



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

Mr. James E. Stambaugh II
Administrator / Owner
Hillside Estates Suites, Inc.
177 Oliver Road
Uniontown, Pennsylvania 15401

RE: Hillside Estates Suites
1526 Independence Avenue
Connellsville, Pennsylvania 15425
License #: 447040

Dear Mr. Stambaugh:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 6, 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.

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
Violation Report

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

The Licensing Inspection Summary dated 11/8/17 was not posted 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.

The copy of the current violation report is frequently removed from the bulletin board in the common area by memory impaired residents. Additional copies of report are always kept in nurses station for this reason. A copy of the report was immediately replaced on the bulletin board on 11/6/18. See attached picture : 3 wall mount reference system flip pocket literature holders were ordered on 9/24/18 but only 2 were delivered and 1 was on back order. See attached picture: the wall mount literature holder has been permanently mounted to the wall in a common area and a copy of the current violation report has been inserted into the folders. Immediately: A designated staff person will check weekly to ensure the wall mounted literature holder is intact with current violation report and will be reviewed at Quality Management Meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James E. Stambach II

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

James E. Stambach II ^{owner} administrator

Date 12/26/18

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

The above plan of correction is approved as of 12/31/18
(Date)

Plan of correction implementation status as of 12/31/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44704 - 11/06/2018 - Grace, Desmond
 PCH Name: HILLSIDE ESTATES SUITES

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
 Direct care staff person A started working in the home on 9/7/18. However, the home has not requested a PA Criminal background history check for staff person A.

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 designated facility supervisor will check every new employee file to ensure that a PA criminal background history check has been requested. See attached PA criminal background check for staff person A requested and received on 11/7/2018.

A criminal history background check was completed for direct care staff person A on 11/7/18. *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>James E. Stanbury II</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>James E. Stanbury II</i> <i>owner</i> <i>Administrator</i>	<i>12/26/18</i>

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The above plan of correction is approved as of 12/31/18
 (Date)

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

Plan of correction implementation status as of 12/31/18
 (Date)

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- Partially Implemented - Adequate Progress *g*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44704 - 11/06/2018 - Grace, Desmond
PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the shower/bathroom on the main floor of the home was overflowing with trash and was not covered by a lid.

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.

There is a trash can with a attached lid in the bathroom (see attached picture). Someone placed a small trash can next to the toilet and the trash can was immediately removed. The staff was re-educated on the regulation and shift supervisors have been instructed to monitor for compliance. Violation and plan of correction will be reviewed at Quality Management Meeting.

Immediately: Monitoring shall be completed at least weekly. 12/31/18 *J*

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

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* Owner/Administrator Date *12/26/18*

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44704 - 11/06/2018 - Grace, Desmond
 PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Nystatin 100000 unit/gm applied topically to affected area twice daily for rash. However, the medication expired 10/2018.

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 expired medication was immediately returned to the pharmacy (the resident had a replacement already at facility). A designated staff member will do a medication audit monthly to check for expired medications. Medication audit findings will be discussed at Quality Management Meeting.

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) *James E. Stambaugh II administrator* Date *12/26/18*

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 (Date)

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

Plan of correction implementation status as of 12/31/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44704 - 11/06/2018 - Grace, Desmond
 PCH Name: HILLSIDE ESTATES SUITES

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

Resident #2 is prescribed Humalog 100units/ml kwikpens via sliding four times daily before meals and at bedtime as indicated:

181-200mg/dl= 2 units

201-250mg/dl= 3units

251-300mg/dl= 4 units

301-350mg/dl= 6units

351-400mg/dl= 8units

However, the resident glucometer was not calibrated to the correct date and time. At 4:04 p.m. 11/6/18 the resident's glucometer indicated 4:03 a.m. 11/7/18.

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 designated staff member will monitor glucometers for correct calibration. The staff that pass medications were re-educated on the importance of accurate calibration. The date was correct on the glucometer. The time was corrected from AM to PM (see attached picture).

Immediately monitoring shall be completed weekly. 12/31/18 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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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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 Partially Implemented - Adequate Progress *g*
 Partially Implemented - Inadequate Progress
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Violation Report: 44704 - 11/06/2018 - Grace, Desmond
 PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600
 2600.227(l) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
 On 11/6/18 from 9:00 a.m. to 6:30 p.m. none of the residents' support plans to include residents #1, #2, #3, #4, and #5 was accessible to the staff 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.

Coffee was spilled on both support plan binders – current and old support plans. The old support plan papers was able to be saved and provided to state inspectors but the current support plans were not legible and disposed of. All support plans were re-printed from Tabula Pro, placed in binder in PCH in AM of 11/7/18 (see attached picture) and support plan for every resident in facility was emailed to DHS early AM of 11/7/18. All violations will be reviewed at Quality Management Meeting.

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) *James K Stambaugh II* *owner administrator* Date *12/26/18*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 12/31/18
 (Date)

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- Not Implemented

Violation Report: 44704 - 11/06/2018 - Grace, Desmond
 PCH Name: HILLSIDE ESTATES SUITES

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation was completed on 4/1/18. However, documentation of the medical evaluation was not documented on the departments form. The documentation was completed on a form not approved by the Department and the home does not have a waiver to use the form.

Resident #3 current medical evacuation was completed on 10/10/18 The documentation was completed on a form not approved by the Department and the home does not have a waiver to use the form.

Resident #6 medical evaluation was completed on 4/12/18. The documentation was completed on a form not approved by the Department and the home does not have a waiver to use the form.

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.

We are aware that forms on Tabula Pro are approved by DHS (we have been using them at our other facility for numerous years); however we did not request the wavier from DHS to use the forms. A wavier request was submitted to DHS and obtained. Please see attached wavier. All violations will be reviewed at Quality Management Meeting.

Immediately: If a waiver is not granted the home shall use the Department's form. *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>James E. Stambaugh</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>James E. Stambaugh, owner/administrator</i>			<i>12/24/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
12/31/18 (Date)		12/31/18 (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
<i>g</i> (Initials)			