



SENT VIA EMAIL: hillsidemanorpch@gmail.com
rebeccasvec@gmail.com

MAILING DATE: June 8, 2020

Mr. James E. Stambaugh II
Administrator / Owner
Hillside Manor Personal Care Home, Inc.
177 Oliver Road
Uniontown, Pennsylvania 15401

RE: Hillside Manor Personal Care Home
License #: 467990

Dear Mr. Stambaugh:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 22, 2020, 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 that reads "Jody Garvey".

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

RECEIVED

4/17/20
Western Region Field Office
Bureau of Human Services Licensing

License Number: 46799

Facility Information

Name: *HILLSIDE MANOR PERSONAL CARE HOME*
Address: *177 OLIVER ROAD, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: *James "Jim" Stambaugh* Phone: *7244392273* Email: *HILLSIDEMANORPCH@GMAIL.COM*

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/17/1996* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection

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

Inspection Dates and Department Representative

01/22/2020 - On-Site: Desmond Grace, Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *41*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *41*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

82b - Poisonous Material Storage

Regulations

2600.


82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

At 11:35 a.m., there was a 40 oz. spray bottle of multi-purpose cleaner with bleach with a label indicating "contact poison control if swallowed," stored next to multiple food items on a shelf in the kitchen to include: 2 1-gallon containers of pancake syrup, a 1-gallon container of apple cider vinegar and a 1-gallon container of vegetable oil.


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 2a of 8  4/28/20

Legal Entity Representative



Signature

James E. Stambaugh  3/25/20
Printed Name and Title *owner/administrator* Date

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

The above plan of correction is approved as of 4/28/20
(Date)

Plan of correction implementation status as of 6/2/20
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

2600.82.b

On 1/22/20 the spray bottle of multi-purpose cleaner was immediately removed from the food items area (see attached picture). The dietary staff was re-educated regarding not storing any cleaning supplies or any kind of products with a label indicating "contact poison control if swallowed". A designated staff member will inspect the kitchen area weekly to ensure that all poisonous materials are stored separately from food, food preparation surfaces, and dining surfaces. This inspection will occur weekly for the next 3 months and longer if any issues are found with weekly inspections.

James G. [Signature]
4/17/20

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.


Description of Violation

At 11:36 a.m., there were multiple food items on the lower level of a shelf in the kitchen that were covered in a brown sticky substance appearing to be Worcestershire sauce and food particles to include: a 1-gallon container of apple cider vinegar, a 1-gallon container of white vinegar and a 1-gallon container of Worcestershire sauce.

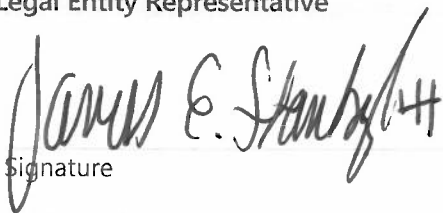
At 11:45 a.m., there was a white powdery substance appearing to be confectioners powdered sugar covering a large storage container, a 50 lb. bag of enriched rice, three metal shelves and the floor under the storage container in the kitchen.

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.)


See page 3a of 8  4/28/20

Legal Entity Representative


Signature

James E. Stanbury # 3/25/20
Printed Name and Title  Date

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

The above plan of correction is approved as of 4/28/20 (Date) Plan of correction implementation status as of 6/2/20 (Date)
The above plan of correction was approved by  (Initials) Implemented Not Implemented

2600.85.a

On 1/23/20 all items were removed from the shelves in the kitchen and all shelves and containers were cleaned. The entire kitchen and kitchen floor were cleaned. Dietary staff was re-educated on immediately cleaning up any spilled items. Designated staff member will inspect the kitchen weekly to ensure that all spills and kitchen floor are kept clean (see attached picture). This inspection will be done weekly for the next 3 months and longer if issues are found upon inspection.

James G. Stewart
4/17/20

89b - Hot Water Temperature

Regulations

2600.


89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

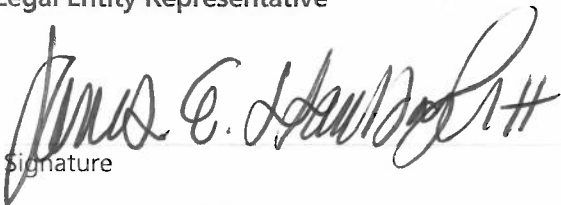
At 11:18 a.m., the water temperature in the sink and hydration station in the main dining room was 155.8 degrees Fahrenheit and 2:45 p.m., it was 132.2 degrees Fahrenheit.

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 4a of 8  4/28/20

Legal Entity Representative

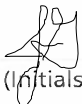

Signature

James E Stambaugh * 3/25/20
Director/ administrator
Printed Name and Title Date

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

The above plan of correction is approved as of 4/28/20
(Date)

Plan of correction implementation status as of 6/1/20
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

2600.89.b

The hot water tank temperature was immediately adjusted on 1/22/20. The hot water temperature will be monitored and recorded weekly by designated staff member to ensure the temperature does not exceed 120F (see attached sheet). Monitoring and recording hot water temperature will be checked and recorded weekly indefinitely.

