



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAILING DATE: November 20, 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  
Certificate #: 348750

Dear Ms. Rowe:

As a result of the Department of Human Services' licensing inspection on August 23, 2017 and October 25, 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.

Sincerely,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 34875 - 08/23/2017 - Showers, Michael  
PCH Name: HILLSIDE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On August 18, 2017, Resident 1 grabbed Resident 2 by the right arm and punched Resident 2 in the nose. This altercation resulted in a bloody nose to Resident 2 and a red mark above the elbow on Resident 2's arm. Pennsylvania State Police were called to the scene, and Resident 1 is being charged and cited with Harassment for this incident.

**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 administrator shall review the staff progress notes related to Resident #1 to evaluate the resident's behaviors and the efficacy of the current interventions. This review shall be completed on a weekly basis for a period of 4 weeks commencing on the receipt of this plan, and thereafter shall be completed on a monthly basis.

*BAS 11/20/17*

Immediately - Resident 2 was assessed for safety. Resident 2 is safe and states they feel safe. Resident 2 was checked on through out the day for safety.

Resident 1 was counseled on never using physical contact to another resident or person.

On-going - Implemented a De-escalation policy and instructed staff on policy and de-escalation techniques. See Attached De-escalation policy

Resident 1 continues to see a behavioral therapist every 4 to 6 weeks or as recommended by therapist. Medication and therapies will be followed as recommended.

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) *Cheryl Morgan, Asst. Admin*      Date *11/26/17*

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

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

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

Violation Report: 34875 - 08/23/2017 - Showers, Michael  
PCH Name: HILLSIDE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

Resident 1 has a history of verbal and physical aggressive behaviors directed towards other residents of the home. On August 18, 2017, Resident 1 was involved in a physical altercation with Resident 2 whereupon Resident 2 was injured. The home's most recent Assessment of Resident 1 assesses the resident's level of "Irritability", "Agitation" and "Aggression" as "Not a Problem". The current assessment fails to address these behaviors adequately, does not provide an appropriate plan to manage these behaviors safely, and does not identify the additional supportive behavioral services involved with the resident.

**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 - RASP was updated as attached

On- Going - RASP's will be reviewed and updated by medical care coordinator as changes occur and as needed prior to annual RASP reviews and updates.

\* The administrator, and/or another designated staff member, will complete an audit all resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 30 days from receipt of this plan.

*BAS*  
11/20/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Cheryl Morgan Asst. Admin*

Date *11/16/17*

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

The above plan of correction is approved as of

11/20/17  
(Date)

Plan of correction implementation status as of

11/28/17  
(Date)

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

The above plan of correction was approved by

*BAS*  
(Initials)



Violation Report: 34875 - 10/25/2017 - Gillespie, Denise  
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 initial medical evaluation was completed on [redacted] 16. Resident #1's annual medication evaluation was completed on 8/14/17.

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.

Immediately - Notes were attached to document hospitalizations.  
All files were audited by Assistant Administrator

On Going - If annual medical evaluations dates cannot be met, file will be documented on reason(s). Every effort will be made to reschedule at first available appointment. If resident in hospital, we will request hospital to complete medical evaluation and chart will be noted.

Assistant Administrator will audit files quarterly for compliance with regulation 2600.141(b)(1)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/24/2017	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl Morgan, Asst. Admin Date 11/16/17

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

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

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