



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to CSM MONTOURSVILLE LLC  
LEGAL ENTITY

To operate THE HILLSIDE SENIOR LIVING COMMUNITY  
NAME OF FACILITY OR AGENCY

Located at 2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754  
(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 60  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 October 23, 2019 until October 23, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **228300**

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

October 23, 2019

Mr. Joseph T. Pohlen  
CSM Montoursville, LLC  
61 Sheldon Avenue SE  
Grand Rapids, MI 49503

RE: The Hillside Senior Living Community  
2725 Four Mile Drive  
Montoursville, Pennsylvania 17754  
License #228300

Dear Mr. Pohlen:

As a result of the Department's Bureau of Human Services Licensing inspection on October 9, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License

# Violation Report

## Facility Information

Name: *THE HILLSIDE SENIOR LIVING COMMUNITY*  
Address: *2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*  
County: *LYCOMING* Region: *NORTHEAST*

License Number: *228300*

## Administrator

Name: *Brandi Rendler* Phone: *570-478-1017* Email: *brendler@livecardinal.com*

## Legal Entity

Name: *CSM MONTOURSVILLE, LLC*  
Address: *61 SHELDON AVENUE SE, GRAND RAPIDS, MI, 49503*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/26/1999* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: Total Daily Staff: *22* Waking Staff: *17*

## Inspection

Type: *Partial* BHA Docket #: Notice: *Announced*  
Reason: *Change Legal Entity*

## Inspection Dates and Department Representative

*10/09/2019 - ~~Michelle Moskalyk~~ Amy Deluca*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *60* Residents Served: *22*

### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

### Hospice

Current Residents:

### Number of Residents Who:

Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *22*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

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

The exit door leading from the water storage area required excessive force to open at the time of the inspection.

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.)

- 1- Issue corrected immediately on 10/9/19.
- 2- maintenance Director immediately removed door latch, took it apart, sprayed all inside parts with WD-40 and re-attached it back on the door. It opens smoothly and without difficulty.
- 3- maintenance will complete a weekly preventative maintenance checklist - and will immediately correct any issues found.  
At the end of each month, the checklist will be given to the administrator for her records.
- 4- This will be implemented to begin weekly Oct 21, 2019.
- 5- see attachment #1. - this is a copy / example of checklist that will be used.

Thank you.

Legal Entity Representative

*Brandi Renda*  
Signature

Brandi Renda PCHA  
Printed Name and Title

10-16-19  
Date

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

The above plan of correction is approved as of 10-17-19  
(Date)

Plan of correction implementation status as of 10-17-19  
(Date)

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

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

124 - Notice to Fire Department

**Regulations**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

The current notification letter to the local fire department identifies residents with mobility needs. Currently the home indicates that no residents have mobility needs.

**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.)

- 1- violation immediately corrected on 10/9/19.
- 2- Letter immediately sent to Fire chief, correcting violation.
- 3- A letter will be faxed/sent to the fire chief each time a resident is admitted with a mobility/evaluation need.
- 4- A letter will be sent to the fire chief when a current resident has a mobility/evaluation need change.
- 5- The Director of Wellness will keep the Administrator informed of any resident changes requiring a mobility need /change.
- 6- The Administrator will notify the Fire chief immediately of the change/changes and keep record of notification.
- 7- This process has been initiated on 10/9/19 - and will be ongoing.
- 8. See attachment # 2- letter sent to Fire chief on 10/9/19- correcting violation.  
Thank you.

**Legal Entity Representative**

*Brandi Rendler*  
Signature

Brandi Rendler, PCA  
Printed Name and Title

10-16-19  
Date

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

The above plan of correction is approved as of 10-17-19  
(Date)

Plan of correction implementation status as of 10-17-19  
(Date)

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

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