



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 30, 2017

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

RE: Hillview Home
#430230

Dear Ms. Arena-Cronin:

As a result of the Department of Human Services' licensing inspection on October 4, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: HILLVIEW HOME		License Number: 43023
Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108		County: Allegheny
Adminstrator: Mary Jo Arena-Cronin		Region: WEST
Legal Entity Name: HILLVIEW HOME INC		
Legal Entity Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108		
Certificate(s) of Occupancy Other 05/30/1979 Dept L & I		RECEIVED FEB 21 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 22 Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/04/2016: Barry, Courtney; Park, Beth		
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: 22 Number of Residents Served: 22 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	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 20 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

At 9:00 a.m., agents of the Department, requested access to a full resident list and resident records. The Designee did not have access to any resident list or records until the administrator arrived at 9:45 a.m.

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.

RESIDENTS FILES ARE KEPT LOCKED IN THE OFFICE.
DESIGNEE WAS NOT GIVEN A KEY THAT DAY TO ACCESS THE RECORDS, AS A RESULT RECORDS WERE NOT MADE AVAILABLE UNTIL THE ADMINISTRATOR ARRIVED.
FILES WILL BE KEPT IN A SECURE AREA WHERE ALL STAFF MAY HAVE ACCESS TO AVOID A DELAY.

staff will be educated to the new location of storage of resident records. 3/27/17
ms

Immediately - The policy and procedures addressing record accessibility, security and storage shall be revised to indicate the change in location of resident record storage and ability to access that area.
ms 3/27/17

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
[Signature]			2/13/17

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

The above plan of correction is approved as of 3/27/17
(Date)

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

Plan of correction implementation status as of 3/27/17
(Date)

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

Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/30/16, protective services was in the home to investigate an allegation that all 21 residents did not receive morning medications on 8/28/16. The home did not report the allegation of neglect or submit an incident report to the department until 10/4/16.

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.

THE INCIDENT REPORT WAS NOT FILED UNTIL AFTER PROTECTIVE SERVICES SUGGESTED IT BE DONE 5 WEEKS LATER.

THE PHARMACY MADE AN ERROR ON DELIVERY OF MEDS TO OUR FACILITY BUT TO MY KNOWLEDGE FROM MY STAFF AND THE PHARMACY, WE WERE WITHIN A 2 HOUR WINDOW AND ADMINISTERED OUR MEDS LATE BUT WITHIN THE TIME ALLOWED SO I DID NOT FILE AN INCIDENT REPORT ACCORDING TO REGULATION.

Immediately the administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. ms 3/27/17

* Staff education on Incident Reporting & Hillview's policy update staff training was completed on 11/5/16. ms 3/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

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

Date

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Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/4/16, at approximately 9:40 a.m., there were washable, cloth incontinence pads on 5 of the sitting chairs in the television room on the main floor of 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.

I DISAGREE WITH THIS VIOLATION AND ASK THAT IT BE REMOVED.
NO WHERE IN 42C DOES IT STATE HAVING PROTECTIVE COVERING ON CHAIRS IS MISTREATING A RESIDENT AND NOT SHOWING RESPECT.
HAVING PROTECTIVE COVERINGS ON A CHAIR IS PROVIDING DIGNITY TO AN INCONTINENT RESIDENT THAT MAY HAVE AN ACCIDENT AND DOES NOT WANT TO BE EMBARRASSED BY A CHAIR THAT SMELLS OF URINE OR IS WET.
on 3/27/17, staff were educated on the placement of incontinence pads prior to a resident being seated and removal of the incontinence pads when the resident gets up.
MS 3/27/17

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(Required on EVERY Page) Date 2/13/17

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Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

WEST REGIONAL FIELD OFFICE
Municipal Services Bureau

1. REGULATION 55 Pa.Code §2600
2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

On 10/4/16, at approximately 9:15 a.m., resident #1 was observed by an Agent of the Department, wiping the tables and chairs and mopping the floor in the main dining room.. The resident is not compensated for this work in accordance with State and Federal labor laws.

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 #1 HAS NEVER BEEN ASKED TO HELP AND DOES THIS ON [REDACTED] OWN,
[REDACTED] HAS BEEN TOLD SEVERAL TIMES NOT TO DO WORK IN THE FACILITY
BUT CONTINUES AT TIMES TO DO THIS.

