



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

Ms. Mary Jo Arena-Cronin,
Administrator/Owner
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 February 23, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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APR 20 2017

Violation Report: 43023 - 02/23/2017 - Eveges, Joseph
PCH Name: HILLVIEW HOME

WEST HEBRON FIELD OFFICE
Human Services Licensing

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

There was a manila folder containing several resident assessments and support plans, to include resident #1 and resident #2, were unlocked, unattended and accessible on top of the home's clothes dryer in the unlocked laundry/medication room.

The resident privacy coding document was attached to the licensing inspection summary dated 4/18/16 on the bulletin board in the kitchen. Resident names to include resident #3 and resident #4 were listed.

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 records are kept in a secure room which happens to be our laundry room, however the door was not locked.
Staff was educated on the privacy policy and files are kept in the locked file cabinet.
Privacy coding document removed from bulletin board.
Administrator will be sure 2600.17 is followed.
Staff education notes attached.

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
Mary Jo Hanna-Crowley, Administrator			4/12/17

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

The above plan of correction is approved as of	<u>5-10-17</u> (Date)	Plan of correction implementation status as of <u>5-10-17</u> (Date)
The above plan of correction was approved by	<u>Y</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

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APR 30 2017

Violation Report: 43023 - 02/23/2017 - Eveges, Joseph
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was trash scattered on the ground behind the dumpster area to include: paper plates with food stains, napkins, and a plastic bag.

There were seven rotten and decaying pumpkins on the deck located on the side of the building.

There was what appeared to be mold below the drain connection in the cabinet under the sink in the second floor dining area.

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.

Trash was cleaned up around the dumpster the same day, and pumpkins removed off the porch.

The black area by the drain pipe was sprayed with a cleaning solution and wiped clean the same day.

Administrator will follow 2600.85 keeping the home well maintained to the best of her ability.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Jo Moore-Crowder*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Jo Moore-Crowder Admin* Date *4/12/17*

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The above plan of correction is approved as of 5-12-17
(Date)

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

Plan of correction Implementation status as of 5-12-17
(Date)

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

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APR 20 2017

Violation Report: 43023 - 02/23/2017 - Eveses, Joseph
PCH Name: HILLVIEW HOME

WEST HESSON FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 9:00 a.m., the left side dumpster lid was open. There were nine bags of trash in the dumpster.

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 lid on the dumpster did blow open and does that occasionally and the lids are closed as soon as that is noticed, however there were no signs of any rodents. Administrator put a weight on the dumpster lid to prevent this from re-occurring. Done 2/29/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Jo Arena-Crovia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Jo Arena-Crovia Admin.* Date *4/12/17*

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The above plan of correction is approved as of 5-16-17
(Date)

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

- Plan of correction implementation status as of 5-16-17
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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APR 20 2017

Violation Report: 43023 - 02/23/2017 - Evages, Joseph
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 11:30 a.m., the water temperature in the third floor common bathroom measured 124.1 degrees Fahrenheit.
At 11:33 a.m., the water temperature in the second floor common bathroom measured 123.9 degrees Fahrenheit.
At 11:40 a.m., the water temperature in the first floor common bathroom measured 125.2 degrees Fahrenheit.

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 water temp has been running too warm or too cold and has been hard to regulate.
Administrator has been testing the water temperature and adjusting the water heater daily and has it regulated to stay at 120 or below to be in compliance.
Temperature log attached.

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

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(Date)

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(Initials)

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Violation Report: 43023 - 02/23/2017 - Evages, Joseph
PCH Name: HILLVIEW HOME

MAR 20 2017

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required telephone numbers were posted on or by the telephone located on the table across from the second floor common bathroom.

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.

Emergency numbers were added to the portable phone base mentioned. on 2/24/17.
Administrator will be sure to check that all phones at all times have these emergency numbers posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Mary Jo Thorne - Clinical Admin

Date

4/12/17

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[Handwritten Initials]
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APR 20 2017 Page 7 of 16

Violation Report: 43023 - 02/23/2017 - Evages, Joseph
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 sliding doors to the linen closet adjacent to the second floor dining area were off track and canted out at the bottom presenting a hazard.
The fabric cushioning of the arm rests was torn off, exposing the stuffing, of the blue striped chair located on the home's side deck.
The electrical outlet, next to the double doors on the homes' side deck, was ajar and could be pulled away approximately 2 inches from 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.

The chairs on the porch are being thrown away. Done 3/12/17.
The electrical outlet, which is not live was repaired on 2/28/17.
The closet doors were removed on 2/23/17 and will be replaced by 6/1/17.

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

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

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(Initials)

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APR 20 2017

Violation Report: 43023 - 02/23/2017 - Eveges, Joseph
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

Both emergency exit doors of the double doors leading from the second floor common area were obstructed. There was a white, 30 inch tall end table which obstructing the left emergency exit door and a wheeled walker obstructing the right emergency exit door.

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 table was pushed back so to not block the exit door and the residents chair was moved down so the walker would not be in front of the exit door.

Administrator and staff will be sure all exits are kept clear for the safety of our residents.

