



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

RE: Hillview Home  
License #: 430230

Dear Ms. Arena-Cronin:

As a result of the Department of Human Services' annual licensing inspection on April 18, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

JUN 22 2016

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
The home did not conduct a quality management review during 2015.

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.

Quality management plan will be updated and implemented per regulation by June 30, 2016.

Administrator will continue to update annually.

Monthly reviews have been completed from 1/2016 to present. *Sno* 7/25/14

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 6/10/16

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

The above plan of correction is approved as of 7/25/14  
(Date)

Plan of correction implementation status as of 7/25/14  
(Date)

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

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

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

JUL 22 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
There was no lock on the first floor common bathroom door across from Resident #1's bedroom.

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.

*Unacceptable  
Plan of Correction  
sup 7/27/16*

2600.42s does not state that locks need to be on bathroom doors, it only states "privacy shall be provided to the resident during bathing, dressing, changing and medical procedures" and "toilet stalls must be equipped with locks to ensure privacy"

Our bathrooms and bedrooms do offer privacy without locks  
Administrator asks that this violation be removed from the report if my understanding is correct but locks will still be placed on the bathroom doors.

*Locks put on bathroom doors 6/14/16*

Immediately: The administrator or designated staff person will check all resident bathrooms at least weekly to ensure there is a lock present to provide the residents privacy while using the restroom.

Within 30 days of receipt of the plan of correction: All residents and staff persons will receive resident rights education, to include the right to privacy and dignity and respect. Documentation of education shall be kept.

*sup 7/27/16*

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)      Date 6/10/16

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

The above plan of correction is approved as of 7-25-16  
(Date)

Plan of correction implementation status as of 7-25-16  
(Date)

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

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

RECEIVED

JUL 22 2016

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Direct care staff person B, hired 12/17/12, does not have a high school diploma, GED diploma or active Pennsylvania nurse aide registry status.

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 has been working as a PCH aide since September 2004, (12years).  
 She was hired here after the PCH she was working was closed down.  
 She started at our facility one week after leaving the other PCH.  
 Regulation 2600.54a grandfathers employee B since there was NO lapse of time in her 12 years as a PCH aide.  
 Administrator asks that this violation be removed from the report if my understanding of the regulation is correct.

Immediately: The administrator or designated staff person will review all direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) prior to providing personal care services to the residents. If a direct care staff person is identified as unqualified through this review process, the staff person will not be permitted to provide direct care services to the residents until the required qualifications in accordance with regulation 2600.54(a) has been provided or obtained. Verification of direct care staff qualifications shall be kept in the employee file and made available to the Department upon request.

Immediately: The administrator will verify and obtain a copy of perspective employee's qualifications prior to offering employment to ensure all direct care staff persons have the education and ability required to perform job duties specified by the home, including activities of daily living. The home will update their employment system to include this procedure.

}  
58  
7/23/16

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

*Mary Jo Aronk Coorse*

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

Mary Jo Aronk Coorse

Date: 6/20/16

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

The above plan of correction is approved as of 7-25-16  
(Date)

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

Plan of correction implementation status as of 7-25-16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SW*
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- Not Implemented

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Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
Staff person A, the home's administrator, completed only 2 hours of annual training during 2015 training year.

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.

Administrator did not complete 24 hours of training for 2015 due to a hardship.  
Administrator has completed 42 hours of training so far for 2016 and will continue to complete 48.  
Administrator will follow regulation 2600.64 in future years.

30 days prior to the start of the 2017 training year, the home will develop a 2017 training schedule for administrator A, to ensure 24 hours of Department-approved administrator training courses are completed in accordance with regulation 2600.64(c). Training schedule shall be kept. *SW 7/25/16*

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

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Date *6/10/16*

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JUN 22 2016

Page 7 of 17

Violation Report: 43023 - 04/18/2016 - Hullquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
There were ants crawling in the right kitchen cupboard above the phone.

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.

Kitchen cabinets were cleaned and ants traps were placed around the area on 4/18/16.  
No ants have been seen since.  
Kitchen staff will monitor for sanitary conditions

Immediately - Any identified or reported unsanitary conditions will be corrected immediately by either the staff person identifying the situation or a designated staff person.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions found throughout the home with emphasis on kitchen sanitation to include no evidence of insects.

}  
SP  
7/25/16

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

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Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:25 a.m., the hot water temperature at the 3rd floor common bathroom sink measured 129.5°F.

