



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Mr. Daniel Simmons, Secretary/Treasurer  
Mon-Vale Non Acute Care Services, Inc.  
1163 Country Club Road  
Monongahela, Pennsylvania 15063

RE: The Residence at Hilltop  
210 Route 837  
Monongahela, Pennsylvania 15063  
License #: 474880

Dear Mr. Simmons:

As a result of the Department of Human Services' annual licensing inspections on July 7, 2016 and July 8, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: THE RESIDENCE AT HILLTOP		License Number: 47488
Address: 210 ROUTE 837, MONONGAHELA, PA 15063		County: Washington
Administrator: Walter Young		Region: WEST
Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC		
Legal Entity Address: 1163 COUNTRY CLUB ROAD, MONONGAHELA, PA 15063		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 04/01/1998 L & I		JUL 27 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 100	Working Staff: 75
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> 07/07/2016: Bedford, Katie; DeLuca, Santo 07/08/2016: Bedford, Katie; DeLuca, Santo		
<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: 84 Number of Residents Served: 69 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: 18 Number of Hospice Residents in past year: 35	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 2	

Violation Report: 47488 - 07/07/2016 - Bedford, Katie  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 7/7/16 and 7/8/16, the handrail in the hallway next to bedroom #208 was loose and not secured tightly to the wall.

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

PLEASE SEE ATTACHED SHEET

See Page 2A of 4

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Walt Young*

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

Walt Young, N.H.A. Administrator 7-26-16

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

The above plan of correction is approved as of 8/4/16  
(Date)

Plan of correction implementation status as of 8/4/16  
(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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JUL 27 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

THE RESIDENCE AT HILLTOP  
PLAN OF CORRECTION FOR THE JULY 7-8, 2016  
ANNUAL INSPECTION  
FOR VIOLATION REPORT RECEIVED  
JULY 20, 2016

PAGE 2 OF 4

**Violation: 2600.95** Furniture and equipment is to be in good repair, clean and free from hazards.

**Findings:** Hallway handrail by room #206 was found to be loose.

**Plan of correction:**

- The handrail was taken down and all new hardware was installed. The handrail was reattached in a secure manner
- Date of completion: July 26, 2016
- Preventative action: All handrails were inspected prior to July 26. No other hand rails were found to be loose. The inspections of all handrails will be stepped up to occur weekly effective immediately. Any handrails found to be loose will be repaired immediately.

*J. Stull*

Violation Report: 47488 - 07/07/2016 - Bedford, Katie  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800  
2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
A fire drill was held during sleeping hours on 5/22/16 at 6:10am; however, another fire drill was not held during sleeping hours until 2/8/16 at 3:58am, which exceeds 6 months.

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

PLEASE SEE ATTACHED SHEET

See Page 3A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Walt Young</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			
Walt Young, N.H.A. Administrator 7-26-16			
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
<u>8/4/16</u> (Date)		<u>8/4/16</u> (Date)	
The above plan of correction was approved by		<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	
<i>[Signature]</i> (Initials)			

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WEST REGION FIELD OFFICE  
Human Services Licensing

THE RESIDENCE AT HILLTOP  
PLAN OF CORRECTION FOR THE JULY 7-8, 2016  
ANNUAL INSPECTION  
FOR THE VIOLATION REPORT RECEIVED  
JULY 20, 2016

PAGE 3 OF 4

**Violation: 2600.132(e)** A fire drill shall be held during sleeping hours once every 6 months.

**Findings:** A fire drill was held during sleeping hours on 5/22/15. The next fire drill held during hours of sleep was 2/8/16, which exceeds the 6 month requirement.

**Plan of Correction:**

- A fire drill will be held on August 2, 2016 during hours of sleep.
- The fire drill log will be audited by the Administrator and the Environmental Services Supervisor to ensure that a fire drill will be held during hours of sleep once every six months.
- Since the July, 2016 fire drill has already been held, this violation will be corrected with the next fire drill during hours of sleep on August 2, 2016.

Conducted  
8/2/16 at  
5:30a.m.

*[Signature]*  
8/2/16

*[Signature]* 8/2/16

JUL 27 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 47488 - 07/07/2016 - Bedford, Katie  
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 66 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION  
The preadmission screening form for resident #2, completed 3/22/16, was not completed on the Department-approved form.

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

PLEASE ATTACHED SHEETS

See Page 4A of 4

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) **Walt Young, N.H.A. Administrator**      Date **7-26-16**

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(Date)

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THE RESIDENCE AT HILLTOP  
PLAN OF CORRECTION FOR THE JULY 7-8, 2016  
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JULY 20, 2016

Page 4 of 4

**Violation:** 2600.251(c) The home shall use standardized forms to record information in the resident's record.

**Findings:** The preadmission screening form for resident #2, completed 3/22/16 was not completed on the Department approved form.

**Plan of Correction:**

- The preadmission information for resident is recorded on the state approved preadmission screening form. See exhibit # 1.
- The state approved preadmission form will be used for all future prospective new residents.
- The administrator in-serviced the Care Plan Coordinating Nurse and the Director of Nursing to use the state approved pre-admission screening form for all future preadmission assessments. See exhibit # 2.
- This was completed on July 25, 2016

*J. Skelley*