



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

Mr. James E. Stambaugh II
Administrator / Owner
Hillside Manor Personal Care Home, Inc.
177 Oliver Road
Uniontown, Pennsylvania 15401

RE: Hillside Manor Personal Care Home
License #: 467990

Dear Mr. Stambaugh:

As a result of the Department of Human Services' annual licensing inspection on June 7, 2017 and June 8, 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, 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: HILLSIDE MANOR PERSONAL CARE HOME | | License Number: 46799 |
| Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401 | | County: Fayette |
| Administrator: Jim Stambaugh | | Region: WEST |
| Legal Entity Name: HILLSIDE MANOR PERSONAL CARE HOME INC | | |
| Legal Entity Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 06/17/1996 PA Dept L&I | | JAN 08 2018 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 46 | Working Staff: 35 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal, Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 06/07/2017: Pfaff, Vicki; Garrigan, Laurie; Winters, Lynn 06/08/2017: Pfaff, Vicki; Garrigan, Laurie; Winters, Lynn | | |
| 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: 76 | Number of Residents who: | |
| Number of Residents Served: 46 | Receive Supplemental Security Income: 0 | |
| Secured Dementia Care Unit In Home: No | Are 60 Years of Age or Older: 46 | |
| Area: | Have Mental Illness: 2 | |
| 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: 0 | |
| Number of Current Hospice Residents: 7 | Have a Physical Disability: 0 | |
| Number of Hospice Residents In past year: 25 | | |

Violation Report: 46789 - 06/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION 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

On 6/7/17 at 11:20 a.m., there were unsecured and accessible binders with resident information on a table in the lobby, also known as the "Market Place." Some of the items accessible are as follows:

- * Several black binders with checklists labeled: Resident Check List for Side "A" AM shift, Resident Check List for Side "A" PM shift, Resident Check List for Side "B" AM shift and Resident Check List for Side "B" PM shift. All of which list resident names and room numbers.
- * A black binder labeled "Staff Notes" which included the following items: Resident Care Chart for resident #1; note page with entry stating resident #2 will have a visitor eating meals with ... on 6/6/17 and 6/7/17; sheet entitled Resident Dietary Needs completed for resident #3; note page with entry "6-2-17 [resident #3 returned from Mt Macrina today."; note page entry "6-3-17 [resident #4 ... this afternoon"; note page entry "6/30/17 resident #5 returned from ...". Another entry on same page notes "5/30/17 resident #6 had several ... today. Please follow the post-operative instructions" and a Resident Care Chart for resident #7.

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 binders were immediately moved into the nurses station which is locked at all times (requires a key to enter and exit). All staff is required to complete the Resident Check List and Read the Communication notes in the nurses station. All staff is aware that the binders (communication books) are not to be removed from the nurses station at any time for any reason.

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

Signature of Legal Entity Representative (Required on EVERY Page) *James E. Stambaugh II*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JAMES E. STAMBAUGH II** Date **12-27-17**

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

The above plan of correction is approved as of 1-29-18 (Date) Plan of correction implementation status as of 1-29-18 (Date)

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

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

See page 2 of 9

Violation Report: 46789 - 06/07/2017 - Pfaff, Vicki
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 66 Pa.Code §2800

2800.17 - 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

On 6/7/17 at 11:20 a.m., there were unsecured and accessible binders with resident information on a table in the lobby, also known as the "Market Place." Some of the items accessible are as follows:

- * Several black binders with checklists labeled: Resident Check List for Side "A" AM shift, Resident Check List for Side "A" PM shift, Resident Check List for Side "B" AM shift and Resident Check List for Side "B" PM shift. All of which list resident names and room numbers.
- * A black binder labeled "Staff Notes" which included the following items: Resident Care Chart for resident #1; note page with entry stating resident #2 will have a visitor eating meals with on 6/6/17 and 6/7/17; sheet entitled Resident Dietary Needs completed for resident #3; note page with entry "6-2-17 [resident #3 returned from Mt Macrina today."; note page entry "6-3-17 [resident #4 this afternoon"; note page entry "6/30/17 resident #5 returned from " Another entry on same page notes "6/30/17 resident #6 had several today. Please follow the post-operative instructions" and a Resident Care Chart for resident #7.

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 shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2800.17. 1-17-18

| | | |
|---|-----------------------------------|---------|
| 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 |
| JAMES E. STAMBAUGH | | 1/25/18 |

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 (Date)

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

Plan of correction implementation status as of _____ (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

JAN 08 2018

Violation Report: 48799 - 08/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's documentation of trainings for staff training year 1/1/16 through 12/31/16 does not include the date of the trainings; the training attendance sheets and certificates only include the month and year of the trainings.

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 agency providing the training and certificates has added the date of the training to the certificates. The Hillside employee responsible for monitoring staff training has been instructed to ensure the training date has been completed on each certificate and that every employee dates their written test. See attached Certificate and test.

See page 3 of 4

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

Signature of Legal Entity Representative (Required on EVERY Page) *James E. Stambaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
JAMES E. STAMBAUGH *12-27-17*

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(Date)

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- Not Implemented

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

Violation Report: 48799 - 06/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's documentation of trainings for staff training year 1/1/16 through 12/31/16 does not include the date of the trainings; the training attendance sheets and certificates only include the month and year of the trainings.

