



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

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' Adult Residential Licensing's annual licensing inspection on December 7, 2017 and February 1, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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 'Jacqueline L. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License
License Inspection Summary

Violation Report: 34875 - 12/07/2017 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12-5-17 at approximately 9:15am, the main hallway of the second floor reeked of urine and the second floor lounge area and bathroom reeked of feces.

A soiled incontinent pad was lying on the floor of bedroom #13.

The window sill nearest to the door of bedroom #11 was covered with approximately 15 dead stinkbugs. The two frosted glass lampshades attached to the ceiling each contained approximately 10 dead stinkbugs and bug parts.

The window sill and electric baseboard heater in bedroom #6 were covered with approximately 20 dead flies.

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 – All staff was educated on regulation 2600.85(a)

Immediately -Bathrooms on second floor were cleaned and sanitized

On-going – All staff will monitor and clean bathrooms at peak hours of use and every 2 hours or more frequently as needed

Immediately – Soiled incontinent pad was disposed of.

On-going - The new resident was added to the checklist for cleanliness/sanitation, PCA will monitored every 2 hours or as needed

Immediately- All dead stink bugs and flies were cleaned up.

On-going – Housekeeping staff will clean all dead bugs. Areas will be inspected daily by housekeeping staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl A Morgan Date 1/19/18

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

The above plan of correction is approved as of 1/22/18 (Date)

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

Plan of correction implementation status as of 4/3/18 (Date)

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

Violation Report: 34875 - 12/07/2017 - McCloskey, Jason

PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The wall adjacent to the toilet in bathroom #1 is warped and peeling paint. The second floor bathroom across from bedroom #7 has orange and brown stains on the walls and the floor and bathtub are dirty.

The ceiling in bedroom #9 is damaged and peeling. There are four corrugated plastic panels attached to the ceiling with black screws. The panels are loose and not flush with the ceiling as the screws barely penetrate the ceiling. The panels present a risk of detaching and falling on anyone located below.

The third step from the bottom of the back steps leading to the parking lot is loose. When weight is applied, the step pivots creating a tripping 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.

By 1/31/18 - Bathroom #1 & Bathroom #3 walls will be sanded and painted.

Immediately- Bedroom #9 panels were secured flush with the ceiling. Repair is scheduled to be complete by 1/31/18

Immediately - Third step from bottom will be secured by 1/31/18

On-going - Building manager will inspect surfaces for hazards and schedule/or repair as identified

** Staff will be re-educated to inform management of items needing repair. Re-education shall be provided within 15 days from receipt of this plan. BMS 1/22/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Cheryl A Morgan</i>	<i>1/19/18</i>

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(Date)

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(Initials)

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Violation Report: 34875 - 12/07/2017 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The toilet seat in bathroom #1 was without the screws needed to secure the toilet seat to the bowl of the commode. This created a fall hazard to anyone sitting down on the toilet seat.

The toilet on the second floor across from bedroom #7 is not secured tightly to the floor and moves when pressure is applied to the bowl, also presenting a fall hazard to anyone who sits down.

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 - Bathroom #1 toilet seat was secured 12/7/17 - then replaced 12/8/17 as it continued to become loose after securing

Immediately - Bathroom #3 across from room #7, plumber was contacted to schedule repair. Plumber tightened and secured safely the toilet.

On-going - Building manager will inspect surfaces for hazards and schedule/or repair as identified

* Staff will be reeducated to inform management of items needing repair. Re-education shall be provided within 15 days from receipt of this plan. *BAS 1/22/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl A Morgan 1/19/18*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl A Morgan* Date *1/19/18*

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Violation Report: 34875 - 12/07/2017 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION

There is no door for the bathroom on the first floor at the front of the home. As a result, passersbys in the hallway are able to see residents entering, using, and exiting the toilet stalls in this bathroom.