James E. Stambach #
4/17/20

All staff responsible for monitoring hot water temperatures will be educated on §2600.89(b) by 5/15/20 and documentation will be submitted to the Department.



4/28/20

103d - Storing Food Off Floor

Regulations

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 11:25 a.m., there were two 3-gallon boxes of apple juice concentrate on the floor under the sink in the main kitchen.

At 11:30 a.m., there were multiple food items stored on the floor in the walk-in freezer including: a 10 lb. box of Graham Crackers, a 11 lb. box of Eggo Waffles, a 2 lb. bag of cut peppers, a 10 lb. box of pepperoni and a box of 2 lb. packages of sliced turkey.

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 *[Signature]* 4/28/20

Legal Entity Representative

[Signature]
Signature

James E. Stanhaugh 3/25/20
Printed Name and Title *owner/administrator* Date

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

The above plan of correction is approved as of 4/28/20 Plan of correction implementation status as of 6/2/20
(Date) (Date)

The above plan of correction was approved by *[Signature]* Implemented
(Initials) Not Implemented

2600.103.d

On 1/22/20 all items were immediately removed from the floor under the sink and from the floor in the walk-in freezer. Additional shelving units were added for storage space (see attached picture). Staff was re-educated on regulation 2600.d. A designated staff member will inspect the kitchen area weekly to ensure all food items are stored off the floor. This inspection will occur weekly for next 3 months and longer if necessary.

James E. Sander #
4/17/20

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 11:50 a.m., there was an open 1/4 full 50 lb. bag of enriched long rice and an open 3/4 full 25 lb. bag of confectioners sugar, unsealed and spilling onto a lower shelf in 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.)

See page 6a of 8 *[Signature]* 4/28/20

Legal Entity Representative

[Signature]
Signature

James E. Stambaugh
Printed Name and Title
owner / adm. assistant
3/25/20
Date

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

The above plan of correction is approved as of 4/28/20
(Date)

Plan of correction implementation status as of 6/2/20
(Date)

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

Implemented
 Not Implemented

2600.103.g

Staff was re-educated on regulation that all food must be stored in closed or sealed containers. The rice and confectioners sugar were discarded on 1/22/20. Designated staff person will inspect the kitchen weekly to ensure all food is stored in closed or sealed containers. This inspection will occur weekly for next 3 months and longer is any issues are found upon weekly inspections.

James G. [Signature]
4/17/20

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 was prescribed Lubriderm Lotion-apply topically to dry skin areas on body and bilateral feet twice daily. However, the pharmacy label indicated- apply to dry skin area on body after bathing at 4 a.m. on Monday, Wednesday and Friday.

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 7a of 8  4/28/20

Legal Entity Representative



Signature

James E. Stambaugh
Printed Name and Title Administrator
Owner
3/15/20
Date

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

The above plan of correction is approved as of 4/28/20
(Date)

Plan of correction implementation status as of 6/2/20
(Date)

The above plan of correction was approved by 
(Initials)


- Implemented
- Not Implemented

2600.184.a

Office staff was re-educated about comparing previous medication orders to hospital discharge instructions. The directions for the Lubriderm Lotion were changed on hospital discharge orders. On 1/22/20 "direction change refer to chart" sticker was placed on the bottle of Lubriderm Lotion to indicate there was a order change (see attached photo). The office staff will compare all previous medication orders, including over the counter items, to hospital discharge orders to ensure orders have the same prescribed dosage and instructions for administration. This will occur indefinitely.

James E. Stambler #
4/17/20

Beginning 5/15/20, the administrator or designated staff person will conduct monthly medication audits and compare physician orders, medication administration records and medication labels to ensure that the directions for administration are correct on the medication labels. Documentation will be kept.

 4/28/20

185a - Implement Storage Procedures

Regulations

2600.


185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 was prescribed Novolog 100units/ml-inject three times a day per sliding scale before meals. However, staff interviews indicated that the resident's blood glucose meter automatically resets and erases all of the resident's previous readings. On 1/22/20, there was only 1 reading on resident #1's glucometer from 1/21/20 at 4 p.m.

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  4/28/20

Legal Entity Representative


Signature


James E. Stanbury
Printed Name and Title

3/25/20
Date

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

The above plan of correction is approved as of 4/28/20
(Date)

Plan of correction implementation status as of 6/2/20
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented


.2600.185.a

On 1/23/20, the staff was re-educated regarding the calibration of Prodigy glucometers and the following:

1. If the batteries need changed or if there is a time change, the time and/or date must be reset on the glucometer.
2. When calibrating the Prodigy glucometer and after setting the correct time and/or date, when **del** appears on the screen with an icon of a flashing **M**, DO NOT press the set button as you would to set the date and/or time. Wait for the glucometer to turn off.
3. When pressing the gray set button when the **del** and flashing **M** icon appears on the screen, it resets the glucometer and erases all of the previous blood glucose readings.
4. Designated staff person will check the glucometers weekly for correct calibration and will compare blood glucose readings from the glucometer in comparison to what is documented in the MAR. If there are any issues, staff instructed to notify CRNP.
5. This weekly check will be completed indefinitely.

James E. Slambert
4/17/20

By 5/15/20, resident #1's glucometer will be calibrated to the current date and time or replaced with a glucometer that can be calibrated.

 4/28/20