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 administrator or designated staff person shall review all staff training during the quality management review process to ensure all required components are documented in accordance with regulation 2600.85(l). 1-17-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *James E. Stambaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/25/18
JAMES E. STAMBAUGH

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(Date)

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(Initials)

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

Violation Report: 46799 - 08/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

JAN 09 2018

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 8/7/17, there was a visible layer of dust covering the bathroom exhaust vent in the common bathroom next to the dining room.

On 8/8/17 at 10:02 a.m., there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in the shared bathroom for resident bedroom #307.

On 8/8/17 at 10:35 a.m., there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in the shared bathroom for resident bedroom #105.

On 8/8/17 at 10:44 a.m., there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in the bathroom for resident bedroom #109.

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 housekeeping staff has been instructed to clean/vacuum all bathroom vents on a monthly schedule. The housekeeping supervisor is responsible for monitoring the cleaning to ensure the schedule is followed. The vent was immediately cleaned on 6/7/17.

To maintain sanitary conditions towels and washcloths are removed from every bathroom twice daily (after morning and evening care) and laundered then replaced. Staff has been instructed to immediately replace linens when removing to launder. The public bathrooms have paper towels and resident bathrooms have linens.

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

Signature of Legal Entity Representative (Required on EVERY Page) JAMES E. STAMBAUGH

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12-27-17

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Plan of correction implementation status as of 1-29-18 (Date)

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

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

RECEIVED

Violation Report: 46799 - 06/07/2017 - PIAF, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

JAN 25 2018

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 6/7/17, there was a visible layer of dust covering the bathroom exhaust vent in the common bathroom next to the dining room.
On 6/8/17 at 10:02 a.m., there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in the shared bathroom for resident bedroom #307.
On 6/8/17 at 10:35 a.m., there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in the shared bathroom for resident bedroom #105.
On 6/8/17 at 10:44 a.m., there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in the bathroom for resident bedroom #109.

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: Common towels and washcloths shall not be used. Individual towels and washcloths may only be used if they are labeled with the resident's names. A safe means of hand drying shall be available to visitors in each bathroom. 1-17-18

Immediately: A designated staff person shall monitor the home daily to ensure sanitary conditions are maintained, including paper towels or other means of hand drying is available in each bathroom. 1-17-18

| | | |
|---|-----------------------------------|---------|
| 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 |
| JAMES E. STAMBAUGH | | 1/25/18 |

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The above plan of correction is approved as of 1-29-18
(Date)

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(Initials)

Plan of correction implementation status as of _____
(Date)

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

IAN 08 2018

Violation Report: 48799 - 08/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/7/17, the exhaust vent in the common bathroom next to the dining room was not secured into the ceiling. The back part of the vent had dropped out of ceiling approximately 1 inch.

On 6/8/17, the grab bar on the right side of toilet (when using toilet) pulls away from the wall approximately 1/4 - 1/2 inch in the bathroom of room #207.

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 vent cover was not properly attached when it was removed to clean the exhaust vent. When instructing the housekeeping staff on the importance of cleaning the bathroom vents on a monthly schedule (see violation on previous page regarding layer of dust on exhaust vent), administrator demonstrated to the housekeeping staff how to properly attach the vent cover.

The screw was tightened on 6/8/17 and the loose bar was immediately fixed. Every bathroom is cleaned everyday. Housekeeping has been instructed to check all grab bars in every bathroom each time a bathroom is cleaned. If a repair is needed a repair slip must be filled out and given to maintenance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James E. Standard II

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

JAMES E. STANDARD II

Date

12-27-17

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

The above plan of correction is approved as of

1-29-18
(Date)

Plan of correction implementation status as of

1-29-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

See page 5 of 9

Violation Report: 48709 - 08/07/2017 - Pfaff, Vicki
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2800
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

JAN 25 2018

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/7/17, the exhaust vent in the common bathroom next to the dining room was not secured into the ceiling. The back part of the vent had dropped out of ceiling approximately 1 inch.

On 6/8/17, the grab bar on the right side of toilet (when using toilet) pulls away from the wall approximately 1/4 - 1/2 inch in the bathroom of room #207.

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 shall check the home weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service. 1-17-18

| | | |
|---|-----------------------------------|---------|
| 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 |
| JAMES E. STAMBAUGH | | 1/25/18 |

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 (Date)

Plan of correction implementation status as of 1-29-18
 (Date)

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

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

Violation Report: 46799 - 06/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 8/8/17 at 10:33 a.m., there was not an operable lamp or other source of lighting that could be turned on at resident #1's bedside in room

On 8/8/17 at 10:44 a.m., there was not an operable lamp or other source of lighting that could be turned on at resident #8's bedside in room

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 light bulbs in both lamps were replaced immediately. Both residents have a night light, so lamps were not frequently used. The staff has been instructed to check every resident's lamp every night with evening care, and to replace the bulb immediately if needed. Housekeeping supervisor to follow up to ensure bulbs work and lamps are being checked.

