assistant Administrator.

Food storage areas will be monitored on a weekly basis by the administrator or designee to ensure that foods safely stored, labeled and dated.
03/10/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/27/2014	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Catherine Rowe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Catherine Rowe*
Administrator Date *3/2/15*

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

The above plan of correction is approved as of *3/10/15*
(Date)

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

Plan of correction implementation status as of *3/10/15*
(Date)

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

Violation Report: 34875 - 01/28/2015 - Minnich, Ron
 PCH Name: HILLSIDE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
 Resident #2's most recent medical evaluation is dated 9/02/14, however the resident's previous medical evaluation is dated 5/23/13. The resident's current medical evaluation was completed more than one year after the previous medical evaluation.

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

Immediately – The file is noted as having improper dates. Medical Care Coordinator has been alerted to missed annual date on medical evaluation.

On-Going – All files are being reviewed by Medical Care Coordinator for accurateness and timely completion dates. In addition to the previous tab system a computerized alert system will be put into Medical Care Coordinator and Assistant Administrators calendar on pending due dates of resident medical evaluations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/27/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Catherine Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine Rowe Administrator	Date 3/2/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/10/15</u> (Date)	Plan of correction implementation status as of <u>3/10/15</u> (Date)
The above plan of correction was approved by <u>CR</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: 34875 - 01/28/2015 - Minnich, Ron
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 6/20/13.

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

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

Immediately – The file is noted as having improper dates. Medical Care Coordinator has been alerted to missed annual date on assessment. Medical Care Coordinator completed assessment as attached.

On-Going – All files are being reviewed by Medical Care Coordinator for accurateness and timely completion dates. In addition to the previous tab system a computerized alert system will be put into Medical Care Coordinator and Assistant Administrators calendar on pending due dates of resident assessments.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Catherine Rowc Administrator* Date *3/2/15*

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

The above plan of correction is approved as of <u>3/10/15</u> (Date)	Plan of correction implementation status as of <u>3/10/15</u> (Date)
The above plan of correction was approved by <u>CB</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: 34875 - 01/28/2015 - Minnich, Ron
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
The most recent support plan for resident #2 was completed on 7/03/13.

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

Immediately – The file is noted as having improper dates. Medical Care Coordinator has been alerted to missed annual date on support plan. Medical Care Coordinator completed support plan as attached.

On-Going – All files are being reviewed by Medical Care Coordinator for accurateness and timely completion dates. In addition to the previous tab system a computerized alert system will be put into Medical Care Coordinator and Assistant Administrators calendar on pending due dates of resident support plans.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine Powe

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

Catherine Powe
Administrator

Date 3/2/15

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

The above plan of correction is approved as of

3/1/15
(Date)

Plan of correction implementation status as of

3/1/15
(Date)

The above plan of correction was approved by

CP
(Initials)

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