



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Catherine Rowe, Administrator  
Hillside Rest Home  
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' annual licensing inspections on February 1, 2016 and February 3, 2016 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.

Sincerely,

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: HILLSIDE PERSONAL CARE		License Number: 348750
Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320		County: Adams
Administrator: Catherine Rowe		Region: CENTRAL
Legal Entity Name: HILLSIDE REST HOME INC		
Legal Entity Address: PO BOX 552, BLUE RIDGE SUMMIT, PA 17214		
<b>Certificate(s) of Occupancy</b> C-2 LP 12/08/1978 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/01/2016: Springs, Israel; Gensil, Lori 02/03/2016: Springs, Israel; Gensil, Lori		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 37 Have Mental Illness: 17 Have an Intellectual Disability: 15 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 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

Empty blister packs for Resident#1's prescribed Alendronate 35 mg and Resident #2's prescribed Clozapine 10 mg were located in the dining room trash can. These blister packs contained confidential medical information for each resident and was accessible to anyone entering the dining 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.

Immediately - Blister packs were immediately removed and properly blackened out and then disposed of in the trash.

On-going - All staff will be retrained on regulation 2600.17 and on guidelines to complete all jobs tasks while preserving privacy.

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

Signature of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe Admin.      Date 3-2-16

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

The above plan of correction is approved as of 3/9/16 (Date)

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

Plan of correction Implementation status as of 3/9/16 (Date)

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

Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

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.

2a. DESCRIPTION OF VIOLATION

Staff Person A does not have a valid high school diploma, a GED Diploma, or active registry 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.

Immediately – Staff person A ceased to provide personal care and will only provide ancillary duties. Staff person A has applied to take GED course (please refer to enclosed letter from school stating her enrollment & a letter of intent provided from Staff person A of intent to complete course) We have applied for a waiver asking for an extension of time to complete course, as it has now passed the 6 month provisional hire deadline.

On- Going – We will call Department of Education to verify all diplomas from unknown educational sources.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Catherine C Rowe</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Catherine C Rowe Admin</i>	Date	<i>3-2-16</i>
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The above plan of correction was approved by <u><i>BAR</i></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 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
Staff Person A, completed only 10 hours of training during training year 2016.

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 - Staff person completed 2 additional hours of training (see attached training document)

On- Going - Each staff will complete 12 hours of annual training. Building manager will review training quarterly to assure that trainings are being completed and will be completed as required.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) Catherine C. Rowe

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Catherine C. Rowe Admin Date 3-2-16

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's training record did not include the length of each course.

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 training record was updated to reflect an accurate length of time allotted to each course.

On-Going – Training records will include the length of course, to be completed by the trainer and signed by the trainee.

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(Required on EVERY Page) *Catherine C Rowe Admin* Date *3-2-16*

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(Date)

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(Initials)

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(Date)

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

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  
The linoleum flooring in the first floor bathroom was buckled and torn.  
There were missing floor tiles at the second floor exit.

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 linoleum floor and missing hallway tiles are being scheduled for repair. The tiles will be complete by 3/5/16. The linoleum in bathroom will be repaired by 3/19/16

On-Going – Building Manager will regularly inspect areas in 2600.88(a) and complete or schedule to complete repairs timely to assure safety.

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The four electric baseboard heaters located in the dining room are rusted.

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.*

Baseboard heaters will be sanded and repainted by March 5<sup>th</sup>.

On-Going – Building manager will regularly inspect areas included in regulation 2600.95 and complete or schedule to complete repairs timely to assure safety,

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(Initials)

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

There were four bags of Bakers Touch bread ends in the freezer portion of the refrigerator that were not properly sealed, having only their ends folded over.

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

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

Immediately – Bread ends were discarded.

On-going – Building manager will frequently inspect areas of food storage to assure food is in closed or sealed containers.

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

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

An accumulation of lint was found in the lint trap of the dryer in the staff laundry room.

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

Lint was removed from trap immediately. Staff were retrained on regulation 2600.103(g)

On Going- The Building Manager will inspect the dryers to assure that the lint has been removed.

BAS 3/10/16

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
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 #3's most recent medical evaluation was completed on 5/2/14.

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.

Resident #3 was in hospital on date for re-evaluation and not rescheduled.  
Evaluation was completed 2/4/16

On-going -- Medical Coordinator will be timely with evaluations if in hospital we will ask hospital to complete evaluation if in hospital at time due,

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3's prescribed Hydroxine PAM 25 mg was discontinued by the physician on 1/28/16. On 2/1/16, this medication was still stored with the resident's current medications.

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.

Medication was sent back to pharmacy on 2/1/16. Med techs were retrained on regulation 2600.183(d) and it's importance to assure safety.

On-going - Medication cards will be monitored by staff daily for accuracy and reviewed weekly by supervisory staff.

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Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

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

Resident #4, admitted on [redacted] 16, had the Initial assessment completed on 2/3/16.

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 – Assessment was completed on 2/3/16

On-going – Medical Care Coordinator will use an electronic reminder system of approaching due dates as to assure timely completion.

The Resident Assessments and Support Plans (RASPs) for all current residents shall be reviewed to assure that an initial assessment has been completed and identify the needed completion dates for those RASPs yet to be completed. This review shall be completed by 4/1/16.

*BAS 3/10/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Catherine C Rowe*

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

*Catherine C Rowe Admin.*

Date *3-2-16*

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*BAS*  
(Initials)

Violation Report: 34875 - 02/01/2016 - Springs, Israel  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #3 was not signed by the resident and did not document that the resident refused or was unable to sign.

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 #3 signed support plan on 2/1/16

On-going – Medical Care Coordinator will have Assistant Administrator review files for accuracy at time of completion.

The most current Resident Assessments and Support Plans (RASPs) for all current residents shall be reviewed to assure that the document contains all required signatures, or notes that the person was unable or refused to sign. This review shall be completed by 4/1/16.

*BAS 3/10/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Catherine C Rowe*

Printed Name and Title of Legal Entity Representative  
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*Catherine C Rowe Admin*

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