



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 30 2017

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  
Certificate #: 474880

Dear Mr. Simmons:

As a result of the Department of Human Services' annual licensing inspections on May 17, 2017 and August 21, 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](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, appearing to read "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: Kim Tallani		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 07/20/1998 Depl. of Labor & Industry		AUG 10 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 89	Working Staff: 67
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/17/2017: Rahuba, Matt; Evegus, Joseph		
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: 84	Number of Residents who:	
Number of Residents Served: 68	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 68	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 21	
Number of Current Hospice Residents: 14	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 25		

AUG 10 2017

Violation Report: 47488 - 05/17/2017 - Rahuba, Matt PCH Name: THE RESIDENCE AT HILLTOP	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 65 Pa.Code §2800**  
 2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 The contract for resident #1, dated [redacted]/16, was not signed by the resident or the administrator/designee of the home.  
 The contract for resident #2, dated [redacted] 17, was not signed by the resident or the administrator/designee 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.

*See Page 2A of 7*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Taliani Administrator</i>	Date <i>8-9-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

The Residence at Hilltop

Plan of Correction

For

Annual Inspection May 17, 2017

Page 1

Regulation 55 Pa. Code 2600

2600.25(b) The Contract shall be signed by the administrator or a designee of the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Violation: The contract for resident #1 dated [redacted] 2016, was not signed by the resident or the administrator/designee of the home.

The contract for resident #2 dated [redacted] 17, was not signed by the resident or the administrator/designee of the home.

Plan of Correction:

*The resident home contracts for residents #1 + #2 were signed by all parties. 8/10/17*

- An immediate audit of all existing resident contracts was completed on May 22, 2017 by the Marketing Director and Administrator.
- All contracts not in compliance were signed by the appropriate parties.
- A monthly contract audit on all new admitted residents was instituted and will be completed by the Marketing Director/Administrator. (see attached audit sheet exhibit #1)
- The Administrator/Marketing Director will do a random audit every 3 months (from the date of inspection). August 2017 is the date of the next audit, on all existing resident's contracts. The administrator/marketing director will audit approximately 10 percent of the resident's contracts to assure accuracy and that they were signed by all parties. (See attached audit sheet Exhibit #1).
- The Contract will be signed by the administrator or a designee the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees within 24 hours of admission.

*Kimberly Harrison*

*8-21-2017*

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Page 3 of 7

Violation Report: 47488 - 05/17/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

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 home is video recording the following areas; however, there are no signs posted in the areas indicating the images are being video recorded:

- \* The front entrance
- \* The rear exit
- \* The rear exterior smoking area

Residents of the home, including residents #1, #2, #3 and #6, have not been notified these areas are being video recorded.

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.

See page 3A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kimberly Taliani</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kimberly Taliani - Administrator</i>	<i>8-9-2017</i>

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

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Residence at Hilltop  
Plan of Correction  
For  
Annual Inspection May 17, 2017

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AUG 10 2017  
WEST REGION FIELD OFFICE  
Human Services Licensing

Page 2

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.

**Violation:** The home is video recording the following areas; however, there are no signs posted in the areas indicating the images are being video recorded

- The front entrance
- The rear exit
- The rear exterior smoking area

**Plan of Correction:**

Signs were immediately hung on May 18, 2017 (see attached Exhibit #2)

- Front entrance.
- Rear exit.
- Rear exterior smoking area.
- Signs will stay hung at all times in the areas that are being video recorded.

Within 15 days of receipt of the plan of correction: All residents shall be educated of the home's "Permission to use photographs/video" Policy and sign the policy. A copy shall be kept in each resident record. The policy shall also be added to the home's admission packet for all newly-admitted residents.

L  
10/16/17

Kimberly Halverson  
8-21-2017

Violation Report: 47488 - 05/17/2017 - Rahuba, Mall  
 PCH Name: THE RESIDENCE AT HILLTOP

AUG 10 2017

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

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 On several occasions, resident #3's glucometer was used to measure resident #4's blood glucose, to include the following dates and times:

Date of Readings	Approximate time of Readings
5/15/17	7:00 a.m. and 2:30 p.m.
5/14/17	7:00 a.m.
5/13/17	7:00 a.m.
5/12/17	7:00 a.m. and 2:30 p.m.
5/11/17	7:00 a.m. and 2:30 p.m.

