



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [mj@hillviewpersonalcarehome.com](mailto:mj@hillviewpersonalcarehome.com)

MAILING DATE: June 24, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 9, 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, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

RECEIVED  
June 12 2020  
WEST REGION FIELD OFFICE  
Human Services Licensing

## Facility Information

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

License Number: *43023*

## Administrator

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

## Legal Entity

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

## Certificate(s) of Occupancy

Type: *SPECIAL OCCUPANCY BOARDING HOME*  
*C2-LP*                      Date: *05/30/1979*                      Issued By: *Dept L & I*  
Date: *12/21/1995*                      Issued By: *Dept. L&I*

## Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *20*                      Waking Staff: *15*

## Inspection

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

## Inspection Dates and Department Representative

*03/09/2020 - On-Site: Courtney Barry, Vicki Siegert*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *22*                      Residents Served: *20*

### Secured Dementia Care Unit

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

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *6*                      Are 60 Years of Age or Older: *18*  
Diagnosed with Mental Illness: *2*                      Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *0*                      Have Physical Disability: *0*

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:00 a.m., the dumpster located in the home's parking lot was uncovered and the lid was wedged between the dumpster and the retaining wall.

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.)


Valley Waste was contacted immediately to come out to move the dumpster and close the dumpster lids which was done on 3/10/2020.  
A letter was received from Valley stating the driver was made aware of the placement of the dumpster as well as checking the lids each time they are here to be sure they are closed.  
Administrator and/or staff will check daily to be sure dumpster lids are closed.

Legal Entity Representative

Signature 

Printed Name and Title *Maryjo Ann Garcia Admin* Date *5/6/2020*

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The above plan of correction is approved as of 6/12/20 (Date) Plan of correction implementation status as of 6/12/20 (Date)  
The above plan of correction was approved by  (Initials)  Implemented  Not Implemented

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 9:30 a.m., the water temperature in the first floor kitchen sink, measured 122.9 degrees Fahrenheit.

At 9:45 a.m., the water temperature in the unlocked, accessible employee bathroom sink, measured 122.9 degrees Fahrenheit.

Plan of Correction (POC)

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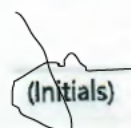
Hot water tank was adjusted that day and rechecked the next day and several times in March until desired temperature was reached.  
Temperature log is kept for monthly maintenance checks to ensure temp does not exceed 120.

Legal Entity Representative

Signature 

Printed Name and Title *Mary Jo Ariza-Correa* *Almond* Date *6/12/20*

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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

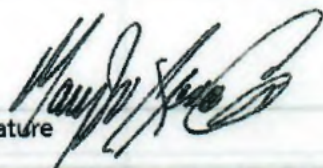
A recliner chair blocked the emergency egress route in the hallway on the 1st floor to the exit to the parking lot.

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.)

Recliner was moved and living area was rearranged the next day. Residents and staff were reminded to not block exits and Admin and staff will be sure all exits are clear at all times.

Legal Entity Representative

Signature 


Printed Name and Title *Mary Jo Arena-Crown Admin*

Date *5/6/2020*

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(Initials)

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- Not Implemented

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 2/17/2019, the fire safety expert did not designate additional time for the home to safely evacuate, therefore, the home had only 2 minutes, 30 seconds for evacuation. The home exceeded the maximum evacuation time of 2 minutes 30 seconds for all fire fire drills in the past 12 months as follows:

Date/Time	Evacuation Time: minutes (m) seconds (s)
3/6/2019 8:23 am	4m 30s
4/6/2019 6:45 pm	4m 48s
5/7/2019 1:12 pm	2m 35s
6/9/2019 6:13 pm	3m 30s
7/7/2019 10:12 am	2m 55s
8/9/2019 11:02 pm	4m 40s
9/6/2019 4:50 pm	3m
10/8/2019 2:00 pm	3m 20s
11/10/2019 11:13 am	2m 53s
12/11/2019 6:03 am	4m 3s
1/9/2020 4:45 pm	3m 35s
2/10/2020 11:00 pm	4m 38s

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.)



Letter was sent to fire chief on March 10, 2020.  
He responded with a confirmation of safe evacuation time to be set as long as the structure of the building does not change.

In a letter dated 3/10/20, the fire safety expert designated a safe evacuation time of 6 minutes and 4 seconds, based on the annual fire safety inspection. - JRW 6/12/20


The administrator will ensure a new letter designating a safe evacuation time is obtained from the fire safety expert annually. - JRW 6/12/20

Legal Entity Representative

  
Signature

   
Printed Name and Title Date

03/09/2020

 6/12/20

132d - Evacuation (continued)

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Implemented

Not Implemented

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

141a - Medical Evaluation

Regulations

2600. 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation, dated 7/24/2019, for resident #2, is blank in the following sections: date form completed, ability to self-administer medications, body positioning, health services, cognitive functioning, and 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.)

Medical evaluation was sent to the Doctor with a letter asking for her to complete the forms in full for resident #2 on March 16, 2020. Completed form was returned on 4/22/2020. Administrator will check medical evaluations for completeness on all residents current and future.

Legal Entity Representative

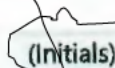
Signature 

Printed Name and Title *MARY JO ABERNETHY-COOPER* *Admin* Date *5/6/2020*

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Implemented  
 Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

The medication administration record for resident #3 does not include a diagnosis or purpose for the following medications: Atorvastatin 40mg; HCTZ 25 mg; Clonazepam 0.5mg; Trazadone 100mg; Hydroxyzine 25 mg; Carisoprodol 350mg.

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.)

Administrator contacted pharmacy on March 12,2020 to have diagnosis added to the MAR's for resident #3.

All residents MAR's were reviewed and corrections made for all missing diagnosis.

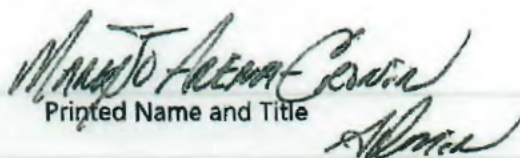
Administrator and/or designated person will check MAR'S each month to be sure all meds have a diagnosis.

Legal Entity Representative



Signature

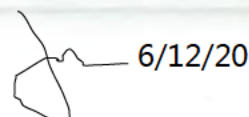
03/09/2020



Printed Name and Title



Date



6/12/20

187a - Medication Record *(continued)*

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190a - Completion Medication Course

Regulations

2600. 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

The medication Train-the-Trainer who is training the home's medication technicians is not a current employee at any DHS licensed facility.

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.)

The trainer who has been used for several years for med training is employed by Mercy which is thought to be DHS licensed. Administrator will become certified in order to train staff and avoid any future questions when the next class is open.

The administrator will ensure all staff persons who administer medications are trained in accordance with all current guidance from the Office of Developmental Programs' Medication Administration Training Program. - JRW 6/12/20

Legal Entity Representative

Signature 


Printed Name and Title *Marjorie Arena-Carney*

Date *6/12/20*

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