At 10:33 a.m., the hot water temperature at the 2nd floor common bathroom sink measured 129.2°F.

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.

Water heater was turned down immediately, temp came down to 110 degrees by the end of the day, temp adjusted again the next day to 115, rechecked a week later and temp holding at 115.

Kitchen Staff will monitor temp more closely and adjust water heater as needed to keep temp under 120.

Immediately: A designated staff person will monitor the hot water temperature at least daily in different areas of the home accessible to residents, to ensure the water temperature does not exceed 120°F. The hot water temperature will be adjusted immediately if it exceeds 120° F. The administrator will check the hot water temperature at least twice a week. Documentation of hot water temperatures shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on safe hot water temperatures and the risk of unsafe water temperatures to residents. Documentation of education shall be kept.

see 7/25/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MARY JO ANONA-CROWN	6/10/16

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

The above plan of correction is approved as of 7/25/16  
(Date)

Plan of correction implementation status as of 7/25/16  
(Date)

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

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(Initials)

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Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

JUL 22 2016

1. REGULATION 55 Pa.Code §2800

2800.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was no non-skid surface on the exterior staircase leading from the third floor to the 2nd floor patio.

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.

Non skid surface was purchased and will be re-applied by June 30,2016.

Administrator will be sure to check all stairways and ramps for safety and re-apply non-skid application as needed per QMP.

Immediately -The administrator will conduct an assessment of the homes interior stairs, exterior steps and ramps to ensure nonskid surfaces are in place and no hazards exist. If through this review process interior stairs, exterior steps and ramps are identified as not having nonskid surfaces, nonskid surfaces will be installed immediately.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will monitor all interior stairs, exterior steps and ramps at least quarterly to ensure the nonskid surfaces are in place and no hazards exist.

2/29/16

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)

Date 6/10/16

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(Date)

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(Initials)

Plan of correction implementation status as of 7/25/16  
(Date)

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

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JUN 22 2016

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

There was only one chair in the 1st floor resident bedroom at the bottom of the stairs. Three residents currently reside in this bedroom.

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.

Chairs were placed in Room #8 immediately.

Administrator and staff will be more aware of placement of chairs following 2600.101

Immediately - A designated staff person will check resident bedrooms daily to ensure each resident has a chair that meets the resident's needs. Documentation of checks shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons will be educated that each resident shall have a chair in their bedroom that meets the resident's needs. Documentation of education shall be kept.

SW  
7/25/16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/23/2014

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

Date 6/10/16

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The above plan of correction is approved as of 7/25/16  
(Date)

Plan of correction implementation status as of 7/25/16  
(Date)

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

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

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.101(J)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #2 does not have an operable 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.

Resident #2 in bedroom #6 had a burned out light bulb which was replaced immediately. Administrator and staff will be more aware of lamps being in full operation.

Immediately - A designated staff person will check resident bedrooms at least weekly to ensure each resident has an operable source of lighting that can be turned on/off at bedside. Documentation of checks shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Documentation of education shall be kept.

} 4  
7/2/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/23/2014

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 6/20/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/25/16  
(Date)

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

Plan of correction implementation status as of 7/25/16  
(Date)

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

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JUL 22 2016

Page 12 of 17

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 11:03 a.m., there was no thermometer in the chest freezer on the left side of the garage.

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 placed in the freezer immediately.  
Kitchen staff will be more vigilant on checking freezers and refrigerators for thermometers to maintain proper temperature.

Immediately - A designated staff person will check thermometers at least 2 times a day in each refrigerator and freezer to ensure thermometers are present and food items are stored at proper temperatures. A temperature log will be devised and implemented to record these checks. If refrigerator temperatures measure above 40° and freezers above 0°, temperatures will be checked again in two hours. If the temperature remains high, food items will be moved to a refrigerator/freezer that maintains a safe storage temperature until repairs can be made. Temperature log shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education shall be kept.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/23/2014

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 6/10/16

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(Date)

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

Plan of correction implementation status as of 7/25/16  
(Date)

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

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JUN 23 2016

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The most recent sleeping hours fire drill was conducted on 4/6/16; however, the previous sleeping hours fire drill was conducted on 9/30/15.