On several occasions, resident #4's glucometer was used to measure resident #3's blood glucose, to include the following dates:

Date of Readings	Approximate time of Readings
5/15/17	9:00 a.m., 12:00 p.m., and 4:00 p.m.
5/14/17	10:00 a.m., 1:00 p.m., and 4:00 p.m.
5/13/17	9:45 a.m., 12:00 p.m., and 4:00 p.m.
5/12/17	9:30 a.m., 12:00 p.m., and 4:00 p.m.
5/11/17	12:00 p.m. and 4:00 p.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.

See Pages 4A and 4B of 7

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Taliani*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Taliani - Administrator*      Date *8-9-2017*

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

The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by _____ (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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WEST REGION FIELD OFFICE  
Human Services Licensing

**The Residence at Hilltop**

**Plan of Correction**

**For**

**Annual Inspection May 17, 2017**

**Page 3**

Regulation 55 Pa. Code 2600

2600.85(a) - Sanitary conditions shall be maintained

**Violation:** On several occasions, resident #3's glucometer was used to measure resident #4's blood glucose, to include the following dates and times:

Date of Readings	Approximate time of Readings
5/15/17	7:00 am & 2:30 pm
5/14/17	7:00 am
5/13/17	7:00 am
5/12/17	7:00 am & 2:30 pm
5/11/17	7:00 am & 2:30 pm

On several occasions, resident #4's glucometer was used to measure resident #3's blood glucose, to include the following dates:

5/15/17	9:00 am, 12 noon, and 4:00 pm
5/14/17	10:00 am, 1:00 pm, 4:00 pm
5/13/17	9:45 am, 12noon, 4:00 pm
5/12/17	9:30 am, 12 noon, 4:00 pm
5/11/17	12 noon and 4:00 pm

**Plan of Correction:**

- All nursing staff and medication administration technicians were in- serviced May 19, 2017 on "The proper use of the glucometer (accu check machine), especially importance of using residents personal glucometer for each individual resident." And that sanitary conditions will be maintained at all times. See record of training Exhibit #3
- All new glucometers were ordered for each resident who currently uses them, (see Exhibit #4 – 6 pages the invoice from the pharmacy.)

*Kimberly Galum*

8-21-2017

Page 4B of 7

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WEST REGION FIELD OFFICE  
Human Services Licensing

Page 4

- Each glucometer was marked with the residents name on the back of the machine and on the protector case. (double markings )
- Every resident who gets an accu check will have their readings audited daily for one month, then twice weekly for a year, then once monthly indefinitely. It will be recorded on the Accu check audit form (see exhibit #5- 8 pages.) (The actual reading and the glucometer (accu check) reading will be compared for accuracy and to assure each resident's own personal glucometer is being used only on themselves. See exhibit #6
- Every new nurse/ medication administration tech hired will be trained in "resident specific" proper use of the glucometer and maintaining sanitary conditions.

Kendrick Galina  
8-21-2017

AUG 10 2017

WEST CHESTER FIELD OFFICE  
Human Services Licensing

Violation Report: 47488 - 06/17/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

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

Resident #2's assessment is undated, so it is unable to be determined when it was completed. The assessment was signed by the assessor on [redacted] 17. Resident #2 was admitted to the home on [redacted] 17.

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.

See Page 5A of 7

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Tapani - Administrator* Date *8-9-2017*

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

The above plan of correction is approved as of 10/16/17  
(Date)

Plan of correction implementation status as of 10/16/17  
(Date)

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

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

**The Residence at Hilltop**

**Plan of Correction**

**For**

**Annual Inspection May 17, 2017**

**Page 5-A**

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.

**Violation:** Resident #2 assessment is undated, so it is unable to be determined when it was completed. The assessment was signed by the assessor on [REDACTED] 17. Resident #2 was admitted to the home on [REDACTED] 17.

**Plan of Correction:** *Resident #2's assessment was updated to include the date of completion.*

- The administrator in- serviced the support plan coordinating nurse in proper dating compliance guidelines of the Resident Assessment-Support Plan (RASP) on May 19, 2017 (see Exhibit #6)
- The administrator will audit 8 charts monthly to assure that the RASP is filled out correctly on Part II Assessment and Support Plan Information Section and Part IV Summary and Determination Section –to assure accuracy indefinitely.(Exhibit #7)

*Kimberly Fulmer*  
*8-21-2017*

Violation Report: 47488 - 05/17/2017 - Rahuba, Mall  
PCH Name: THE RESIDENCE AT HILLTOP

WEST HAVEN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan is undated, so it is unable to be determined when it was completed. The support plan was signed by the assessor on [redacted] 17. Resident #2 was admitted to the home on [redacted] 17.

