



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 6, 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 inspection on October 5, 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 that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: HILLVIEW HOME		License Number: 43023
Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108		County: Allegheny
Administrator: Mary Jo Cronin		Region: WEST
Legal Entity Name: HILLVIEW HOME INC		
Legal Entity Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108		
Certificate(s) of Occupancy C2 LP 12/21/1995 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/05/2018: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED 10/29/2018 Western Region Field Office Bureau of Human Services Licensing		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 22 Number of Residents Served: 18 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: 6 Are 60 Years of Age or Older: 14 Have Mental Illness: 6 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1	

PCH Name: HILLVIEW HOME

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1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

10/29/2018

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 8-9-17.

Western Region Field Office
Bureau of 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.

Resident #1 did have a medical evaluation on 8/9/17 but also had one completed on 8/15/18 which was attached to her 2018 RASP.

Immediately: A designated staff person shall review all resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Copies of medical evaluations shall be kept in the resident's record and available for review upon the request of the Department. *JM*

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

10/31/18

(Date)

JM

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of 10/31/18

(Date)

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

Violation Report: 43023 - 10/05/2018 - Marini, Michael
PCH Name: HILLVIEW HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

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2a. DESCRIPTION OF VIOLATION

Resident #1's most recent assessment was completed on 8-9-17.

Resident #2's most recent assessment was completed on 7-12-17.

10/29/2018

Western Region Field Office
Bureau of 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.

Resident #1's RASP was completed on 8/9/17 and 8/15/18.
Resident #2's RASP was completed on 7/12/17 and 8/12/18.
(ATTACHED)

Immediately: A designated staff person shall review all resident records to ensure each resident has an assessment, completed in its entirety, at least annually. Copies of assessments shall be kept in the resident's record and available for review upon the request of the Department.

JM

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 10/26/18

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

The above plan of correction is approved as of 10/31/18
(Date)

JM

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 10/31/18
(Date)

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