



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 02 2018

Mr. James E. Stambaugh II  
Administrator / Owner  
Hillside Manor Personal Care Home, Inc.  
177 Oliver Road  
Uniontown, Pennsylvania 15401

RE: Hillside Manor Personal Care Home  
License #: 467990

Dear Mr. Stambaugh:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 6, 2018 and June 7, 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](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



PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 8/6/18, a copy of the Chapter 2600 regulations was not posted in a conspicuous and public place in 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.

A copy of the current violation report was placed in the common area on 9/24/18. Due to memory impaired residents moving the current violation report binder a wall mount literature holder was ordered on 9/24/18 and will be installed by 10-1-18 (as long as item is delivered as scheduled). A designated staff member will check weekly to ensure current violation report binder is in common area until permanent wall mount is installed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *JAMES E STAMBAUGH II*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES E. STAMBAUGH II* Date *9/25/18*

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

The above plan of correction is approved as of 9/27/18 (Date)

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

Plan of correction implementation status as of 9/27/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW*
- Partially Implemented - Inadequate Progress

Violation Report: 46799 - 06/06/2018 - Cutter, Jan  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
On 6/6/18 at approximately 11:00 AM, the following items were being stored out of their original container in the walk-in freezer and were not dated:

- 2 ziplock bags of biscuits
- 2 ziplock bag of hamburger patties
- 1 bag of waffles
- 1 bag of chicken pieces

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 Kitchen Staff was reeducated on any item being stored out of original container must be dated. A designated staff member will check the kitchen weekly to ensure that all items stored out of original container are dated.

The above food items were disposed of on 6.6.18. *9W* 9/27/18

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)			Date
<i>JAMES E. STAMBAUGH II</i>			<i>9-18-18</i>

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The above plan of correction is approved as of <u>9/27/18</u> (Date)	Plan of correction implementation status as of <u>9/27/18</u> (Date)
The above plan of correction was approved by <u><i>9W</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9W</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress

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 glucometer belonging to resident #1 is not set to the correct date and time.

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 residents that require blood glucose monitoring were purchased new glucometers. The date and time were set correctly. A designated staff member will check glucometers weekly to ensure date and time are set correctly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*James E. Sambano II*

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

JAMES E. SAMBANO II

Date 9/18/18

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

The above plan of correction is approved as of 9/27/18 (Date)

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

Plan of correction implementation status as of 9/27/18 (Date)

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