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.

*See Page 6 of 7*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Falconi*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Taliani-Administrative*      Date *8-9-2017*

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

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

Plan of correction implementation status as of 10/10/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

**The Residence at Hilltop**  
**Plan of Correction**  
**For**  
**Annual Inspection May 17, 2017**  
**Page 5-B**

Regulation 55 Pa Code 2600

2600.227(a) – A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department’s support plan form

**Violation:** Resident #2’s support plan is undated, so it is unable to be determined when it was completed. The support plan was signed by the assessor on [REDACTED]/17. Resident #2 was admitted to the home on [REDACTED] 17

**Plan of Correction:** *Resident #2's support plan was updated to include the date of completion*

- The administrator in- serviced the support plan coordinating nurse in proper dating compliance guidelines of the Resident Assessment-Support Plan (RASP) on May 19, 2017 (see Exhibit #6)
- The administrator will audit 8 charts monthly to assure that the RASP is filled out correctly on Part II Assessment and Support Plan Information Section and Part IV Summary and Determination Section –to assure accuracy indefinitely. (Exhibit #7)

*[Signature]*  
10/16/17

*Kennedy Malone 8/21/2017*

Violation Report: 47488 - 05/17/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, which was undated, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, unable to sign or refused to sign.

Resident #3's support plan, dated 12/2/16, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, unable to sign or refused to sign.

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.

See Page 7A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kimberly Taliani*

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

Kimberly Taliani - Administrator

Date

8-9-2017

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

The above plan of correction is approved as of

10/16/17  
(Date)

Plan of correction implementation status as of

10/16/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *L*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*L*  
(Initials)

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AUG 10 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

**The Residence at Hilltop**

**Plan of Correction**

**For**

**Annual Inspection May 17, 2017**

**Page 6**

Regulation 55 Pa. Code 2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

**Violation:** Resident #2's support plan, which was undated, is not signed by the resident and does not indicate if the resident was unable to participate, unable to sign or refused to sign.

Resident #3's support plan, dated 12/2/16, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, unable to sign or refused to sign.

**Plan of Correction**

- The Administrator in- serviced the support plan coordinating nurse on May 19,2017 (see exhibit #6) to assure that on the RASP -Part V Participation is always filled out appropriately (present the RASP to the resident have them sign the RASP or she is to mark-unable to participate, refused to sign, declined to participate, unable to sign. She is to also date the RASP when it was signed and mark if a copy was requested-yes/no, and if a copy was provided-yes/no/na.
- The administrator will audit 8 charts monthly to assure that the RASP is filled out appropriately on Part V Participation to assure accuracy indefinitely. (see exhibit #7)

Resident #2 refused to sign his/her support plan and was noted on the support plan. ✓ 10/16/17

Resident #3 declined to sign his/her support plan and was noted on the support plan. ✓ 10/16/17

*Kerney Galami*

8-21-2017



Violation Report: 47488 - 08/21/2017 - Rahuba, Mall  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated [redacted] 17, is not signed by the administrator or designee 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.* 1 Resident #1 contract was signed by [redacted] see exhibit # 1

2. All new residents contracts admitted from [redacted] 2017 to [redacted] 2017 were audited for proper signatures/dates administrator/designee, designated person, payer/poa, residents mark/witness to mark, Guarantor's signature/date, witness to guarantor/date. (See contract signature Audit sheets Exhibits #1-#3)

3 The administrator will audit all new contracts with in 48 hours of admission for all proper signatures and dates from this date forward for the next 4 months. (Sept, Oct., Nov., Dec.)

4. The administrator will audit all remaining contracts in house for proper signatures and dates, by October 1, 2017.

5. The administrator will do an ongoing audit every 3 months of 10% of the census of new admissions starting March 2018. (June 2018, Sept. 2018, December 2018.)

