



June 5, 2019

Mr. Daniel Simmons  
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's Bureau of Human Services Licensing annual inspection on May 17, 2018 and May 31, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 47488 - 05/17/2018 - Winters, Lynn  
 PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 Staff Person A was hired on 5/4/15 and had a criminal background check completed on 9/11/17.

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.

Immediately after interviewing a potential employee, if they are being considered a background check and a justifacts is ran via the Administrator. Once the background check is ran on our Check List Audit Sheet (which is showing in Exhibit A). The initial checkmark is written. If the background check comes back clear immediately it is printed and placed in the file. If the background check comes back under review this file is then flagged.

Employee Charts are audited once yearly by the Human Resource assistant. When the audit is performed another check mark is placed on each and every item that is mandatory to be in a state employee file on Exhibit 1. Staff person A's audit form did have all of the completed check marks as seen in Exhibit B. This has lead us to believe that this particular chart was audited 4 times in a 3 year period, and therefore we feel this was misplaced. To correct this we reviewed all of our Audits forms and files. We have now implemented that we will add dates on which these audits and check marks are placed on the Exhibit A form. When the initial criminal is placed in the file, and every audit that is performed will now receive a date along with the check mark.

We feel that by placing the dates next to the check marks we will know exactly when the criminal was present inside of the chart. We will also now be making additional copies to be kept in each chart to prevent any being misplaced.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Taliani Administrator</i>	Date <i>10/25/2018</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/14/19</u> (Date)  The above plan of correction was approved by <u><i>SE</i></u> (Initials)	Plan of correction implementation status as of <u>5/14/19</u> (Date)  <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 47488 - 05/17/2018 - Winters, Lynn  
 PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 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

The temperature in the Ice cream cooler was 8 degrees Fahrenheit at 10:35 AM on 5/17/18 and 5 degrees Fahrenheit at 3:43 PM.

The temperature in the walk-in freezer was 40 degrees Fahrenheit at 10:37 AM on 5/17/18 and 8 degrees Fahrenheit at 3:44 PM.

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 the readings on 5/17/2018 were recorded above the normal 0 and below our first step of correction was to purchase new thermometers. A call to Hershey was placed and they came out to service the ice cream freezer. The servicer reported that there was nothing founded to be wrong with the Ice Cream Freezer. Our maintenance men serviced our walk-in freezer and found nothing to be wrong.

Step 2 was to have an in-service with the kitchen staff to go over the importance of closing the doors completely and properly. This is shown in Exhibit I.

Step 3 was the Dietary Director will perform her own thermometer checks throughout the day along with the staff still preforming the required daily checks. If a temperature seems to be off she will report this to the Admin immediately and a plan of action will be set into place.

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)

Kim Taliani

Date 10/25/2018

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 (Date)

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 (Initials)

Plan of correction implementation status as of 5/14/19  
 (Date)

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

Violation Report: 47488 - 05/17/2018 - Winters, Lynn  
 PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation for resident #3, dated 3/27/18, does not address Special Health or Dietary Needs, Ability to Self-Administer Medications, or Cognitive Functioning. These sections of the form are blank.

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.

Plan of Correction for Regulation 55 Pa. Code 2600.141(a)(1)- A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation:

The initial medical evaluation for resident #3, dated 3/27/2018, does not address Special Health or Dietary Needs, Ability to Self-Administer Medications, or Cognitive Functioning. These sections of the form are blank.

After receiving this violation the Assistant Director of Nursing, who is responsible for obtaining new resident DME's and annual DME's of the residents went through and implemented the following steps.

Step 1: Assistant Director of Nursing was retrained on the appropriate way to fill out and obtain a Documentation of Medical Evaluation. The directions that are printed on the back of the DME were gone over extensively with the Administrator. The ADON signed off on an inservice sheet to show this was done. A handout that was provided to the Residence at Hilltop by the state inspectors, Lynn Winters, which included a PowerPoint on compiling a support plan and filling out DME; was given to her to reference the importance of filling out all fields correctly.

Step 2: An audit plan was implemented. Once a DME is received by the Assistance Director of Nursing and checked over once, it is then given to the Residence Care Aide Coordinator to look over and ensure everything is filled out correctly. At which time a check mark is placed in the bottom corner by both the ADON and the RCA Coordinator. A third and final check and check mark will be placed on the DME by the Administrator and given back to the ADON. The ADON will then file the DME and make the appropriate updates to her tracking book to know when the next annual is due. *Exhibit C*

Step 3: A monthly audit of the charts will be performed by the ADON and the Admin together to ensure that all the charts obtain the correct documentation, and that the documentation is filled out appropriately.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim Taliani, Administrator* Date *10/25/2018*

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Violation Report: 47488 - 05/17/2018 - Winters, Lynn  
 PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #6, dated 2/8/18, does not address Body Positioning/Movement. This section of the form is blank.