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

Signature of Legal Entity Representative (Required on EVERY Page) *JAMES E. STAMBAUGH II*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JAMES E. STAMBAUGH** Date **12/27/17**

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

| | |
|---|--|
| <p>The above plan of correction is approved as of <u>1-29-18</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p> | <p>Plan of correction implementation status as of <u>1-29-18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
|---|--|

Violation Report: 46799 - 06/07/2017 - Praff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
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
On 6/8/17 at 10:58 a.m., there was a clear plastic pill cup containing 10 pills sitting on resident #9's bed in room

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 #9 is alert and oriented, makes all of her own medical and financial decisions and lives in a private room that has a lock that requires a key to unlock. [redacted] also has a safe in her room. [redacted] has been assessed on the pre-admission screening and DMZ that: "is able to self administer medications. [redacted] is unable to open pill containers and does not want to keep her "supply" of medications in room. [redacted] is aware that if [redacted] goes to the bathroom, takes a nap, or leaves the room for any reason that medications must be locked away. See attached note from primary care provider who is aware of what resident does with medications.

512 PCH 78014

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|---|-----------------------------------|--|----------|
| 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 |
| JAMES E. STAMBAUGH | | | 12-27-17 |

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

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| The above plan of correction is approved as of <u>1-29-18</u> (Date) | Plan of correction implementation status as of <u>1-29-18</u> (Date) |
| The above plan of correction was approved by <u>K</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: 48798 - 08/07/2017 - Pfaff, Vicki
POH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa. Code §2600

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

On 6/8/17 at 10:58 a.m., there was a clear plastic pill cup containing 10 pills sitting on resident #9's bed in room:

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 check the home at least weekly to ensure all medications and controlled substances are kept in an area or container that is locked. 1-7-18

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

Signature of Legal Entity Representative (Required on EVERY Page) James E. Stambaugh

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James E. Stambaugh Date 1/25/18

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

The above plan of correction is approved as of 1-29-18 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of (Date)

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

Violation Report: 48799 - 08/07/2017 - Plaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

On 6/8/17 at 10:58 a.m., there was a clear plastic pill cup containing 10 pills sitting on resident #9's bed. According to staff person A, the pills were the resident's 6:00 a.m. medications. The resident's June 2017 medication administration record (MAR) had already been initiated by staff person B indicating that the medications had been 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.

See attached letter from resident #9's primary care provider. We administer medications using an electronic medication administration record. The medications must have an assigned time in the computer if they are a routine medication. The resident takes pills at different times depending on how stomach is feeling. The primary care provider is aware that we give resident all of morning pills at 10AM and that she takes them as soon as she can tolerate them.

502 PAGE 8A1F4

| | | | |
|---|-----------------------------------|--|----------|
| 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 |
| JAMES E. STAMBAUGH II | | | 12-27-17 |

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|---|---|
| The above plan of correction is approved as of <u>1-29-18</u> (Date) | Plan of correction implementation status as of <u>1-29-18</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</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: 46799 - 08/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.187(b) - The information in § 2800.187(a)(13) and § 2800.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 6/8/17 at 10:58 a.m., there was a clear plastic pill cup containing 10 pills sitting on resident #9's bed. According to staff person A, the pills were the resident's 8:00 a.m. medications. The resident's June 2017 medication administration record (MAR) had already been initialed by staff person B indicating that the medications had been 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.

Immediately: A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. 1-17-18

Immediately: All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2800.187(b). Documentation of education shall be kept. 1-17-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James E. Stamban

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

JAMES E. STAMBAN

Date

1/25/18

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

The above plan of correction is approved as of

1-29-18
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

JES
(Initials)

Violation Report: 46799 - 06/07/2017 - Pfaff, Vicki
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

JAN 08 2018

1. REGULATION 55 Pa.Code §2800

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent Activities Calendar posted in a public and conspicuous place was dated April 1-30.

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 current activity calendar is always posted on our Website and is usually posted on our bulletin board in the recreational room unless it was removed by a resident or visitor and we were not aware. We also have numerous residents that request their own copy of the activity calendar and a copy is immediately given to them upon request. The regular staff is not expected to provide activities. We have a separate position for our activity coordinator. A new activity coordinator was hired on . She is aware the activity schedule must be posted on the bulletin board at all times. (See attached copy of activity calendar).

512 PCH 9A 011

| | | | |
|---|-----------------------------------|--|---------|
| 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 |
| JAMES E. STAMBAUGH II | | | 1/27/17 |

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

The above plan of correction is approved as of 1-29-18
(Date)

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

Plan of correction implementation status as of 1-29-18
(Date)

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

Violation Report: 45799 - 08/07/2017 - Pfaff, Vicki
POH Name: HILLSIDE MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The most recent Activities Calendar posted in a public and conspicuous place was dated April 1-30.

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 shall check at least weekly to ensure a current weekly activity calendar is posted in a conspicuous and public place in the home. 1-17-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James C. Stambach II*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES C STAMBUCH II* Date *1/25/18*

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

The above plan of correction is approved as of 1-27-18
(Date)

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

Plan of correction implementation status as of _____
(Date)

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