[REDACTED] IS NOT BEING COMPENSATED AND [REDACTED] IS ALSO NOT TAKING THE
PLACE OF A PAID STAFF WORKER THEREFORE I ASK THAT THIS VIOLATION
BE REMOVED.

ADMINISTRATOR WILL NOT ALLOW RESIDENTS TO PERFORM DUTIES IN PLACE
OF A STAFF MEMBER AT ANY TIME.

Immediately - No residents including resident #1 will perform labor on behalf
of the home without compensation in accordance with state and federal labor laws.
If any resident performs labor on behalf of the home, including any task that would
otherwise have to be completed by a staff person, such labor will be voluntary and the
resident will be compensated in accordance with state and federal labor laws. MS 3/27/17

The home and family of resident #1 are pursuing activities of interest for resident #1
and encouraging the resident's participation in those activities.

Immediately - All staff persons will be educated that any resident performing
labor on behalf of the home, including any task that would otherwise have to be
completed by a staff person, must be compensated in accordance with state and
federal labor laws. Documentation of training shall be kept. MS 3/27/17

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 2/13/17

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(Initials)

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(Date)

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- Not Implemented

FEB 21 2017

Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation, dated 2/3/16, for resident #2 is blank in the area of temperature.
The medical evaluation, dated 6/29/16, for resident #3 is blank in the areas of height and weight.

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 is no longer in the home.
Height and weight have been added to resident #3's medical evaluation.
MS 3/27/17

INFORMATION FOR RESIDENT #2 WAS DISCUSSED AND CITED DURING THE APRIL 2016 INSPECTION AND A POC WAS SUBMITTED AND ACCEPTED. RESIDENT #3 DOES HAVE HT AND WT ON A SEPERATE VITALS SHEET BUT NOT TRANSFERRED TO THE DME SHEET. ADMINISTRATOR WILL BE SURE ALL INFORMATION IS ON THE DME.

Within 30 days of receipt of the plan of correction - the administrator or designated staff person will develop and implement a process and procedures to ensure all newly completed medical evaluations are accurate and complete prior to placing the form in the resident's record. MS 3/27/17

within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion in its entirety including all required information in accordance with regulation 2600.141(a). MS 3/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/18/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 3/27/17

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Plan of correction implementation status as of 3/27/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
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- Not Implemented

Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following prescribed medications for Resident #4 are not included on the October 2016 MAR:
 Omeprazole 20mg, 1 capsule every day before breakfast
 Celecoxib 100mg, 1 capsule twice daily
 Amlodipine Besylate 5mg, 1 tablet everyday
 Fenofibrate 134mg, 1 capsule daily
 Loratadine 10mg, 1 tablet daily
 Calcium 500+D, chew one tablet daily
 Preservision areds softgel, 1 capsule everyday
 Lactase 3,000 unit, 1-2 tablets immediately before eating food containing milk as needed
 Loperamide 2mg, 2 capsules every 4 hours as needed

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's current MAR is all inclusive of prescribed medications. MS 3/27/17

RESIDENT #4 HAD 2 PAGES MISSING FROM [REDACTED] MAR DUE TO PHARMACY ERROR.

SINCE THIS INCIDENT AS WELL AS THE PREVIOUS INCIDENT ON PAGE 3. THIS PHARMACY

IS NO LONGER FILLING MEDS FOR OUR FACILITY. Within 30 days of receipt of the plan of correction, the administrator or designated staff person qualified to administer medications will review all resident MARs at least monthly to ensure all prescribed medications are documented on the MARs. MS 3/27/17

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

[Handwritten Signature]

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

Marie T. Aron-Cent...

Date: 2/23/17

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(Date)

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(Date)

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(Initials)

Violation Report: 43023 - 10/04/2016 - Barry, Courtney

PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Staff person(s) initialed the October 2016 Medication Administration Record (MAR) for resident #4; however, the resident self-administered the following medications on 10/1, 10/2, and 10/3:

*Mupirocin 2% ointment, at 8:00 a.m., 2:00 p.m., and 6:00 p.m.

*Nystatin-Triamcinolone cream, at 8:00 a.m. and 6:00 p.m.

