



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 8, 2018

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' licensing inspection on November 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.

Sincerely,

A handwritten signature in cursive script that reads "Suzy Quinn".

Suzy Quinn
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: The Residence at Hilltop		License Number 47483
Address: 210 Route 837, Monongahela, PA 15063		County: Washington
Administrator: Kim Taliani		Region: WEST
Legal Entity Name: Mon Valley Acute Care Services Inc		
Legal Entity Address: 1163 Country Club Road, Monongahela, PA 15063		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/20/1998 Labor & Industry		MAR 15 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2017: 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: 84 Number of Residents Served: 80 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: 19 Number of Hospice Residents In past year: 45		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0

Violation Report: 47488 - 11/21/2017 - Winters, Lynn
PCH Name: The Residence at Hilltop

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600 141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

A medical evaluation for resident #1 was completed on 10/21/17; however, the previous medical evaluation was completed on 10/5/16
Resident #1's medical evaluation, dated 10/21/17, does not include the resident's height, immunization history or body positioning/movement. These areas of the form are blank. Also, this medical evaluation does not include the printed name and license number of the medical professional completing the medical evaluation.

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.

At the time of receiving this violation report the resident #1 was already discharged from our facility due to behavior circumstances surrounding medication refusal and outbursts towards staff and her own family. The support plan coordinator was inserviced on correctly filling out the DME's and how to address the medical professionals when they do not complete portions of the forms. This was previously addressed in the other state inspection which prompted a chart wide audit where all DME's and support plans were checked for completion, correct dating, and signatures. In the event an incorrect or noncompliance chart would be found support plan coordinator is directed to obtain a new DME from physician and perform a new assessment and support plan. The chart wide audits will be held every other month and signed off with admin. to ensure all charts maintain compliance.

This will ensure maintenance of compliance
Immediately - The administrator will implement procedures that ensure each resident has complete medical evaluation at least annually. BB 4/9/18

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Tajiani* Date *3-14-16*
ADMINISTRATOR

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

The above plan of correction is approved as of 4/9/18
(Date)

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

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

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

Violation Report: 47488 - 11/21/2017 - Winters, Lynn
PCH Name: The Residence at Hilltop

MAR 15 2018

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 10/21/17, indicates the resident has no problem with judgment, agitation or irritability. However, on 10/24/17, the resident spit on staff person A, administrator, and hit him/her in the left forearm, when staff encouraged the resident to go to a doctor's appointment to receive the monthly injection of Invega Sustenna for psychosis. Also, resident #1 refused several medications daily to include Divalproex and Quetiapine. On 10/24/17, 911 and law enforcement were called in an attempt to locate 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.

With the on-going issues with the resident all incidents were documented in the residents chart. The medication refusals were documented on the Accoflo system, in the residents chart, and discussed with PCP. The support plan coordinator was inserviced on what needs updated and how it can be directly written on the support plan and not just in the chart. The support plan coordinator is undergoing ongoing training on completing the support plans and DMs correctly. The support plan coordinator was given two DHS employee names in which she can contact in the event she would have a question of what/if something should be added to a support plan. This will ensure all support plans maintain compliance. Resident #1 is no longer served in the home. BB 4/9/18

The support plan coordinator's ongoing training will also include completing additional assessments annually, if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. BB 4/9/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Italian Administrator* Date *3/14/18*

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

The above plan of correction is approved as of <u>4/9/18</u> (Date)	Plan of correction implementation status as of <u>4/9/18</u> (Date)
The above plan of correction was approved by <u>BB</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

MAR 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 47488 - 11/21/2017 - Winters, Lynn
PCH Name: The Residence at Hilltop

1. REGULATION 55 Pa.Code §2600

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's support plan, dated 10/21/17, indicates direct care staff administer prescribed Invega Sustenna injections, which the resident receives monthly for a diagnosis of psychosis. However, the injections are administered by a psychiatrist or members of the psychiatrist's practice who see resident #1 on a regular basis. The support plan does not include treatment by a psychiatrist.

Resident #1 refuses medications daily and is checked hourly; however, the medication refusals and supervision provided are not addressed in the resident's 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.

The support plan for resident one had an error on which was responsible for administering the Invega Injection. It was always marked on Accuflo as an outside administrator. Human error of clicking DCS instead of other was the matter at hand. During the training and ongoing training of the support plan coordinator it was serviced to take her time and adding all information correctly. Accuflo is our online medication administration system. Due to the resident already being discharged from our facility at the time of the arrival of this inspection a copy of the MAR cannot be printed from the system of the medication administration to show it marked as outside administration.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Talian, Administ* Date *3-14-18*

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