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 new accordion door was installed 12/8/17

On-going - Building manager will inspect for privacy and schedule/or repair as identified

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) *Cheryl A Morgan* Date *1/19/18*

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

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

PCH Name: HILLSIDE PERSONAL CARE		License Number: 34875
Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320		County: Adams
Administrator: Catherine Rows		Region: CENTRAL
Legal Entity Name: HILLSIDE REST HOME INC		
Legal Entity Address: PO BOX 552, BLUE RIDGE SUMMIT, PA 17214		
Certificate(s) of Occupancy LP 12/08/1978 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 44 Waking Staff: 33		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/01/2018: McCloskey, Jason; Cargile, Kellie		
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: 48 Number of Residents Served: 44 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: 1	Number of Residents who: Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 26 Have Mental Illness: 22 Have an Intellectual Disability: 17 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 34875 - 02/01/2018 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, in effect as of July 2016, requires that homes post required influenza awareness information in a public place throughout the year. The home had not posted the Influenza Awareness information as required by the act.

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 – Influenza poster was posted 2/1/18

On-going – Administrator will review and comply with applicable Federal, State and local laws, ordinances and regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine C. Rowe

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

Catherine C Rowe

Date 3/22/2018

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

The above plan of correction is approved as of

4/3/18
(Date)

Plan of correction implementation status as of

4/3/18
(Date)

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

The above plan of correction was approved by

CR
(Initials)

Violation Report: 34875 - 02/01/2018 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident 1, dated 1/28/18, is incomplete as it does not include height or weight, medical diagnoses, and the resident's medication regimen.

The medical evaluation for Resident 2, dated 8/10/17, is incomplete as it does not include body positioning and movement, health status, and the license number of the medical professional who completed the 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.

Medical evaluations for Resident 1 and 2 were corrected.

On- Going -Medical Care Coordinator or Administrator will review medical evaluations and advise healthcare provider of errors on documentations and ask them to correct them.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine C. Rowe

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

Catherine C Rowe

Date 3/22/2018

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(Date)

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(Initials)

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(Date)

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- Not Implemented

Violation Report: 34875 - 02/01/2018 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is assessed to be capable to check his/her own blood glucose and to self-administer insulin based upon a prescribed sliding scale regimen. These glucose readings and the amount of insulin given are reported to staff by the resident and recorded by the home. The following are multiple instances where an incorrect dosage of Humalog insulin was administered:

A Humalog 100 u/ml Kwik Pen is prescribed for the use by Resident #3, where 1 unit is to be administered for every 30 mg/dl measured over 150.

On 1/28/18 at 5:00pm, the resident's blood glucose was 206, however, no insulin was administered.

On 1/11/18 at 5:00pm, the resident's blood glucose was 197, however, no insulin was administered.

On 1/9 at 5:00pm, the resident's blood glucose was 187, however, no insulin was 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 - Medical Care Provider was notified of medication error

On- Going - Provider will be notified of medication errors as per regulation 2600.188(b)

- Resident #3 has been educated on the importance of accuracy of testing and calculating sliding scale insulin.
- Resident #3 will be monitored by med tech for accuracy.
- Resident #3 will be monitored by nurse while at dialysis.
- Resident #3 now uses a conversion chart to properly calculate additional insulin units.

As part of the monitoring process for Resident #3, the med tech will review the actual readings on resident #3's glucometer as compared with the amounts of Humalog the resident is intending to administer to assure that proper dosages are maintained. Instances where the resident was intending to administer the wrong dosage shall be corrected immediately, and documented. This documentation shall be reviewed on a monthly basis to determine if the resident can safely perform the administration.

BAS 4/3/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Catherine C. Rowe

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

Catherine C. Rowe

Date *3/22/18*

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

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4/3/18
(Date)

Plan of correction implementation status as of

4/3/18
(Date)

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- Not Implemented

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BAS
(Initials)

Violation Report: 34875 - 02/01/2018 - McCloskey, Jason
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

Resident records, including transfer sheets and assessment and care plans are stored in a two-drawer locking filing cabinet in the medication area of the dining room. On 2/1/18 from approximately 9:00am until 9:18am, the filing cabinet was unlocked and unattended. Records for all of the residents, including Residents #4, #5 and #6, were accessible and included dates of birth, social security numbers and medical diagnoses.

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 - Filing cabinet was locked.

- All staff was re-educated on regulation 2600.254(c) and the importance of protecting all of residents personal information.

* The administrator shall perform checks of the filing cabinet during daily walk-throughs of the home to assure that confidential information is stored in a secure manner.

4/3/18

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)

Catherine C. Rose

Date 3/22/2018

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

The above plan of correction is approved as of 4/3/18
(Date)

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

Plan of correction implementation status as of 4/3/18
(Date)

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