



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Mr. James E. Stambaugh II
Administrator / Owner
Hillside Estates Suites, Inc.
177 Oliver Road
Uniontown, Pennsylvania 15401

RE: Hillside Estates Suites
1526 Independence Avenue
Connellsville, Pennsylvania 15425
License #: 447040

Dear Mr. Stambaugh:

As a result of the Department of Human Services' Licensing annual licensing inspection on November 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.

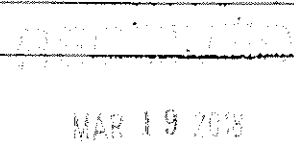
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing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

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

POH Name: HILLSIDE ESTATES SUITES		License Number: 44704
Address: 1526 INDEPENDENCE AVENUE, CONNELLSVILLE, PA 15425		County: Fayette
Administrator: JIM STAMBAUGH		Region: WEST
Legal Entity Name: HILLSIDE ESTATES SUITES INC		
Legal Entity Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy C-2 LP 01/15/1987 Dept of L & I <div style="text-align: right; margin-top: 10px;">  </div>		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 18	Working Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2017: Culler, Jan; Knoe, Donald		
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: 20 Number of Residents Served: 14 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 12 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

MAR 19 2018

Violation Report: 44704 - 11/08/2017 - Cutter, Jan
PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There was no lock on the door for the bathroom/beauty salon at the end of the hall which does not provide privacy while in use.

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.

There is a lock on the door but it was broken and we were not aware.

Immediately: A designated staff person shall check the home weekly to ensure locks on bathroom and resident's doors are working properly.

The lock on the bathroom/beauty salon door was replaced.

JM - 4/4/18

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES E. STANDAUGH II, Administrator* Date *3-16-18*

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

The above plan of correction is approved as of 4/4/18
(Date)

Plan of correction implementation status as of 4/4/18
(Date)

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

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

MAR 19 2018

Violation Report: 44704 - 11/08/2017 - Culler, Jan
PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 85 Pa.Ccode §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At 8:50 AM, the lid was open on the right side of the dumpster which was 3/4 full of trash.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The lid on the right side of the dumpster was broken. Advanced Disposal was called on 11/6/17 to request for the lid to be repaired. The lid was repaired by Advanced Disposal on 11/10/17.

Immediately and weekly thereafter: A designated staff person will check trash stored outside the home to ensure it is kept in covered receptacles. *see 4/4/17*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES E. STRONACH II Administration* Date *3/16/18*

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

The above plan of correction is approved as of 4/4/18
(Date)

Plan of correction Implementation status as of 4/4/18
(Date)

The above plan of correction was approved by J.E.
(initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.E.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44704 - 11/08/2017 - Culler, Jan
PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600
2800.96 - Furniture and equipment must be in good repair, clean and free of hazards. MAR 19 2018

2a. DESCRIPTION OF VIOLATION
The right side of the handle of the second dresser drawer was broken off in room 103.

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.

The dresser was removed and replaced with a new one. 9/2. 4/4/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES E. STAMBALGIO II, ADMINISTRATOR Date 3-16-18

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

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

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

The above plan of correction was approved by *JS* (initials)

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

Violation Report: 44704 - 11/08/2017 - Gutter, Jan

PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 65 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

There are 6 slats broken off and one slat missing on the blinds on the left side of the sliding door to the deck in bedroom #105.

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.

The window blinds in bedroom #105 were replaced.

per 4/4/18

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) *JAMES E. STANBACH II Administration* Date *3-16-18*

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

The above plan of correction is approved as of 4/4/18
(Date)

Plan of correction implementation status as of 4/4/18
(Date)

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

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

MAR 19 2018

Violation Report: 44704 - 11/08/2017 - Culler, Jan
PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 65 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the freezer compartment of the refrigerator/freezer in the dry storage 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 shall check the refrigerators and freezers daily to ensure that a thermometer is in the freezers and refrigerators.

A thermometer was placed in the freezer compartment of the refrigerator/freezer in the dry storage room.

JW 4/4/17

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) *JAMES E. STAMPAUGH II ADMINISTRATOR* Date *3-16-18*

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

The above plan of correction is approved as of 4/9/17
(Date)

Plan of correction implementation status as of 4/9/18
(Date)

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

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

MAR 19 2018

Violation Report: 44704 - 11/08/2017 - Culler, Jan
PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, does not have a copy of the emergency preparedness plan for the local municipality.

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.

After reviewing the initial required documents from when we purchased the facility on 2/1/2016, a copy of the emergency plan for the previous facility, Sunshine Estates, was in the paperwork from our initial inspection. I also faxed the emergency plan to the state inspector (see attached email). I have attached a copy of the emergency plan with the updated facility name.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

JAMES E. SHUMAKER, Administrator

Date *3/16/18*

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

The above plan of correction is approved as of

4/4/18
(Date)

Plan of correction implementation status as of

4/4/18
(Date)

- Fully Implemented *JN.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JN.
(Initials)

Violation Report # 4734 - CITY - Cutter, Jen
PCN Name: HILLSIDE SENIORS SUITES

APR 03 2018

1. REGULATION 55 Part Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 receives physical therapy and occupational therapy services; however, these services are not included in the resident's support plan, dated 2/17/17. Also, the resident started receiving wound care for a wound to the toe through home health services which is not included in the support plan.

Resident #2 receives physical therapy services; however, these services are not included in the resident's support plan, dated 3/3/17.

Resident #3 receives physical therapy and occupational therapy services; however, these services are not included in the resident's support plan, dated 1/24/17.

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.

A designated staff member will check all residents charts weekly for changes in Outside Services or Referrals and update support plan accordingly.

See Below
J.E.
4/4/18

Resident #3 was discharged from the hospital on 11/7/17 and (visiting nurses) started on 11/7/17. Have 5 days to update POC/support plan. Had not have only nursing, PT, OT all year until 11/7/17. (see attached orders)

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 3/16/18

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

The above plan of correction is approved as of 4/4/18
(Date)

Plan of correction implementation status as of 4/4/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.E.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

J.E. 4/4/18