



July 26, 2019

Ms. Catherine C. Rowe
Administrator
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 annual inspection on January 28, 2019 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 "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report: 34875 - 01/28/2019 - Hoover, Douglas
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.


2a. DESCRIPTION OF VIOLATION
 There was no bedside lamp for Resident #1 in Room #1.

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.

01/29/2019 – Bedside lamp was replaced

On-going – Building manager will monitor weekly. Administrator will monitor monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 <u>7/24/19</u> (Date)	Plan of correction implementation status as of <u>7/24/19</u> (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34875 - 01/28/2019 - Hoover, Douglas
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last fire drill conducted during sleeping hours was on 10/31/2018 at 5:50 am. There were no other fire drills conducted during sleeping hours in 2018.

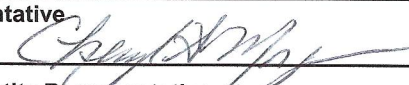
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Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

TBD – An additional overnight fire drill will be conducted in 2019

On-going – Building manager will communicate to Administrator the months that the overnight fire drills will be conducted. Administrator will supervise that these fire drills occur.

The Administrator shall review the Fire Drill Records on a monthly basis to ensure that a sleeping hours fire drill is conducted at least once every six months. The monthly fire drills will be discussed at the home's periodic quality management reviews. - GE, 7/24/19

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Violation Report: 34875 - 01/28/2019 - Hoover, Douglas

PCH Name: HILLSIDE PERSONAL CARE

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 #2, admitted 2/5/18, is dated 10/27/17.

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.

On-going – Administrator and Medical Care Coordinator will audit and conduct medical evaluations as require by regulation 2600.141(a)(1) and schedule medical evaluations as needed.

The administrator will ensure that all newly-admitted residents have a medical evaluation within the time frames required by this regulation. -GE, 7/24/19

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Violation Report: 34875 - 01/28/2019 - Hoover, Douglas
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #3's last medical evaluation is dated 3/5/18. The previous medical evaluation is dated 2/5/17.

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.

On-going – Administrator and Medical Care Coordinator will audit and conduct medical evaluations as require by regulation 2600.141(b)(1) and schedule medical evaluations as needed.

The audit will be completed within 30 days of the receipt of this Plan of Correction. If during the audit, any resident is found with a medical evaluation that is overdue, a new evaluation will be conducted as soon as possible and annually thereafter. - GE,7/24/19

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Violation Report: 34875 - 01/28/2019 - Hoover, Douglas

PCH Name: HILLSIDE PERSONAL CARE

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 pre-admission screening form, dated 3/1/17, is blank for whether the home can meet the needs of Resident #3.

The pre-admission screening form for Resident #2, admitted 2/5/18, is dated 12/8/17.

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.

On 01/28/19 – Administrator fixed the preadmission screening by checking the box that the personal care home can meet the needs of Resident #3

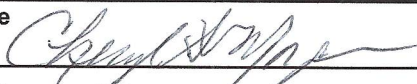
On-going – Administrator will complete an additional preadmission screening if not completed within the 30 days of admission.

Administrator will audit and review preadmission screenings for timeliness.

The Administrator will ensure that for all future admissions, that each preadmission screening is accurate and completed in its entirety. - GE, 7/24/19

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Cheryl A Morgan, Administrator

Date

5/15/19

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PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The 3/28/17 support plan for Resident #3 is unsigned by the resident and there is no notation or refusal to sign.

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.

01/29/19 – Resident # 3 signed RASP

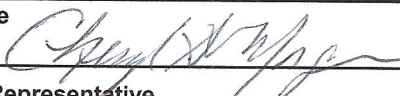
On-going – Medical Care Coordinator will submit all recently updated RASP’s for review by Administrator. Administrator and Medical Care Coordinator will make changes as needed.

All support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable or unwilling to sign, documentation of inability or unwillingness will be kept. - GE, 7/24/19

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