Spoke to Resident + residents family about the walker obstructing the exit.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Marie Jo Marie-Correa Adams* Date *4/12/17*

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The above plan of correction is approved as of 5-10-17
(Date)

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(Initials)

Plan of correction implementation status as of 5-10-17
(Date)

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

Violation Report: 43023 - 02/23/2017 - Eveses, Joseph
 PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 4/20/16, the home's fire safety expert specified a safe evacuation time of 4 minutes and 0 seconds. However the home exceeded the safe evacuation time as follows:
 * 10/13/16 at 9:42 p.m. - 5 minutes and 50 seconds.
 * 10/23/16 at 11:00 p.m. - 4 minutes and 12 seconds.

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.

Fire Drill time was longer than the safe evacuation time on 4/20/16.
 All other drills were within the time limit allowed.
 Administrator will be sure all drills are within the time allotted and will be repeated within the same day until the times are within the fire safety experts specified time.
 If evacuation can not be done within the allotted time of 4minutes, additional staff will be added to be sure all residents and staff are evacuated at a safe time.

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
MARCUS ALVARO - CEO/Dir			5/8/2017

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 (Date)

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Violation Report: 43023 - 02/23/2017 - Eveges, Joseph
 PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The week in advance, 2/27/17 to 3/5/17, menu was not posted in 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.

Menus were posted but turned around as to not confuse the residents of which week to view.
 Menus were turned around on all boards for the residents to view on 2/23/17.
 Administrator and staff will be sure all Menus, current week and week in advance will be posted in a place for all residents to see per regulation.

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
<i>Maria A. Arora-Cedeno</i>	5/9/2017

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The above plan of correction is approved as of 5-10-17
 (Date)

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

Plan of correction implementation status as of 5-10-17
 (Date)

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

Violation Report: 43023 - 02/23/2017 - Evages, Joseph
PCH Name: HILLVIEW HOME

WEST REGENT FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers the following medications:

- * Sodium Chloride 5% Ophthalmic solution
- * Neo/Polymyxin/HC ear drops
- * Mupirocin 2% cream
- * Ocusoft lid scrub

However, the resident's current assessment, dated 4/4/16, assesses the resident as being unable to self-administer medication.

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 was re-assessed to be able to self-administer some medications.

Assessment update was completed 3/9/17 stating resident is able to self administer her PRN meds. Copy of the update attached.

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 Cronin, Administrator

Date

4/12/17

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The above plan of correction is approved as of

5-10-17
(Date)

Plan of correction implementation status as of

5-10-17
(Date)

- Fully Implemented
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- Not Implemented

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Violation Report: 43023 - 02/23/2017 - Eveges, Joseph
PCH Name: HILLVIEW HOME

APR 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

There was an unlocked, unattended and accessible 12" x 7" green plastic bin containing resident prescription medications on top of the white microwave in the second floor dining area containing the following resident medications:

- * Resident #3's Fluticasone 50mcg nasal spray and Lacri-Lube S.O.P. ointment
- * Resident #5's Calcitonin-salmon nasal spray- 200 IU, 3.7ml bottle, Azopt 1% eye drops, 15ml bottle, Atropine 1% eye drops, 15ml bottle and Prednisone AC 1% eye drops
- * Resident #6's Timolol Maleate ophthalmic gel, 5ml bottle
- * Resident #4's Novolog Pen
- * Resident #7's Spiriva Handi-Haler

There was 0.5cc uncapped syringe which was unlocked, unattended and accessible on a white pad on the bottom of the lower center kitchenette cabinet in the second floor dining area.

There was a half full 8.2 quart sharps container, with the top open, unlocked, unattended and accessible in the lower center kitchenette cabinet in the second floor dining area.

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 administering meds that day did leave the basket unattended after being needed in another room by a resident leaving her med pass basket unattended. She was aware instantly of her mistake and knows the regulations well. Meeting was conducted with this particular staff member as well as all staff that administers meds. Staff education sheet attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>MAURITO HERRERA-CORRAL Admin</i>	<i>4/19/17</i>

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The above plan of correction is approved as of 5-10-17
(Date)

Plan of correction implementation status as of 5-10-17
(Date)

- Fully Implemented
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APR 20 2017

Violation Report: 43023 - 02/23/2017 - Evages, Joseph
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #8 is prescribed Diclofenac Sodium 1% gel. However, the medication was not available in the home for administration.

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 Diclofenac was reordered and was out of re-fills. Doctor discontinued it instead of filling it after the resident asked for another pain cream. This was all in progress on 2/23/17 and it was not marked as a D/C order. Administrator or designated person will call the pharmacy asap when a med is not being re-filled in a timely manner to avoid having a med on the MAR and not in the cart.

Copy of April MAR showing Diclofenac not ordered Attached 4/12/17

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
<p style="text-align: center;">DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</p>			
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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	
<u>[Signature]</u> (Initials)			

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APR 20 2017

Violation Report: 43023 - 02/23/2017 - Eveses, Joseph
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

Resident #2's annual assessment, dated 12/12/16 does not address the resident's diagnoses of: hyperlipidemia, depression, osteoarthritis, arteriosclerotic heart disease and aortic valve disorder. The dietary need 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.

Resident #2 assesment was incomplete. Corrected RASP 3/3/2017
 Administrator will complete all RASPs accurately and within a timely manner.
 Corrected dietary need section done 3/3/2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marie Ann-Cerra</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Marie Ann-Cerra Admin</i>	<i>4/12/17</i>

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(Date)

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

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(Date)

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