



**MAILING DATE: June 20, 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 January 9, 2019, 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 that reads "Suzy Quinn". The signature is written in a cursive style with a long horizontal line extending to the right.

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

<b>PCH Name:</b> HILLSIDE MANOR PERSONAL CARE HOME		<b>License Number:</b> 46799
<b>Address:</b> 177 OLIVER ROAD, UNIONTOWN, PA 15401		<b>County:</b> Fayette
<b>Administrator:</b> JAMES E STAMBAUGH II		<b>Region:</b> WEST
<b>Legal Entity Name:</b> HILLSIDE MANOR PERSONAL CARE HOME INC		
<b>Legal Entity Address:</b> 177 OLIVER ROAD, UNIONTOWN, PA 15401		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/17/1996 L&I		<b>RECEIVED</b>  <b>MAR 29 2019</b>  <b>Western Region</b>
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 61	<b>Waking Staff:</b> 46
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/09/2019: Winters, Lynn		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 01/10/2019: Winters, Lynn		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 76 <b>Number of Residents Served:</b> 48 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 6 <b>Number of Hospice Residents in past year:</b> 20	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 48 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 13 <b>Have a Physical Disability:</b> 0	

Violation Report: 46799 - 01/09/2019 - Winters, Lynn  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

Western Region

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

The initial medical evaluation for resident #1, dated 9/13/18, did not indicate the resident's weight. This section of the form was blank.

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.

See page 2a of 3

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *James E. Stambaugh Admin.*      Date *3/28/19*

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

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

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

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

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

2600.141(a)

Resident #1 is on hospice and is too weak and unsteady to stand on a scale to obtain an accurate weight. The area for the resident's weight was updated by Rebecca Svec CRNP and now states UTO (unable to obtain). Designated staff was instructed to check all current DMEs to ensure that they are completed as per regulation requirements. Designated staff was instructed that all DMEs must be checked within one week. For future DMEs, designated staff responsible for DMEs is required to have another designated staff member check the DME to ensure that entire form is completed prior to filling in resident's chart. This will also be discussed at Quality Management Meeting.

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MAR 29 2019

Western Region

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Violation Report: 46799 - 01/09/2019 - Winters, Lynn  
PCH Name: HILLSIDE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
The preadmission screening form for resident #1, admitted 9/10/18, was not dated. This section of the form was blank.

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.

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(Initials)

MAR 29 2019

**Western Region**

Resident #1 admission date was added to pre admission screening. Designated staff was instructed to check all current pre admission screenings to ensure that they are completed as per regulation requirements. Designated staff was instructed that all pre admission screenings must be checked within one week. For future pre admission screenings, designated staff responsible for pre admission screenings is required to have another designated staff member check the pre admission screening to ensure that entire form is completed prior to filling in resident's chart. This will also be discussed at Quality Management Meeting.