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 night time drill conducted in April was 6 days overdue.  
Administrator will be sure to run nighttime drills every 6 months according to reg 2600.132e

By 12/31/16: The administrator or designated staff person will conduct at least two unannounced sleeping hours fire drills. All fire drills shall be documented on the home's fire drill record, to include the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was activated. Documentation of fire drills shall be kept.

g  
7/25/16

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)      Date 6/10/16

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(Date)

Plan of correction implementation status as of 7/25/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SW*
- Partially Implemented - Inadequate Progress
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(Initials)

RECEIVED

JUL 22 2016

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 11/11/15, does not include Pulse Rate. This section was blank.  
Resident #3's medical evaluation, dated 9/16/15, does not include Height, Weight, Pulse Rate and Temperature. These sections were blank.  
Resident #4's medical evaluation, dated 2/10/16, does not include the ability to Self-Administer Medications. This section is blank.

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.

Information for residents #2, 3 and 4 were missing on the DME but were part of the physicians progress notes.  
Administrator brought this to the physicians attention so the forms will be completed in full.  
The DME form will be checked more thorough per regulation 2600.141

Residents #2, #3 and #4's medical evaluations were corrected on 6/20/16 to include the missing information cited above.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed timely and in its entirety to include, height, weight, pulse rate, temperature and the ability to self-administer medications. Any missing medical evaluation content in accordance with regulation 2600.141(a)(2) will be immediately returned to the physician for completion. The corrected medical evaluation shall be maintained in each resident's record.

Handwritten initials and date: *SS 7/22/16*

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)			Date
<i>Maureen Mearns-Cosman</i>			<i>6/22/16</i>

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

The above plan of correction is approved as of <u>7/25/16</u> (Date)	Plan of correction implementation status as of <u>7/25/16</u> (Date)
The above plan of correction was approved by <u>SSM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SSM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B administers medications to residents of the home. Staff person B completed the initial medication administration course on 7/8/13; however, staff person B did not completed a medication administration annual practicum 2014 or 2015 in order to continue to be qualified to administer medications. Staff person B administered medications on numerous occasions, to include 4/4/16 - 4/7/16 and 4/11/16 - 4/14/16 to residents of the home, to include residents #2, #3, #4 and #5.

Staff person C administers medications to residents of the home. Staff person C completed the initial medication administration course on 7/8/13; however, staff person C did not completed a medication administration annual practicum 2014 or 2015 in order to continue to be qualified to administer medications. Staff person C administered medications on 3/5/16 to residents of the home, to include residents #2, #3, #4 and #5.

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.

All staff that administer medications were given the DPW medication certification initial certification course on 5/6/16 by a certified trainer so that all staff are in compliance. Administrator has set up the annual practicum with the trainer for April 2017 to be sure staff certification does not expire and there will be no issue with unqualified staff.

As part of the 2016 quality management review process, the administrator will review all medication administration training to ensure all staff persons qualified to administer medications completes an annual practicum as defined by the Department-approved medication administration course. *sm 7/23/16*

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

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Plan of correction implementation status as of 7/25/16  
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Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
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JUN 22 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #5, admitted on 3/1/16, was completed on 3/17/16.

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.

Administrator will be sure to have assessments done in a timely manner per regulation 2600.225

Immediately: The administrator will review all resident records for residents to ensure a comprehensive assessment has been completed within 15 days of admission, which accurately identifies the residents' current diagnoses. If any resident is identified through this review process as not having had a comprehensive assessment completed, an assessment will be completed immediately upon discovery.

Immediately: The administrator will devise and implement a new resident admission checklist which includes completion of an initial resident assessment to ensure a comprehensive initial assessment is completed within 15 days of admission to utilize as a tool for direct care staff to successfully provide essential resident care services. Once completed, the new resident admission checklist shall be kept in the resident's record.

Handwritten note: 5/21/16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/23/2014

Signature of Legal Entity Representative  
(Required on EVERY Page)

Handwritten signature

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

Handwritten name: Maria Soberon-Cosmin

Date: 6/10/16

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

The above plan of correction is approved as of 7/25/16 (Date)

Plan of correction implementation status as of 7/25/16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 800
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 43023 - 04/18/2016 - Hultquist, Cliff  
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident #4's record does not include a photo.  
Resident #5's record does not include a photo.

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 #4 and 5 had their pictures taken and added to their file on 4/20/16.

Administrator checked all residents files to be sure photos were no more than 2 years old per regulation 2600.252 (3)

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 6/10/16

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

The above plan of correction is approved as of 7/25/16  
(Date)

Plan of correction implementation status as of 7/25/16  
(Date)

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

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