



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

Ms. Catherine Rowe,
Owner
Hillside Rest Home, Inc.
P.O. Box 552
Blue Ridge Summit, Pennsylvania 17214

RE: Hillside Personal Care
1175 Old Waynesboro Pike
Fairfield, Pennsylvania 17320
License #: 348750

Dear Ms. Rowe:

As a result of the Department of Human Services' annual licensing inspection on February 24, 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,

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: HILLSIDE PERSONAL CARE		License Number: 34875
Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320		County: Adams
Administrator: Catherine Rowe		Region: CENTRAL
Legal Entity Name: HILLSIDE REST HOME INC		
Legal Entity Address: PO BOX 552, BLUE RIDGE SUMMIT, PA 17214		
Certificate(s) of Occupancy		
LP		
12/08/1978		
Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 41	Waking Staff: 31
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
02/24/2017: Heamer, Laura; Hoover, Douglas		

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: 48 Number of Residents Served: 41 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: 33 Are 60 Years of Age or Older: 11 Have Mental Illness: 27 Have an Intellectual Disability: 18 Have a Mobility Need: 0 Have a Physical Disability: 2
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Violation Report: 34875 - 02/24/2017 - Heemer, Laura
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
The home has not provided quarterly accounts of financial transactions to Resident 3.

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 – All residents were provided with itemized financial transactions.

On-going – A tracking document was created and will be used to document 2600.20(b)(8), it will be retained with resident financial documents as required.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Catherine Rowe Date 4/24/17

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

The above plan of correction is approved as of 4/27/17
(Date)

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

Plan of correction implementation status as of 4/27/17
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented



Violation Report: 34875 - 02/24/2017 - Heemer, Laura
PCH Name: HILLSIDE PERSONAL CARE

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
The first floor public restroom has two stalls that are not equipped with latches or locks to ensure privacy.

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 - Latches have been installed on the restroom stall doors.

On- Going - Building maintenance manager will monitor facility and make repairs as needed to comply with regulation 2600.42(s)

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
Catherine Rowe			4/24/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/27/17</u> (Date)		Plan of correction implementation status as of <u>4/27/17</u> (Date)	
The above plan of correction was approved by <u>BRJ</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	



Violation Report: 34875 - 02/24/2017 - Heemer, Laura
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Tiles are missing from the shower stalls in two second floor shower rooms.

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 – Tiles were repaired.

On- Going - Building maintenance manager will make or schedule weekly, timely repairs to comply with regulation 2600.88(a)

Repeat Violation: No Date(s) of Previous Violation(s): 02/01/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Catherine Powe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Catherine Powe* Date *4/24/17*

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(Date)

Plan of correction implementation status as of 4/27/17
(Date)

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

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



Violation Report: 34875 - 02/24/2017 - Heemer, Laura
 PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident 1's most recent medical evaluation was conducted on 2/3/2017. Resident 1's previous medical evaluation was conducted on 9/9/2015.

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.

Immediately – The medical care coordinator reviewed files for accuracy and timely updates as required.

On-Going – Files will be reviewed monthly and all medical evaluations will be scheduled to be completely to comply with regulation 2600.141(b)(1).

Every effort will be made to verify an appropriate PCP/Resident relationship at time of admission. In this case the PCP refused to provide care for past due medical bills. A different PCP that is about 30 miles from the Personal Care is providing services currently to resident.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Catherine Rowe</i>	Date <i>4/24/17</i>
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The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34875 - 02/24/2017 - Heemer, Laura
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 has a prescriber's order, as detailed in Resident 2's initial medical evaluation dated [redacted] 2016, that the resident's blood glucose shall be tested once per day. The home has not tested Resident 2's blood glucose level since becoming a resident 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.

Immediately – Current orders for blood glucose levels was reissued by current PCP. Glucose meter and equipment was ordered and delivered. Glucose levels are being tested as per PCP orders.

On-Going – Assistant Administrator will review all admission documents for accuracy between prescribers orders and care being provided by facility.

* The home will complete an audit of the current orders for all residents to ensure that all prescribed medications and actions for medication administration and treatment administration are being followed. This audit shall be completed within one month from the receipt of this plan.

BAS 4/27/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Catherine Rowe* Date *4/24/17*

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