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.

Plan of Correction for Regulation 55 Pa. Code 2600.141(a)(b)(1)- A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation:

The initial medical evaluation for resident #3, dated 3/27/2018, does not address Special Health or Dietary Needs, Ability to Self-Administer Medications, or Cognitive Functioning. These sections of the form are blank.

After receiving this violation the Assistant Director of Nursing, who is responsible for obtaining new resident DME's and annual DME's of the residents went through and implemented the following steps.

Step 1: Assistant Director of Nursing was retrained on the appropriate way to fill out and obtain a Documentation of Medical Evaluation. The directions that are printed on the back of the DME were gone over extensively with the Administrator. The ADON signed off on an inservice sheet to show this was done. A handout that was provided to the Residence at Hilltop by the state inspectors, Lynn Winters, which included a PowerPoint on compiling a support plan and filling out DME; was given to her to reference the importance of filling out all fields correctly.

Step 2: An audit plan was implemented. Once a DME is received by the Assistance Director of Nursing and checked over once, it is then given to the Residence Care Aide Coordinator to look over and ensure everything is filled out correctly. At which time a check mark is placed in the bottom corner by both the ADON and the RCA Coordinator. A third and final check and check mark will be placed on the DME by the Administrator and given back to the ADON. The ADON will then file the DME and make the appropriate updates to her tracking book to know when the next annual is due.

Step 3: A monthly audit of the charts will be performed by the ADON and the Admin together to ensure that all the charts obtain the correct documentation, and that the documentation is filled out appropriately.

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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) *Kim Taliani - Administrator* Date *10/25/2018*

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Violation Report: 47488 - 05/17/2018 - Winters, Lynn  
 PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The glucometers belonging to the following residents were not calibrated to the correct date and time.

- \*Resident #2
- \*Resident #7

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.

During May 2017 State Inspection the facility was cited for having shared glucometers, at that plan of correction a daily audit was implemented that had the ongoing and the off going shift check the glucometer reading against the electronic medical administration record. This form is attached marked Exhibit D. A monthly audit that was performed by the Resident Care Aide Coordinator was then signed off by the administrator and kept in a binder in the ADON office. The glucometers themselves and the outside case were all labeled with the resident's last name. As the staff would press the memory button and flip through the daily readings to check while signing on and off the staff had changed the dates and times on the glucometers. The steps that were taken to correct this are as follows.

Step 1: Staff was reoriented on how to use the memory feature on each glucometer and signed off on an in-service sheet to show they had done. This is exhibit E.

Step 2: A weekly end of the week audit on Friday's, by the Resident Care Coordinator, is performed. Each glucometer is checked to ensure the correct date and time is still calibrated at the top. If anything is found to be wrong it will be corrected immediately and documented on the Accu Check Audit form that was shown in Exhibit D. To ensure that this weekly audit is being performed the Administrator will have the Resident Care Coordinator sign in her office weekly. This form will be Exhibit F.

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 (Required on EVERY Page) *Kim Taliani*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim Taliani Administrator* Date *10/25/2018*

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Violation Report: 47488 - 05/17/2018 - Winters, Lynn  
 PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3's preadmission screening form, dated 3/22/18, does not indicate if the needs of the resident can be met by the services provided by the home. This section of the form is blank.

Resident #8's preadmission screening form is undated and does not indicate if the needs of the resident can be met by the services provided by the home. These sections of the form are blank.

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 Marketing Director, the assistance director of nursing, and the Administor are the three employees that are responsible for going out on assessments and deciding whether or not a resident is appropriate for our facility. The pre-admission screen is taken with the staff member(s) when going on the assessment. The form is filled out while preforming the assessment. The steps that will be put into place to ensure that there are not any blank fields will be as followed.

Step 1: The staff member that is filling out the form will ask the questions to the resident/POA in the order on the form. Once the form is completed the form will be given to Administor to double check the pre-screen and ensure that the form is filled out correctly, without any blanks. If the Admin is the staff member that filled out the form, the ADON will double check the pre-screen to ensure there are no blanks and filled out correctly.

Step 2: Prior to filing the pre-screen in the chart, the charge nurse on duty will do the third and final check to make sure that no blanks were left. If a blank is found on any one of those steps, the admission process will be placed on hold until the blank is filled in correctly.

Step 3: After each one of these individuals checks the pre-screen they will place their initials at the bottom of the pre-screen. As marked on Exhibit G. Initials will also be placed where the arrows are marked to ensure the most important topics are covered.

Step 4: A chart audit will be set to begin on November 1,2018. All pre-screens, DMEs, and Support Plans will checked for correctness.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim Taliani; Administor* Date *10/25/2018*

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