



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 10, 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 January 9, 2018 and February 26, 2018, 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 black ink, appearing to read "Janine Wenzig".

Janine Wenzig
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: 47488
Address: 210 ROUTE 837, MONONGAHELA, PA 15063		County: Allegheny
Adminstrator: KIM TALIANO		Region: WEST
Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC		RECEIVED MAR 16 2018 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 1183 COUNTRY CLUB ROAD, MONONGAHELA, PA 15063		
Certificate(s) of Occupancy C-2 LP 07/20/1998 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 105	Working Staff: 79
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/09/2018: Flinner-Alman, Lisa 02/26/2018: Flinner-Alman, Lisa		
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: 35		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 1

Violation Report: 47488 - 01/09/2018 - Fliner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

WEST REGION FIELD OFFICE
Human Services (Carelink)

1. REGULATION 55 Pa.Code §2600
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The vinyl at the front edge of resident #1's right wheelchair armrest was cracked approximately 1" in diameter exposing foam and the vinyl on both sides of the left wheelchair armrest is cracked along the edges exposing foam posing a potential skin tear hazard.

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.
Immediate plan of correction to violation 2600.81(b) was corrected by Resident #1's wheelchair arm rest were replaced with new arm rest that was ordered through Amedisys Hospice. Their DME company is McKnight Medical who delivered the arm rest. The delivery slip is attached. An audit of all wheelchairs owned by Residence at Hilltop and each resident in a wheelchair was performed by Administrator and assistant. If a wheelchair was found to have any damage a call was placed to the appropriate provider and an order was placed. Armrests as well as seats and leg rests were assessed. The exact delivery dates were not given however delivery tickets will be placed in Residents chart and faxed to DHS attached to violation when they arrive. An inservice with all RCAs is scheduled for March 14, 2018 at 1:00pm to go assessing wheelchairs daily and the work order form to fill out if any damage or issue is found. A copy of inservice sign in sheet will be faxed to DHS upon completion. This will ensure to maintain compliance.

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* Date *3-14-2018*
Administrator

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The above plan of correction is approved as of 3/16/18
(Date)

Plan of correction implementation status as of 3/16/18
(Date)

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

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

MAR 16 2018

WEST REGION FIELD OFFICE
Human Services Liaison

Violation Report: 47488 - 01/09/2018 - Fillner-Alman, Lisa
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 #1 was admitted to the home on [redacted] 17; however, the assessment was not completed until 3/15/17.

The assessment, dated 3/15/17, for resident #1 does not include the diagnosis of dementia which is indicated on the medical evaluation, dated 2/10/17.

The assessment, dated 8/9/17, for resident #2 does not include the diagnoses of atrial fibrillation, COPD, hyperlipidemia, hypertension, anxiety and constipation as indicated on the medical evaluation, dated 7/25/17, and the diagnosis of traumatic left eye blindness, as indicated in the resident's record.

The assessment, dated 8/7/17, for resident #3 does not include the diagnoses of dementia, hypothyroidism, hypertension, osteoarthritis as indicated on the medical evaluation, dated 7/18/17, and the diagnosis of anxiety, as indicated in the resident's record.

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.

Immediate plan of correction to violation 2600.225(a) was a complete chart audit. Starting at room 100 to room 238b. All support plans were updated to include all diagnosis indicated on residents DME's. The specific resident #1, #2, #3 corrections will be attached in exhibits #2, #3, #4. Support Plan Coordinator reread the requirements for medical evaluations and support plans and wrote a statement in exhibit #5. The support plan coordinator's responsibility is to track, update, and perform assessments and medical evaluations. Further audits will be performed semi-annually by both support plan coordinator and administrator together to ensure not only diagnosis are correct but dates and signatures as well. This will ensure to maintain comp.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2017	08/21/2017
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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* Date *03-14-2018*

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The above plan of correction is approved as of <u>3/16/18</u> (Date)	Plan of correction implementation status as of <u>3/16/18</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