6. Any missing signatures will immediately be gotten.

7. The marketing director was immediately in-serviced on August 21, 2017 on importance of her signing the contract immediately and assuring all signatures and dates are gotten from all proper parties. (see exhibit #4)

*Resident #1's Resident-home contract was signed by the resident.*

*[Signature]*  
10/16/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

*Kimberly Talianni Administrator*

Date *9/3/2017*

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

The above plan of correction is approved as of

*10/16/17*  
(Date)

Plan of correction implementation status as of

*10/16/17*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

RECEIVED

SEP 05 2017

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

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 #5's August 2017 medication administration record (MAR) indicates a blood sugar reading of 153 on 8/15/17 at 8:00 a.m.; however, this reading is not on the resident's glucometer.

Resident #6's August 2017 MAR indicates a blood sugar reading of 191 on 8/13/17 at 8:00 p.m., however, the resident's glucometer indicates the reading was 121.

Resident #7's August 2017 MAR indicates a blood sugar reading of 121 on 8/9/17 at 8:00 a.m.; however, this reading is not on the resident's glucometer.

Resident #8's August 2017 MAR indicates a blood sugar reading of 90 on 8/17/17 at 5:00 p.m.; however, this reading is not on the resident's glucometer.

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.

1. Nurses/med techs were immediately in-serviced on procedure for safe storage, access, security distribution and use of medications and medical equipment of glucometers, insulin electronic MAR (accuFlo) documentation. (see exhibit # 6)
2. Nurses/Med techs are only to use resident specific glucometers for each resident and NEVER to USE another glucometer to take a residents accu check, if the residents glucometer does malfunction the nurse/med tech are to call the administrator, ADON, or Resident Care Assistant Coordinator to get the resident a "new" glucometer specifically for that resident and to destroy the old one and to document in the nurse notes that this was done.

3. The nurse/med tech is to assure that they have the correct glucometer by checking for the residents name in 2 places, on the glucometer case and on the back of the machine.

4. They are then to take the accu check and take the machine to the computer and place the reading that they got in the computer and then follow physicians directions with the insulin coverage. Then they are to give the correct amount of insulin then they are to document the amount of coverage and the site that it was given in.

5. If a resident is experiencing any hypo/hyper glycemc episodes the nurse/med tech may take a extra reading as per physicians orders - and document on the "PRN Accu Checks" documentation sheet (this includes -date, resident name, reading, time, and employees initial) which is kept in the nurses station on a clip board to account for the extra reading. (see exhibit # 7)

6. Accu check audit will be checked "daily" for 90 days, then a weekly audit will be done indefinitely. This audit will be done by either the ADON, or the Resident Care assistant coordinator or the administrator. (see exhibit # 8)

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Taliani, Administrator* Date *09/03/17*

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The above plan of correction is approved as of <u>10/16/17</u> (Date)	Plan of correction implementation status as of <u>10/16/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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SEP 05 2017

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

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

Resident #10 is prescribed Humalog sliding scale insulin before breakfast, lunch and dinner; however, the resident's August 2017 MAR does not include the dosage of Humalog which is prescribed.

Resident #10 is prescribed, Lantus Insulin-Inject 18 units SQ at bedtime, however, the resident's August 2017 MAR does not include the dosage of Lantus which is prescribed.

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.

- 1. Nurses/Med techs were in-serviced on important items that a medication record shall be kept to include the following for each resident for whom medications are administered.(see 1-14 list above) see exhibit # 6
- 2. The word "quantity" on the electronic MAR indicates "units" of insulin administered based upon the sliding scale, resident does not have a "base" dose prescribed, we will try to get that word "quantity" changed to "dose" EXHIBIT 10
- 3. As per the Accu check audits daily (see exhibit # 9 ) it will be assured that the correct amount of insulin is given as per the accu check reading, if not proper steps of a med error will be taken.
- 4. The amount of units prescribed was added to amount of Lantus Insulin given at bedtime on the electronic MAR. (See exhibit # 11)

Immediately: A designated staff person shall review all MARs for resident's receiving insulin to ensure the dosage of insulin is indicated. 10/16/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Kimberly Taliani*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Kimberly Taliani - Administrator

Date

9-3-2017

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The above plan of correction is approved as of

10/16/17  
(Date)

Plan of correction implementation status as of

10/16/17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #10 is prescribed Humalog according to the following sliding scale:

- \* Coverage before breakfast: <120=2u; 120-160=4u; 161-200=6u; 201-250=8u; 251-300=10u; >300=12u
- \* Coverage before lunch and dinner: <120=0u; 120-160=2u; 161-200=4u; 201-250=6u; 251-300=8u; >300=10u

On 8/2/17 at 8:43 a.m., the resident's blood glucose reading was 155, requiring 4 units of insulin to be administered in accordance with the sliding scale; however, the resident's August 2017 MAR indicates a blood glucose reading of 115, and no insulin was administered.

