



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2018

Ms. Mary Jo Arena-Cronin
Owner/Administrator
Hillview Home, Inc.
615 Cornell Street
Coraopolis, Pennsylvania 15108

RE: Hillview Home
License #: 430230

Dear Ms. Arena-Cronin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 23, 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.

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 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: HILLVIEW HOME		License Number: 43023
Address: 815 CORNELL STREET, CORAOPOLIS, PA 16108		County: Allegheny
Adminlstrator: Mary Jo Areana-Cronin		Region: WEST
Legal Ently Name: HILLVIEW HOME INC		
Legal Ently Address: 815 CORNELL STREET, CORAOPOLIS, PA 16108		
Certificate(s) of Occupancy		
Special Occupancy	C2-LP	
06/30/1979	12/21/95	
Dept L & I	L + J	
Staffing Hours		
Resident Support: 0	Total Dally Staff: 21	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2018: Barry, Courtney; Filinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 13 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 22 Number of Residents Served: 21 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: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 18 Have Mental Illness: 6 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 43023 - 02/23/2018 - Barry, Courtney
PCH Name: HILLVIEW HOME

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

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2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
Human Services Licensing

The following unsanitary conditions were observed:

- *At approximately 9:30 a.m., there was a used, unlabeled blue towel on top of the toilet in the 3rd floor bathroom.
- *A plunger and a used, unlabeled shower pouf were on the floor of the shower stall in the 2nd floor bathroom closest to bedroom #4. Additionally, there was dirt and debris on the shower stall floor.
- *An unlabeled hand towel was on the grab bar next to the toilet in the main bathroom on the 2nd floor.
- *All cabinets and drawers in the kitchen, including the knobs, were covered in a sticky film.

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.

Towels were removed at the time of inspection.
Residents and staff were all reminded not to leave towels in the bathrooms.
Signs were put in all the bathrooms to help prevent this in the future.
Shower stall was cleaned that day, cabinets, drawers and knobs in kitchen were thoroughly cleaned on 2/26/18 and will be kept up with on a weekly basis by cleaning staff.

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

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

Maria D. Alessi-Cronin Date *6/1/18*

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

The above plan of correction is approved as of 7/2/18
(Date)

Plan of correction implementation status as of 7/2/18
(Date)

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

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

JUN 13 2018

Violation Report: 43023 - 02/23/2018 - Barry, Courtney
PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A strip of rubber molding, containing cable wires, was not secured to the floor in front of the emergency exit in the common room on the 2nd floor, posing a trip hazard.

Two layers of paint have peeled away from the wall in an approximate 10 inch section to the left of bedroom #1 near the light switch, exposing what appears to be sheet rock.

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.

Rubber molding was secured and tacked down on 2/24/18.

Administrator and staff will check for possible trip hazards including the rubber molding on a daily basis.

Touch up paint around the light switches will be done by 6/30/18 after all the light switches are updated.

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)


Date

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

The above plan of correction is approved as of

7/2/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 7/2/18
(Date)

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

1. REGULATION 55 Pa.Code §2800

2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

No emergency telephone numbers were posted on or nearby the telephone on the desk on the second floor, near the administrators office.

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.

Emergency numbers were re-posted and taped to the desk top on 2/23/18.
Administrator will be sure all phones have updated emergency telephone numbers according to 2600.91

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WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 2/2/18
(Date)

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

Plan of correction implementation status as of 2/2/18
(Date)

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

Violation Report: 43023 - 02/23/2018 - Berry, Courney
PCH Name: HILLVIEW HOME

1. REGULATION 65 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The interior step on the second floor leading to the Administrators office does not have a handrail or grab bar; posing a fall risk.
The 2 exterior steps to the left of the emergency exit door, in the rear of the home, do not have a handrail or grab bar.

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.

Hand rails were installed in both areas on 6/1/18.

Administrator will be sure to check all stairways, steps and ramps for secure hand rails or grab bars,
at least monthly.

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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)			Date

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

The above plan of correction is approved as of 7/2/18
(Date)

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

Plan of correction implementation status as of 7/2/18
(Date)

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

Violation Report: 43023 - 02/23/2018 - Barry, Courtney
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2800

2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a hole in the top front of the vinyl cushion toilet seat, measuring approximately 1/8 inch, in the 3rd floor bathroom.

There was no handle on the first drawer, to the left of the kitchen sink, with a screw protruding approximately 1/8".

There are 2 tears in the top of the vinyl cushion toilet seat, exposing the foam, measuring approximately 4" x 1/4" and 4.5" x 3/4", in the 1st floor bathroom.

There is a tear in the seat of the taupe vinyl cushion, exposing foam, measuring approximately 6" x 3" in the dining room on the first floor.

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.

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All foam toilet seats were replaced 6/4/18.

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Human Services Licensing

Handle in the kitchen was repaired 2/26/18.

at least monthly inspections

Administrator will check the home more closely for hazards and get things repaired as soon as possible.

Staff is to mark anything that needs repaired on a list posted in the kitchen.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Anna-Cornie* Date *6/4/18*

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The above plan of correction is approved as of 7/2/18 (Date)

Plan of correction implementation status as of 7/2/18 (Date)

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- Not Implemented

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

1. REGULATION 56 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
The walk-in shower stall in the 3rd floor bathroom did not contain a grab bar, hand rail or assist bar.

