



October 8, 2019

Ms. Mary Jo Arena-Cronin
Owner/Administrator
Hillview Home, Inc.
615 Cornell Street
Coraopolis, Pennsylvania 15108

RE: Hillview Home
License #: 430230

Dear Ms. Arena-Cronin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 25, 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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: HILLVIEW HOME
Address: 615 CORNELL STREET, CORAOPOLIS, PA 15108
County: ALLEGHENY Region: WESTERN

License Number: 430230

Administrator

Name: Mary Jo Cronin Phone: 4122645154 Email: MJ@HILLVIEWPERSONALCAREHOME.COM

Legal Entity

Name: HILLVIEW HOME INC
Address: 615 CORNELL STREET, PA, 15108

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/21/1995 Issued By: PA Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal, Complaint

Inspection Dates and Department Representative

02/25/2019 - On-Site: Barb Barone, Joe Eveses

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 22 Residents Served: 22

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 21
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 1

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There were multiple dried food particles inside the microwave above the sink in the 1st floor kitchenette.

There were approximately 25 onions covered with black mold in a plastic bin inside the dry pantry area off of the kitchen.

There were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the ground floor common bathroom off of the kitchen.

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.)


Immediate action was taken and issues were easily resolved 2/25/2019.

Staff meeting was conducted 2/28/2019 to make all staff aware of the violation and to improve on sanitary conditions in the home.

Immediately, then at least daily, a designated staff person shall inspect the microwave and all food storage areas to ensure sanitary conditions are maintained and inspect all bathrooms to ensure a sanitary means of hand drying is present. Any deficiencies discovered shall immediately be resolved.

 8/26/19

Legal Entity Representative


Signature 


Printed Name and Title _____ Date 7/17/19

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The above plan of correction is approved as of 8/26/19 (Date)

Plan of correction implementation status as of 8/26/19 (Date)

The above plan of correction was approved by  (Initials)

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

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Approximately 12 inches of cove base strip was not attached to the wall behind the toilet in the 1st floor common bathroom at the top of the ground floor stairs.

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.)

Cove base was re-attached to the wall on 2/26/2019

A repair list was added to the bulletin board in the staff room and the administrator will check the list and take care of repairs in a timely manner.

Immediately, then at least weekly, a designated staff person shall inspect the home to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies found shall immediately be reported to the administrator and immediately be repaired or replaced.

SE 8/26/19

Legal Entity Representative

[Signature]
Signature

Maryjo Ann Corwin Admin 8/26/19
Printed Name and Title Date

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101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

There were 4 slats missing from the vertical blind on the window in bedroom #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.)

Vertical blinds were repaired 2/26/2019. All blinds in the house will be replaced by the end of 2019. Repair list was hung up in the hallway for residents to write down what needs fixed and administrator will have repairs taken care of in a timely manner.

Immediately, then at least weekly, a designated staff person shall inspect all bedrooms to ensure the drapes, shades, curtains, blinds or shutters on the bedroom windows are clean, in good repair, provide privacy and cover the entire window when drawn. Any deficiencies discovered shall immediately be reported to the administrator and immediately repaired or replaced.

 8/26/19

Legal Entity Representative


Signature

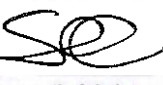

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an approximate 1/16" layer of lint on top of the exhaust duct and the gas line connecting to the dryer in the ground floor laundry room.

There was an approximate 1/16" layer of lint covering an area approximately 24" by 32" on the ground below the outside dryer vent.

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.)

Lint was swept and removed in the laundry room immediately by cleaning staff.

Dryer was repaired on 3/12/2019 and new duct work was installed by appliance company which corrected lint particles from escaping from the duct connected to the dryer.

Outside area will be swept clean as needed by cleaning staff and administrator will check on a weekly basis during routine home walk through.

Legal Entity Representative

[Handwritten Signature]
Signature

Mary Jo Arena-Crown
Printed Name and Title

7/26/19
Date

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Several blankets piled on the floor next to the door threshold blocked egress from the home's emergency exit door near the ground floor TV room.

A large armchair blocked the hallway leading to the ground floor emergency exit in the TV room.

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.)

All exits were cleared immediately.

Administrator will check all exits for obstructions of any kind several times a week.

Immediately, then at least daily, the administrator or designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed.

 8/26/19

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Signature



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127a - Portable Space Heaters

Regulations

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

There was a portable air conditioner/heater unit in use in the 1st floor dining room.

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.)

Portable heater as well as the vent going outside was removed immediately.
Per regulation any type of portable heater will not be used in the future.

Immediately, then at least weekly, a designated staff person shall inspect the home to ensure no portable space heaters are in use.

Legal Entity Representative

Signature

Printed Name and Title *Mary Jo A. ...*

Date *7/17/19*

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Multiple resident medications were unlocked, unattended, and accessible in a green plastic bin in the left cabinet above the 1st floor kitchenette sink, including:

Resident #1 - a 16gm bottle of Fluticasone 50mcg nasal spray, and a 15ml bottle of refresh liquigel 1% eye drops

Resident #2 - a 5ml bottle of isopto atropine 1% eye drops, a 10ml bottle of azopt 1% eye drops and a 3.7ml bottle of calcitonin salmon

Resident #3 - a 3ml bottle of timolol 0.5% eye drops

Resident #4 - a bottle of 150 count vitamin D3 tablets

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.)

All medications were returned to the locked med cart immediately.

Staff meeting was held 2/28/2019 to discuss violations. All med techs reviewed regulation 2600.183.

Med techs were re-certified on 5/29/2019. Administrator and/or designated staff will check daily to ensure all meds are in a secured cabinet at all times.

Legal Entity Representative

Signature 

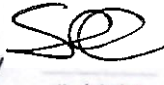
Printed Name and Title *Mary Jo Adams-Crowne*

Date *7/27/19*

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Lorazepam 0.5 mg tablet - take 1 tablet by mouth 2 times daily as needed for restlessness. Her February 2019 narcotic count sheet indicates she was administered this medication on 2/10/19 at 3:00 am, 2/23/19 at 8:00 am and 6:00 pm, and 2/24/19 at 12:00 pm. However, her February 2019 medication administration record does not include the initials of the staff persons who administered this medication.

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 meeting was conducted on 2/28/2019 to discuss the violation and to remind techs to sign count sheet as well as MARs. _____ narcotic count sheets, and MARs SE 8/26/19
Administrator and/or designated staff will check med cart daily for errors and address them immediately.

Legal Entity Representative

Signature 

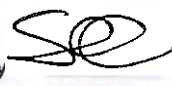

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