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.

1. On 8/21/2017 and incident report was done on med error from 08/02/2017 for resident #10 indicating that 4 units of human insulin should of been given as per the glucometer reading of 155, the LPN put 115 in the computer and as per the sliding scale it indicated that 0 amount of humalog insulin was to be given, when approached the resident about the error (he is alert and oriented to person, place and time) he said he does not remember this for he keeps track of all his readings and think this was not true. A call was placed out to resident #10's PCP and of this date we still have not heard back from him. (See exhibit #1/2 It was not sent to the DHS until this date )
2. Immediately all nurses/med techs were in-serviced on proper readings of the glucometer and proper documentation (see exhibit # 6 ) If a reading indicates a med error it will be immediately reported to the DHS
3. Daily glucometer audits will be done for 90 days to assure accuracy, accountability and that proper machines are being used and proper medication is being administered. After the 90 days of daily audits by the Administrator, or ADON
4. or Resident Care Assistant Coordinator .  
Then starting December 1, 2018 the LPN/ Med techs "will audit the accu check readings they take after every shift that they work daily" on the accu check audit form daily (see exhibit # 9 ), and if there is a dependency they are to immediately report it to the Administrator, ADON or RCAC and immediate action will be taken. The nurses will be in-serviced on this September 7, 2017 and then again at the Nurse monthly meeting in Oct, Nov., 2017.
5. The Administrator, ADON, and RCAC will also continue to audit the accu check readings monthly indefinitely, as per the accu check audit sheet to assure accuracy.
6. Any new LPN/med tech will be in-serviced on specific glucometer procedure during orientation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kimberly Taliari*

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

Kimberly Taliari Administrator

Date

9/3/2017

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

The above plan of correction is approved as of

10/16/17  
(Date)

Plan of correction implementation status as of

10/16/17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt  
 PCH Name: THE RESIDENCE AT HILLTOP  
 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 assessment for resident #1, dated 6/8/17, indicates the resident needs no supervision in the home and has no problems with orientation or judgement; however the home's nursing assessment tool, dated 6/8/17, indicates a wander guard was placed on the resident due to confusion and dementia. The home also documented the resident was a wander risk and needed a wander guard on the resident checklist, dated 6/8/17. The shift notes, dated 7/15/17, indicate that at approximately 6:00 p.m. the resident attempted to walk out of the home, activated the wanderguard and required staff assistance to redirect the resident back into the home.

Also, resident #1's assessment, dated 6/8/17, indicates the resident is independent with toileting, bladder management, bowel management and personal hygiene; however a shift note, dated 6/9/17 at 2:30 a.m., indicates the resident is to receive incontinence checks every 2 hours. Also, care notes indicate staff members assist the resident with morning and evening personal hygiene, including changing his/her clothes and brushing teeth.

The assessment for resident #2, dated 6/10/17, indicates the resident is independent with ambulation; however, the home's nursing assessment tool, dated 5/27/17, indicates that the resident uses a wheelchair and needs a minimum assistance of one staff member to transfer. Care notes in the resident's record also indicate the resident requires staff assistance to/from meals. Also, the resident's assessment indicates the resident is independent with toileting, bladder management and bowel management; however the home's nursing assessment tool, dated 5/27/17, indicates the resident is occasionally incontinent and uses briefs. Additionally, care notes in the resident record indicate the staff are to toilet the resident 2-3 times per shift and as needed for incontinence care.

Resident #2's assessment, dated 6/10/17, does not address the resident's mechanical soft diet, as indicated on the resident's medical evaluation, dated 6/2/17.

The assessment for resident #3, dated 6/27/17, indicates the resident is independent with ambulation, transferring and personal hygiene; however the discharge summary from skilled nursing care, dated 6/27/17, indicates the resident requires the assistance of one staff person for ambulation, transferring and personal hygiene. Also, the discharge summary from skilled nursing care, dated 6/27/17, indicates that the resident is to wear a TLSO brace at all times when out of bed; however, this is not indicated on the resident's assessment.