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.

Grab bar was added to the 3rd floor shower stall on 2/24/18.
Administrator added a repair list sheet for staff to write in anything they see that needs repaired.

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Human Services Licensing

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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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(Date)

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(Initials)

Plan of correction implementation status as of 7/2/18
(Date)

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Violation Report: 43023 - 02/23/2018 - Barry, Courtney
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.102(f) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

At approximately 9:30 a.m., there was no hand soap available in the 3rd floor bathroom.

An used, unlabeled bar of soap was on the sink in the 2nd floor common bathroom near bedroom #4.

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.

~~Bar~~ soap was thrown away and liquid soap was put in the 2nd and 3rd floor bathrooms.

Residents and staff were reminded of this regulation and all residents who use bar soap were given new labeled containers.

A designated staff person will monitor the home daily to ensure hand soap is available and that no unlabeled bar soap is in the bathrooms.

[Handwritten signature]
6/12/18

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Repeat Violation: No Date(s) of Previous Violation(s): WEST REGION FIELD OFFICE
Human Services Licensing

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 6/12/18

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(Date)

Plan of correction implementation status as of 7/2/18
(Date)

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

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

Violation Report: 43023 - 02/23/2018 - Barry, Courtney
 PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

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2a. DESCRIPTION OF VIOLATION

At approximately 11:30 a.m. following unsealed bags food were in the following areas:

JUN 13 2018

- *Package of cookies on the first shelving unit in the stock room.
- *Unsealed bag of cookies in the lower cabinet of the dining room.

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 Human Services Licensing

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 unsealed snacks were those of a resident. She was given a sealed container with her name labeled on it to avoid this from happening again.
 Administrator and staff will remind residents to keep their snacks sealed and labeled.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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 (Date)

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 (Initials)

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Violation Report: 43023 - 02/23/2018 - Barry, Courtney
PCH Name: HILLVIEW HOME

1. REGULATION 85 Pa.Code §2600
2800.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was an accumulation of approximately 1/4 inch of lint in the lint trap of the empty dryer on the first floor.

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 staff meeting was held on 5/21/18 to discuss this and all violations and a reminder note was placed in the laundry room to check dryer vent after each load of laundry.

A designated staff person, daily and on each shift, will monitor the dryers to ensure lint traps are cleaned after each load of laundry.

Barry

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WEST REGION FIELD OFFICE
Human Services Licensing

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) *Maura A. Cannon* Date *6/6/18*

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The above plan of correction is approved as of 7/2/18 (Date)

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

Plan of correction implementation status as of 7/2/18 (Date)

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

JUN 18 2018

Violation Report: 43023 - 02/23/2018 - Barry, Courtney

PCH Name: HILLVIEW HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The hallway leading to the emergency exit door, near the common area on the 1st floor, was blocked by a sofa in the common area. Also, a blanket was laying at the base of the emergency exit door, near the common area on the 1st floor.

A waste basket and end table blocked the emergency exit door leading from the private bedroom on the 2nd floor of the home. Also, excessive force was required to open this emergency exit door.

The emergency exit door in the common area on the 2nd floor was partially blocked by the television and television stand.

The emergency exit door in bedroom #1 was partially blocked by a bed on the 3rd floor of the home. Also, excessive force was required to open the door.

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.

All exits were cleared by staff and administrator, residents were reminded not to block any egress routes
Staff meeting was held on 5/21/18 to discuss this as well as other violations.

Administrator and staff will be sure to check for clear exits on a daily basis, and on each shift.

Handwritten signature and date: 5/21/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2017

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 7/2/18 (Date)

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

Plan of correction implementation status as of 7/2/18 (Date)

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

Violation Report: 43023 - 02/23/2018 - Barry, Courtney
PCH Name: HILLVIEW HOME

1. REGULATION 65 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures were not posted in a conspicuous and public place in the home. The emergency procedures were inside the administrator's office.

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.

Emergency procedure were placed in a common area on 2/23/18 and will remain there.
Administrator will be sure all mandatory postings are updated and added to the bulletin board for all to view

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WEST REGION FIELD OFFICE
Human Services Licensing

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) Date

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

The above plan of correction is approved as of 7/2/18
(Date)

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

Plan of correction implementation status as of 7/2/18
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 43023 - 02/23/2018 - Barry, Courtney
 PCH Name: HILLVIEW HOME

1. REGULATION 65 Pa.Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 An emergency evacuation diagram was posted on the door leading from the 2nd floor to the 1st; however, the diagram was not oriented correctly to the home.

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.

Emergency evacuation diagram was removed 2/23/18 and re-posted in its proper place so that it correctly matched the orientation of the home on the mid floor.

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JUN 13 2018

WEST REGION FIELD OFFICE
 Human Services Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/2/18
 (Date)

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

Plan of correction implementation status as of 7/2/18
 (Date)

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

PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600
2800.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION
There were no exit signs visible from the hallway leading to the emergency exit door in the private bedroom on the 2nd floor of the home.

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.

Exit sign was added to the hallway, leading to the exit sign above the private room door on 5/21/18.
No other exits were checked as well.
Administrator will be sure all exits and the path to the exits are clearly marked.

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JUN 18 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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) Date 6/1/18

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

The above plan of correction is approved as of 7/2/18
(Date)

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

- Plan of correction implementation status as of 7/2/18 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented