



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HILLSIDE REST HOME, INC.
LEGAL ENTITY

To operate HILLSIDE PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 23, 2019 until March 23, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **348751**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: September 23, 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 #: 348751

Dear Ms. Rowe:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 19, 2019, July 2, 2019, and August 13, 2019 of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 348750 dated April 24, 2019 to April 24, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated April 24, 2019 to April 24, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Ms. Rowe

2

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: HILLSIDE PERSONAL CARE

License Number: 348750

Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320

County: ADAMS

Region: CENTRAL

Administrator

Name: Cheryl Morgan

Phone: 7177942163

Email:

Legal Entity

Name: HILLSIDE REST HOME INC

Address: PO BOX 552, PA, 17214

Certificate(s) of Occupancy

Type: LP

Date: 12/08/1978

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 41

Waking Staff: 31

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

06/19/2019 - On-Site: Jason McCloskey, 7/2/19 - On-Site Jason McCloskey

06/19/2019 - Off-Site: Jason McCloskey

06/21/2019 - Off-Site: Jason McCloskey

06/27/2019 - Off-Site: Jason McCloskey

07/01/2019 - Off-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served: 41

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 7

Are 60 Years of Age or Older: 27

Diagnosed with Mental Illness: 25

Diagnosed with Intellectual Disability: 17

Have Mobility Need: 0

Have Physical Disability: 0

20b1 - Financial Records

Regulations

2600.

20.b.1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home is the representative payee for Resident 1. The home does not keep a complete record of financial transactions including the dates, amounts of deposits, amounts of withdrawals and the current balance. Specifically, the home is not recording social security and other income that the resident receives.

Plan of Correction (POC)

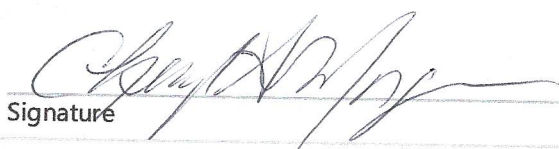
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

07/03/19 - Resident # 1's transactions were audited and updated as needed signed all current transactions.

On-Going - A new income report is implemented as attached. All transactions will be recorded at time they occur with dates, amounts of deposits, amounts of withdrawals and the current balance.

*Within 20 days from the date of the plan's acceptance, the home will review the financial accounts for all current residents (for whom the home holds funds) and provide a copy of the quarterly account statements to the residents, and designated person. BAS 7/22/19

Legal Entity Representative


Signature

Cheryl A Morgan, Admin 7-19-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 8/20/2019
(Date)

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

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

20b3 - Written Receipts

Regulations

2600.

20.b.3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home has not obtained a written receipt from the resident for cash disbursements as evidenced by three payments to Alert pharmacy occurring on 6/2/19 that were not signed for by the resident.

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.)

07/03/19 Resident # 1 signed for transactions.

On-Going – Residents will sign for transactions in a timely manner.

*The administrator will ensure that all residents sign for cash disbursements, or will indicate refusal or inability to sign. Documentation of the signature or refusal/inability to sign shall be maintained for each cash disbursement. BAS 7/22/19

Legal Entity Representative

Signature 

Cheryl Morgan
Printed Name and Title

7-19-19
Date

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86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The shower room on the first floor has no window and lacks an operable exhaust fan.

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.)

07/11/19 – Electrician removed old fan – awaiting new fan and installation to be completed by 7/26/19

On-Going – Building Manager will check monthly for proper operating fans and schedule repairs as needed.

*Within 10 days from the the plan's acceptance date, all staff will receive re-education to immediately report identified areas of disrepair to the administrator. BAS 7/22/19

Documentation of re-education and montly checks shall be kept for Department review. *SMP* 9/13/19

Legal Entity Representative


Signature

Cheryl Morgan
Printed Name and Title

7-19-19
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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

The shower room on the first floor has a metal trash can and a metal shelf that are covered with rust. The electric baseboard heater is covered with rust. The wall and a wood storage cabinet are dirty with spots of a dark, mold-like substance.

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.)

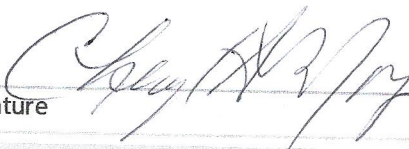
07/05/19 – A new trash can and a new metal shelf were placed in the shower room. The electric baseboard heater will be replaced by 07/26/19. The wall and cabinet were cleaned.

On-Going – Building Manager will inspect monthly floors, walls, ceilings, windows, doors and other surfaces and schedule repairs.