The assessment for resident #4, dated 7/1/17, does not address the resident wearing briefs as indicated in the home's nursing assessment tool, dated 6/17/17. Also, the resident's assessment indicates the resident is independent with ambulation and has no ambulation devices; however the home's nursing assessment tool, dated 6/17/17, indicates the resident uses a walker and wheelchair to ambulate.

Resident #4's assessment, dated 7/1/17, indicates the resident has no problems with short-term memory, long-term memory and orientation; however the resident's preadmission screening, dated 6/12/17, indicates "some confusion" as a behavioral diagnosis.

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.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Taliani*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Taliani, Administrator*      Date *9/3/2017*

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

The above plan of correction is approved as of 10/16/17 (Date)      Plan of correction implementation status as of 10/16/17 (Date)

Fully Implemented  
 Partially Implemented - Adequate Progress *f*

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SEP 05 2017

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt PCH Name: THE RESIDENCE AT HILLTOP		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.			
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/>	Partially Implemented - Inadequate Progress
		<input type="checkbox"/>	Not Implemented

1. Administrator immediately performed new assessments and support plans on Resident #1,#2,#3,#4. These new support plans were emailed to the DHS on 08/22/2017 . *SENT TO DHS 8/22/17*
2. Administrator in -serviced assessor on appropriate assessment procedures. see exhibit # *13*
3. Administrator and assessor will complete monthly audits on all support plans. *and assessments. 10/16/17*
4. Administrator will accompany assessor on assessments (no less than until the end of the year Dec. 2017) until administrator deems assessor is fully in-serviced on assessments.
5. Administrator will review any and all support plans against all documentation provided for the resident.
6. Administrator will mark the support plan with an (ok and her initial when done reviewing the support plan on the last page.)
7. An immediate audit was started on all assessments and support plans and the audit will be completed by September 30,2017

*Immediately: A designated staff person shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. All staff persons responsible for completing resident assessments shall be educated on the new system. 10/16/17*

*Kimberly Tahani*

*Kimberly Tahani Administrator 9/3/2017*

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #2, dated 8/10/17, indicates the resident is mobile; however, the home's nursing assessment tool, dated 5/27/17, indicates the resident uses a wheelchair and needs minimum assistance of one staff member to transfer. Care notes in the resident's record also indicate the resident needs staff assistance to/from meals.

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.

1. Administrator reassessed resident #2 immediately on 08/22/2017 for mobility.
2. Administrator completed a new support plan for resident #2 and emailed it to the DHS on 08/22/2017. (see exhibit *emailed to DHS 8/22/2017*)
3. Administrator and Assessor will complete and audit on all residents assessments so they are resident specific appropriate and complete, especially in the mobility area the audit will be completed by Sept 30, 2017.
4. Starting October 2017 the Administrator will audit 8 residents assessments and support plans to assure that they are resident specific, appropriate and complete in all areas including mobility.

*MONTHLY*  
*10/16/17*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Taliani, Administrator* Date *9/3/2017*

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The above plan of correction is approved as of 10/16/17  
(Date)

Plan of correction implementation status as of 10/16/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

SEP 05 2017

Violation Report: 47488 - 08/21/2017 - Rahuba, Matt  
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #4, dated 7/16/17, is signed by the assessor; however, does not include Part V-Participation section, which includes the signatures of all individuals who participated in the development of the support plan.

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.

1. Administrator re-in-serviced assessor on importance of assuring that all pages of the support plan are present and to assure that Part V resident participation is included with each and every support plan. see exhibit # 1.4

2. Administrator and assessor reviewed unsigned support plans and presented them to residents to be signed. see exhibit #

3. Resident # 4 Signed her support Plan on 08/22/2017 -and stated when offered to give her a copy of the support plan, "If I want a copy I'll ask for it later" see exhibit # EXHIBIT 15

4. Administrator and or assessor will assure all support plans (new admissions, significant changes, annuals are offered to the resident to be signed and a copy to be given with in a month of completion. to

5. An initial audit has been started and will be completed by September 30,2017.

6. An ongoing monthly audit will be done by the administrator of 8 charts to assure that section V is being offered to the residents to participate in. see exhibit # 16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Tahami*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Tahami Administrator*      Date *9-3-2017*

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The above plan of correction is approved as of 10/16/17  
(Date)

Plan of correction implementation status as of 10/16/17  
(Date)

The above plan of correction was approved by *L*  
(Initials)

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