Resident #4 was administered the following medications on the following dates, however, the staff person(s) who administered the medications did not initial the September 2016 MAR or record the date and time of medication administration:

10/1, 10/2, 10/3, and 10/4 at 7:30 a.m.: Omeprazole 20mg

10/1, 10/2, 10/3, and 10/4 at 8:00 a.m.: Amlodipine Besylate 5mg, Fenofibrate 134mg, Loratadine 10mg, Calcium 500+D, Preservision areds softgel

10/1, 10/2, and 10/3 at 6:00 p.m.: Celecoxib 100mg

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 - A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure proper documentation of medication administration at the time of administration. ms 3/27/17

THIS ISSUE WAS DISCUSSED DAY OF INSPECTION WITH THE PARTICULAR STAFF AND MED TECH WAS RE-TRAINED IN SELF ADMINISTRATION.

ADMINISTRATOR WILL BE SURE ALL MED TECHS HAVE TRAINING IN

SELF ADMINISTERING MEDS Training was completed during October and November 2016. ms 3/27/17

within 30 days of receipt of the plan of correction all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration including documentation of medication administration at the time of administration. Documentation of training shall be kept. ms 3/27/17

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)

Mary Ann-Corwin

Date

2/13/17

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(Date)

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RECEIVED

MAR 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43023 - 10/04/2016 - Barry, Courtney
PCH Name: HILLVIEW HOME

1. REGULATION 56 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 8/28/16, morning medication was unavailable in the home for all residents, including #2, #3, and #4, at the prescribed time. The following 8:00 a.m. medications were not administered until approximately 9:45 a.m.:

Resident #2: Lexapro 10mg, Amlodipine Besylate 5mg, and Furosemide 40mg at 8:00 a.m.

Resident #3: Levothyroxine 137mcg and Namenda 10mg at 8:00 a.m.

Resident #4: Omeprazole 20mg at 7:30 a.m. and Fenofibrate 134mg, Metoprolol Tartrate 50mg, Alprazolam 0.25mg at 8:00 a.m.

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.

PHARMACY ERROR IN DELIVERY OF MEDS CAUSED A LATE MED PASS FOR THAT DAY.

THIS PHARMACY NO LONGER FILL MEDS FOR OUR FACILITY. A NEW PHARMACY WAS STARTED WITHIN A SHORT PERIOD OF TIME DUE TO THIS ERROR.

ADMINISTRATOR OR DESIGNATED PERSON WILL SIGN OFF ON MEDS 2 DAYS BEFORE THEIR START DAY AND BE SURE ALL MEDS HAVE BEEN DELIVERED.

Immediately - A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure medications are administered as prescribed. ms 3/27/17

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)

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- Not Implemented

RECEIVED
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Violation Report: 43023 - 10/04/2016 - Barry, Courney
PCH Name: HILLVIEW HOME

FEB 21 2017

WEST HESSY FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There is no preadmission screening form for resident #1, admitted [redacted] 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.

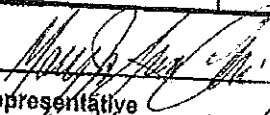
RESIDENT #1 DID NOT HAVE A PRE-SCREEN FORM IN [redacted] FILE
FORM WAS COMPLETED ON 10/4/2016.
ADMINISTRATOR WILL BE SURE ALL PRE-SCREENS ARE
COMPLETED WITHIN 30 DAYS PRIOR TO ADMISSION
ACCORDING TO 2600.224.

Immediately - the administrator or designated staff person will review records of all residents admitted since October 2016 to ensure a preadmission screening form has been completed and a determination has been made that the needs of the resident can be met by the services provided by the home. MS 3/27/17

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)

Mary Jo Anna-Cosic

Date *2/8/17*

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PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 home has not completed an initial assessment for resident #1, admitted to the home on [redacted] 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.

INITIAL ASSESSMENT FOR RESIDENT #1 WAS COMPLETED IMMEDIATELY
ADMINISTRATOR WILL BE SURE FUTURE ASSESSMENTS ARE COMPLETED
WITHIN 15 DAYS OF ADMISSION.

Immediately - The administrator or designated staff person will review records of all residents admitted since 10/14/16 to ensure an assessment has been completed accurately and in its entirety. ms 3/27/17

Immediately - All staff persons involved in the admission process shall be educated on the requirement of completion of the resident's assessment within 15 days of admission. Training shall include the need for a new assessment if a resident is discharged and is readmitted. ms 3/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/18/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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