*Within 10 days from the the plan's acceptance date, all staff will receive re-education to immediately report identified areas of disrepair to the administrator. BAS 7/22/19

Documentation of re-education and monthly inspections shall be kept for department review. SMP 9/13/19

Legal Entity Representative

Signature 

Printed Name and Title Cheryl Morgan

Date 7-19-19

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100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The parking lot of the home has uneven pavement with potholes. The largest pothole measures 4' across and was filled with about 1 1/2" water. The uneven, irregular pavement poses a tripping hazard to anyone walking through the parking lot but especially to people who use mobility devices like canes or walkers.

At the front of the home, there is a pipe which discharges water over the exit door and onto the concrete exit ramp. The running water poses a hazard to anyone leaving the building during an emergency or in periods of inclement weather when the water is flowing.

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.)

*Within 10 days from the the plan's acceptance date, all staff will receive re-education to immediately report identified areas of disrepair to the administrator. BAS 7/22/19

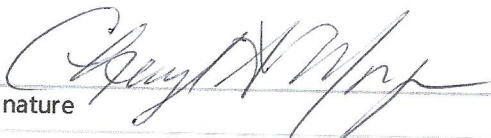
Documentation of re-education shall be kept for Department review. SMP 9/13/19

07/26/19 - Parking lot potholes will be repaired.

07/26/19 - Pipe will be rerouted to not drip on exit ramp

On-Going - Building Manager will review the exterior of building and the grounds and schedule repairs as needed.

Legal Entity Representative

Signature 

Cheryl Morgan
Printed Name and Title

7-19-19
Date

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101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

101.j.3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident 2's pillowcase was threadbare and had numerous dark brown/purple stains on it. The pillow itself was also extremely unclean with large yellow and brown stains.

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 #2's pillow and pillowcase were discarded and replaced with a new pillow.

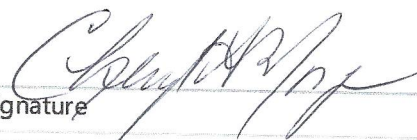
On-going - Resident will use a protector and clean and /or replace as needed. Housekeeping will inspect for compliance with 2600.j.3 and replace and/or clean as needed.

*Within 10 days from the the plan's acceptance date, all staff will receive re-education to immediately report identified areas of disrepair to the administrator. BAS 7/22/19

*Within 10 days from the the plan's acceptance date, the administrator will inform the residents to notify staff when bedding and/or pillows are in disrepair or in need of replacement. BAS 7/22/19

*Within 15 days from the the plan's acceptance date, the home will perform a check of all residents beds, bedding, and pillows to ensure that they are clean and in good condition. Cleaning and/or replacements of items will be completed as needed. BAS 7/22/19

Legal Entity Representative

Signature 

Printed Name and Title Cheryl Morgan

Date 7-19-19

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101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The corner of the ceiling in bedroom 4 is in poor repair as evidenced by plaster that droops from the ceiling approximately one inch as well as an eight inch by two inch strip of drywall tape that is peeling away from the ceiling. The damaged part of the ceiling is located over a resident's bed.

Plan of Correction (POC)

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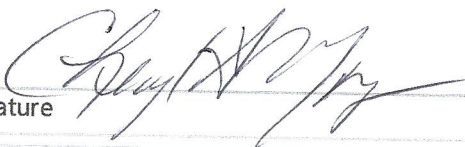
07/30/19 - Ceiling will be repaired.

On-going – Building manager will inspect monthly or more frequently as needed and schedule repairs in a timely manner.

*Within 10 days from the the plan's acceptance date, all staff will receive re-education to immediately report identified areas of disrepair to the administrator. BAS 7/22/19

Documentation of re-education and monthly inspetions will be maintained for Department review. SMP9/13/19

Legal Entity Representative

Signature 

Printed Name and Title *Cheryl Morgan*

Date *7-19-19*

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102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The toilet in the upstairs bathroom across from bedroom 7 lacks a grab bar or assist bar.

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.)


07/22/19 Grab bar to be re-installed

On-Going - Building manager will inspect for 102.d monthly or more often as needed. Building Manager will schedule repairs as needed.

*Within 10 days from the the plan's acceptance date, all staff will receive re-education regarding this violation and to immediately report identified areas of disrepair or missing grab bars to the administration. BAS 7/22/19

Documentation of re-education and inspetions will be maintained for Department review. SMP 9/13/19

Legal Entity Representative

Signature 

Printed Name and Title Cheryl Morgan

Date 7-19-19

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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

On 6/19/19, at approximately 9:10am, the licensing representative observed a medication cart unlocked and accessible to residents. The cart was unattended and not in use at the time of the observation.

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.)

Immediately – Medication cart was locked. All Med Techs were educated on the importance of regulation 2600.183.b

On-going – Administrator will monitor for compliance.

Legal Entity Representative


Signature

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Printed Name and Title

7-19-19
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