



MAILING DATE: February 15, 2019

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 inspection on November 7, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: HILLSIDE MANOR PERSONAL CARE HOME		License Number: 46799
Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		County: Fayette
Administrator: James Stambaugh		Region: WEST
Legal Entity Name: HILLSIDE MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 177 OLIVER ROAD, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy C-2 LP 06/17/1996 L&I		RECEIVED JANUARY 24, 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/07/2018: Hoover, Josh; Graziano, Belinda		
Off-Site Inspection Dates and Inspectors, if Applicable 11/02/2018: Hoover, Josh		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 76 Number of Residents Served: 50 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: 10 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 60 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0

Violation Report: 46799 - 11/02/2018 - Hoover, Josh
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

Agents of the Department requested multiple resident records at approximately 10:30a.m. Follow-up requests were made at approximately 11:05a.m., 11:50a.m., 1:15p.m., and 2:00p.m.

Resident #1's record was not provided until approximately 1:15p.m.

A portion of resident #2's record was provided at 11:40a.m. It did not include the resident-home contract or the resident's assessment and support plan Resident #2's resident-home contract was not provided until approximately 12:20p.m. and the resident's assessment and support plan were not provided until approximately 2:30p.m.

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 was discharged from the facility in Sept 2018. The chart was filed with discharged Residents but was out of alphabetical order. Effectively immediately ensure all discharged Resident charts are in alphabetical order so they can be located quickly.

Resident #2 When APS was at PCH Resident's assessment/ support plan, were pulled from binder for them. Contract was pulled from binder also due to question of son having POA. The resident's chart does not include the contract or assessment/ support plan.

Repeat Violation: No Date(s) of Previous Violation(s):
SEE PAGE 2A OF 7

Signature of Legal Entity Representative (Required on EVERY Page) *James E. Stambaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 James E. Stambaugh Admin 1/22/19

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

The above plan of correction is approved as of 2/6/19
 (Date)

Plan of correction implementation status as of 2/6/19
 (Date)

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

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

3. Plan of correction for 2600.5(a)(1)

The contracts are kept in a separate binder and the support plans/assessments are kept in a separate binder. After documents were provided to APS they were not put back in binders.

Effective immediately all support plans/assessments and contracts were checked to ensure they are in proper location and staff was educated to return all documents to proper location immediately. Staff also instructed not to remove documents from binders unless absolutely necessary. A designated staff member will check contract binder and support plan/assessment binder weekly to ensure documents are in proper order.

James E. Stambaugh II
1-22-19

James E. Stambaugh II admin.

Violation Report: 46799 - 11/02/2018 - Hoover, Josh
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #2, dated 10/1/2018, was not signed by the resident.

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 resident has Dementia and is physically unable to sign or make a mark. The resident's son who is financially responsible signed the contract. Effectively immediately, all contracts will be signed by the resident or marked by the resident as long as the resident is physically able. Will also review above 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) *James K. Stambaugh II*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James K. Stambaugh II Admin.* Date *1/22/19*

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Violation Report: 46799 - 11/02/2018 - Hoover, Josh
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 2/3/2016, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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.

Staff person A was immediately terminated.
 Staff person A did have a high school diploma but it was not approved by the PA Dept of Education.
 All employees (current & future) will have required qualifications for high school diploma / GED (Effective immediately). Educational requirements will also be discussed at quality management meeting.

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James E. Stambach II Admin		1/22/19

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Violation Report: 46799 - 11/02/2018 - Hoover, Josh
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home currently serves 50 residents whose diagnoses and needs include the following:

- 25 residents with diagnoses of dementia, Alzheimer's disease, or neurocognitive impairment
- 3 residents who require the use of a Hoyer lift and the assistance of 2 staff persons to transfer
- 3 residents who require the assistance of 2 staff persons to transfer

There were only 2 direct care staff persons in the home between the hours of 1:00a.m. and 6:00a.m. on numerous dates, to include 10/29/2018-10/31/2018, 11/1/2018, and 11/5/2018.

The staffing provided on the above dates was insufficient staffing to meet the assistance and supervision needs of the residents.

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.

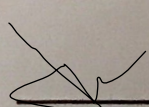
Please see attached schedules for 10/29, 10/30, 10/31, 11/1, and 11/5 - The schedule is sometimes confusing when reading it initially but there is a staff person scheduled in the laundry position from 1030p - 7A

Immediately - The administrator will review the schedule and residents' assessments and support plans at least weekly to ensure sufficient staffing hours are provided by qualified direct care staffing for an emergency evacuation.

