



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [hillsidemanorpch@gmail.com](mailto:hillsidemanorpch@gmail.com)  
[rebeccasvec@gmail.com](mailto:rebeccasvec@gmail.com)

Mailing Date: April 3, 2020

Mr. James E. Stambaugh II  
Administrator / Owner  
Hillside Estates Suites, Inc.  
177 Oliver Road  
Uniontown, Pennsylvania 15401

RE: Hillside Estates Suites  
1526 Independence Avenue  
Connellsville, Pennsylvania 15425  
License #: 447040

Dear Mr. Stambaugh:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 19, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *HILLSIDE ESTATES SUITES*  
 Address: *1526 INDEPENDENCE AVENUE,, CONNELLSVILLE, PA 15425*  
 County: *FAYETTE*                      Region: *WESTERN*

License Number: *44704*

### Administrator

Name: *James Stambaugh*                      Phone: *7243664239*                      Email: *HILLSIDEMANORPCH@GMAIL.COM*

### Legal Entity

Name: *HILLSIDE ESTATES SUITES INC*  
 Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*

### Certificate(s) of Occupancy

Type: *C-2 LP*                      Date: *11/07/1995*                      Issued By: *Labor & Industry*

### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *22*                      Waking Staff: *17*

### Inspection

Type: *Full*                      BHA Docket #:                      Notice: *Unannounced*  
 Reason: *Renewal*

### Inspection Dates and Department Representative

*12/19/2019 - On-Site: Cindy Mulick, Belinda Graziano*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *20*                      Residents Served: *18*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *7*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *17*  
 Diagnosed with Mental Illness: *1*                      Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *4*                      Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil fuel device or appliance. However, the carbon monoxide detector is approximately two feet away from the gas hot water tank and eight feet away from the gas boiler. Also, the carbon monoxide detector on the kitchen ceiling is approximately five feet away from the gas stove.

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.)

*James E. Stambach 3/26/20*

See page 2a of 8

Legal Entity Representative

*James E. Stambach*  
Signature

*James E. Stambach II*      *3/18/20*  
Printed Name and Title      administrator      Date

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

The above plan of correction is approved as of 3/27/20  
(Date)

Plan of correction implementation status as of 3/27/20  
(Date)

- Implemented
- Not Implemented

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

2600.18

The carbon monoxide detectors will be relocated in close proximity of, but not less than 15 feet away from the gas hot water tank, gas boiler and the stove by April 11, 2020.

James E. Stahl # 3/26/20

95 - Furniture and Equipment

Regulations

2600.  
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bed cane on resident #2's bed is loosely positioned between the metal bed spring and the mattress, posing an entrapment hazard for 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.)

See page 3a of 8

Legal Entity Representative

James E. Staubach  
Signature

James E. Staubach II  
Printed Name and Title administrator

3/18/20  
Date

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(Date)

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(Date)

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

Implemented  
 Not Implemented

2600.95

The bed cane was removed and disposed of during inspection. At this time no other residents have a bed cane. For future bed cane requests, the use of a bed cane will be evaluated for necessity by the nurse practitioner. If it is determined that the resident will benefit by the use of a bed cane, the administrator will install the bed cane and a designated staff member will check weekly to ensure it is positioned/anchored properly.

A handwritten signature in black ink, appearing to read "James E. [unclear] II". The signature is written in a cursive style and is positioned in the center of the page.

100b - Removal Snow/Obstructions

Regulations

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 10:40 a.m., a pile of leaves and snow, approximately 4" in height and 5" in width, was obstructing the exit outside the double emergency exit doors at the end of the resident hallway.

Resident #1's bedroom emergency exit deck area has approximately 1/2 inch of snow on it.

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 4a of 8

Legal Entity Representative

*James E. Stambaugh #1*  
Signature

James E. Stambaugh #1 3/18/20  
Administrative Date

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The above plan of correction is approved as of 3/27/20  
(Date)

Plan of correction implementation status as of 3/27/20  
(Date)

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- Not Implemented

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

2600.100.b.

The leaves were removed (see attached photo). Staff person will be designated to ensure that ice, snow, and obstructions are removed from outside walkways, ramps, steps, recreational areas, and exterior fire escapes. - at least weekly.

*JW* 3/27/20

*James E. Stanbly*

103f - Refrigerator/Freezer Temps

Regulations

2600.  
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:31 a.m., the digital thermometer in the kitchen freezer was malfunctioning and flashed temperatures between 1 to 8 degrees Fahrenheit.

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 5a of 8

Legal Entity Representative

*James E. Stomberg #*  
Signature

*James E. Stomberg # 3/18/20*  
Printed Name and Title *Administrator* Date

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Implemented  
 Not Implemented

2600.103.f

The thermometer on the freezer does not work properly but we have wi-fi thermometers that transmit readings to a cell phone via a application called Sensor Push. This application sends alerts if a refrigerator or freezer goes above or below a certain temperature. I have included a print out of freezer temperature readings from 12/1/2019 – 3/09/20. I have also included a picture of the application on phone, a picture of the sensor in the freezer, a receipt of purchase of sensors and wi-fi gateway to allow the temperatures and alerts to be sent wirelessly.

*James S. Haworth*

HILLSIDE ESTATES SUITES

44704

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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 6a of 8

Legal Entity Representative

*James E. Stambaugh*  
Signature

James E. Stambaugh #  
Administrative  
Printed Name and Title

3/18/20  
Date

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(Date)

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Not Implemented

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*JES*  
(Initials)

2600.123.b

A copy of the emergency procedures plan was posted in the binder on the wall (see attached photo). A designated staff member will check weekly to ensure all required documents are in the binder.

A handwritten signature in black ink, appearing to read "James E. Hough". The signature is written in a cursive style and is positioned diagonally across the page.

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1's is ordered Morphine 5MG/0.25ML O.S. Take 5MG (0.25ML) every hour as needed for pain/air hunger. However, the medication label indicates Morphine Sulf 100MG/5ML Take 0.25 to 0.5ML by mouth or under tongue every hour as needed for moderate to severe pain/air hunger.

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 8a of 8

Legal Entity Representative

*James E. Stambaugh*  
Signature

James E. Stambaugh  
Administrator  
Printed Name and Title

3/18/20  
Date

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3/27/20  
(Date)

Plan of correction implementation status as of

3/27/20  
(Date)

Implemented

Not Implemented

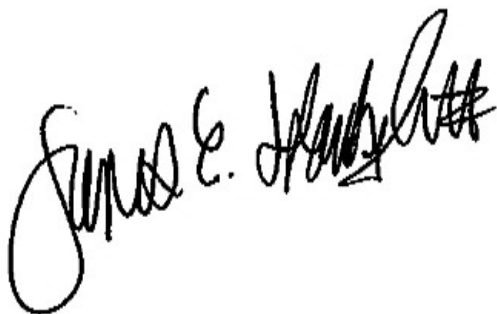
The above plan of correction was approved by

*JW*  
(Initials)

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2600.184.a

Resident #1 brought the medication with them upon admission. The medication was filled by a different pharmacy. The medication was disposed of during inspection and the medication was reordered from the facility pharmacy. Upon admission, any medication that is brought with the resident and will be used for administration will be checked by the nurse practitioner to ensure that the label matches the prescribed dosage and instructions for administration.

A handwritten signature in black ink, appearing to read "James E. [unclear]". The signature is written in a cursive style and is positioned in the center of the page.