



MAILING DATE: July 25, 2019

Ms. Catherine Rowe
Owner
Hillside Rest Home, Inc.
P.O. Box 552
Blue Ridge Summit, Pennsylvania 17214

RE: Hillside Personal Care
1175 Old Waynesboro Pike
Fairfield, Pennsylvania 17320
Certificate #: 348750

Dear Ms. Rowe:

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

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 34875 - 11/06/2018 - Cargile, Kellie

PCH Name: HILLSIDE PERSONAL CARE

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.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1, completed on 8/28/17, indicates that the resident has no problem with irritability, agitation and aggression. On the following dates, Resident #1 acted out with verbal or physical aggression towards other residents of the home and staff: 8/3/18, 8/29/18, 9/15/18, 9/18/18, 9/26/18, 9/30/18 and 10/25/18. A new assessment was not completed to reflect these behaviors.

The most recent assessment for Resident #2 was completed on 6/18/17.

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.

11/6/18 - Resident #1's assessment was updated to reflect aggressions and skills to modify behaviors. Use De-escalation procedures as needed.

10/25/18 – 11/22/18 – Residents #1 was hospitalized in the Behavioral Health Unit.

11/8/18 – Resident #2's assessment was updated.

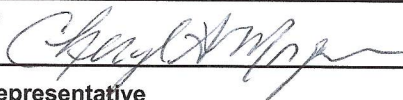
On-going - Administrator and Medical Care Coordinator will monitor appropriateness of plans of care on the RASP and initiate updating as needed.

- Administrator and Medical Care Coordinator will monitor monthly timeliness of RASP as per regulation 2600.225(c)

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)

Cheryl A Morgan, Administrator

Date 5/15/19

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

The above plan of correction is approved as of 7/24/19
(Date)

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

Plan of correction implementation status as of 7/24/19
(Date)

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

Violation Report: 34875 - 11/06/2018 - Cargile, Kellie

PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #1 indicates that the resident has a need for behavioral health services. The resident's support plan does not document how this need will be met.

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.

11/6/18 - RASP was updated to reflect meeting her behavioral health needs
 With medications and appointments to behavioral health specialists.

On-going - Administrator and Medical Care Coordinator will monitor appropriateness of plans of care on the RASP and initiate updating as needed.
 - Administrator and Medical Care Coordinator will monitor monthly accuracy of RASP as per regulation 2600.227(d)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cheryl A Morgan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cheryl A Morgan, Administrator* **Date** *5/15/19*

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