By April 30, 2019 - The administrator will supervise a fire drill during sleeping hours with minimum staff to ensure that staffing is sufficient to evacuate residents within a time designated in writing by a fire safety expert and to supervise residents during the drill. Documentation will be kept. -- JRW 2/6/19

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James E. Stambaugh II admin.		1/22/19

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Violation Report: 46799 - 11/02/2018 - Hoover, Josh
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

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

Resident #2 was admitted on 10/2/2018; however, a medical evaluation has not been completed.

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 have a CRNP on staff at PCH that can sign DME.
 Due to all of the issues with Resident #2 it was decided that PCP needed to sign DME. On several occasions a DME was faxed, mailed, hand delivered and given to resident's son to get signed when taking Resident to appointment at PCP office. Effectively immediately any Resident that is cared for by same PCP as Resident #2 will be required to have DME signed by PCP prior to admission. Effectively immediately all charts reviewed to ensure DME is completed within timeframe.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

James E. Sanbush Admin

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

James E. Sanbush Admin

Date

1/22/19

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Violation Report: 46799 - 11/02/2018 - Hoover, Josh
 PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3, dated 9/7/2017, indicates that the resident requires minimum supervision and the description of supervision needs indicates that the resident "cannot leave the facility unattended," and that the resident "is not an elopement risk." However, multiple staff interviews indicate that between resident #3's admission, on 8/27/2017 and his/her elopement from the home on 8/12/2018, the resident exhibited consistently increasing wandering and exit-seeking behaviors and required an ever increasing amount of redirection due to her desire to leave the home.

Resident #3's assessment was not updated and no additional supervision was provided.

On 8/12/2018, resident #3 eloped from the home. The resident was found by a community member after suffering a fall and was taken to the emergency room, where he/she was diagnosed with numerous serious injuries, to include laceration of the ear canal, facial fracture, nasal bone fracture, mandible fracture, and multiple rib fractures.

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 #3 support plan/assessment was not updated per Regulation. There is documentation on numerous occasions in the resident's chart and staff communication notes that the staff, family and physician's assistant were all aware of Resident's increased confusion, increased anxiety/agitation, and risk for elopement. (See attached notes from staff communication book dated 8/4/18). The resident has frequent episodes of packing belongings and carrying around coat and states they are leaving but had never attempted to physically elope until 8/4/18. Family, PA and staff were all notified of incident. Upon admission, a orange dot was placed on the resident's name plate on the outside of bedroom door indicating that resident is a elopement risk. (See attached color codes). A wander guard was offered to family upon admission and

Repeat Violation: No	Date(s) of Previous Violation(s):	See Page 7a of 7
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James E. Stambaugh II* Date *1/22/19*

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3. Plan of correction for regulation 2600. 225(a) (Cont)

Family declined due to not feeling resident would physically exit facility. The physicians assistant visits resident at facility and is very involved in care, as well as increased anxiety/agitation, declining dementia, and risk for elopement. Since admission to PCH - prior to elopement and recently several medication changes have been ordered by physicians assistant for dementia related behaviors - increased confusion, increased anxiety/agitation and risk for elopement. Resident was assessed by PA at facility on 8/31/17, 9/28/17, 11/22/17, 2/2/18, 6/19/18, 8/17/18, 9/4/18, and 11/8/19. Additional supervision was provided by staff. The staff was also instructed in writing (see attached) on redirecting resident. Upon discharge from hospital a Wanderguard was applied to resident. The resident did not have rib fractures from fall as stated in description of violation (per final xray report) but did have other listed injuries. The staff was instructed verbally and in writing (staff communication notes and sticker for elopement risk on name plate) of resident's supervision needs. Resident's support plan/assessment were updated immediately. Designated staff was re-educated.

JAMES E. SANBAYH # James E. Sanbayh admin
1-22-19

3. plan of correction for regulation 2600.225(a)
(Cont)


Page 7B of 7

on assessing and updating supervisory needs and elopement risks on assessment/support plan. Residents that are elopement risks will be reviewed at quality management meeting. All support plans and assessments for residents that are elopement risks will be immediately reviewed and updated if needed.

James E. Stambaugh II

James E. Stambaugh II admin

1/22/19

 2/6/19