



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MON-VALE NON ACUTE CARE SERVICES INC
LEGAL ENTITY

To operate THE RESIDENCE AT HILLTOP
NAME OF FACILITY OR AGENCY

Located at 210 ROUTE 837, MONONGAHELA, PA 15063
(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 84
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 April 1, 2020 until April 1, 2021
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **474880**

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.



Mailing Date: April 1, 2020

Mr. Daniel Simmons
Treasurer
Mon-Vale Non Acute Care Services, Inc.
1163 Country Club Road
Monongahela, Pennsylvania 15063

RE: The Residence at Hilltop
210 Route 837
Monongahela, Pennsylvania 15063
Certificate #: 474880

Dear Mr. Simmons:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 27, 2020, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

3/20/2020

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *THE RESIDENCE AT HILLTOP*

License Number: 47488

Address: 210 ROUTE 837,, MONONGAHELA, PA 15063

County: WASHINGTON

Region: WESTERN

Administrator

Name: *Kim Taliani*

Phone: 7242588940

email: *ktaliani@residenceathilltop.com*Email: *DSIMMONS@MONVALLEYHOSPITAL.COM*

Legal Entity

Name: *MON-VALE NON ACUTE CARE SERVICES INC*

Address: 1163 COUNTRY CLUB ROAD, MONONGAHELA, PA, 15063

Certificate(s) of Occupancy

Type: *C-2 LP*Date: *07/20/1998*Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *97*Waking Staff: *73*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

Inspection Dates and Department Representative

01/27/2020 - On-Site: Michael Marini, Cindy Mulick, Lisa Flinner

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84*Residents Served: *76*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *76*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *21*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 on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. A carbon monoxide detector was mounted on the wall approximately 3 feet from the natural gas hot water heaters in the boiler room.

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 Carbon Monoxide Detector was pointed out to the Maintenance Director on the day of inspection as being 3ft away from the boiler rather than being 15ft away from the boiler. Once informed on this regulatory violation the Carbon Monoxide Detector was moved immediately to the outside wall of the boiler room which is exactly 15ft 3in away from the boiler. Exhibit #1 shows where our boiler room is and where the carbon monoxide detector is now located. The Maintenance Director made this change immediately on 1/27/2020. The maintenance director will continue to check locations of all detectors to ensure their placement remains the same.

See Exhibit #1

Legal Entity Representative

Kimberly Taliani

Kimberly Taliani
Administrator

3-19-2020

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of

3/23/2020

(Date)

EM

(Initials)

Plan of correction implementation status as of

3/23/2020

(Date)

Implemented

Not Implemented

The above plan of correction was approved by

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The following cameras record areas of the home that are accessible to residents:

- * Camera #4-Outside the dining room
- * Camera #5-2nd floor activity area
- * Camera #6-1st floor long hall, where resident bedrooms are located
- * Camera #7-2nd floor long hall, where resident bedrooms are located

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.)

Camera's #4, #5, #6, and #7 that record common areas will have the recording feature changed to a live feed feature only. This live feed feature can be observed in our wellness center (nurses' station). The camera company Guardian was contacted on 3/17/2020 to get this feature removed. Until this feature is removed the cameras #4, 5, 6, 7 will be disabled from the system. The company informed us that during the COVID-19 Precautions their hours were shortened and would have this addressed for us by April 15th, 2020. Once the feature is removed the cameras will be enabled in the live feed mode only. See exhibit #6 to show the camera's disabled. The cameras that can still be seen are cameras #1, #2, ~~#~~ #8, #9, #10 which are of our exits areas only.

see EXHIBIT # 6

Legal Entity Representative

Signature

Kimberly Talrani

Printed Name and Title

*Kimberly Talrani
ADMINISTRATOR*

Date

03/19/2020

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The above plan of correction is approved as of

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(Date)

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(Date)

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LM

(Initials)

✓ Implemented

Not Implemented

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 garden patio gate is not securely attached to the fence. Also, there are several exposed nails on the fence by the patio gate, which pose a skin tear hazard.

There were 4 pieces of aluminum siding missing from the external wall at the back of the 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 Maintenance Director removed all of the exposed nails as well as secured the garden patio gate appropriately the day of the inspection 1/27/2020. The appointment to fix the siding was made the day of the inspection 1/27/2020 to be completed on 2/4/2020. Exhibit #4 shows the completed fixed siding. Exhibit #2 shows the repairs that were made to this garden patio gate. The Maintenance Director will perform the inspection the third Thursday of every month of the outside building and sign off on a sign off sheet Exhibit #3. The sign off sheet will contain the date of the outside inspection, any issues found, and what was done to fix the issues, or a date in which the issue would be fixed. The Administrator will audit these sign off sheets the last day of the month to ensure that the Maintenance Director is completing these tasks. To ensure that this inspection and audit is done it will be placed on the maintenance directors and the administrators Outlook calendar.

Legal Entity Representative

Kimberly Taliani
Signature

Kimberly Taliani
Printed Name and Title
Administrator

03/19/2020
Date

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The above plan of correction is approved as of

3/23/2020

(Date)

Plan of correction implementation status as of

3/23/2020

(Date)

The above plan of correction was approved by

JM

(Initials)

Implemented

Not Implemented

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 local municipality's emergency procedures were not posted in a public and conspicuous place.

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 local municipality's emergency procedures were moved from the Administrator's office to the corner of the main lobby where our License and other state inspection information is posted. This area is directly across from the administrator's office. The Administrator will check that this remains in its proper location by having a monthly sign off sheet on the inside of the emergency prepared plan where she will initial off that it is in its proper location, this will be done the last day of the month and added to the administrators Outlook calendar as a reminder. Exhibit #5

Legal Entity Representative

Kimberly Taliani
Signature

Kimberly Taliani *03/19/2020*
Printed Name and Title Administrator Date

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The above plan of correction is approved as of 3/23/2020
(Date)

Plan of correction implementation status as of 3/23/2020
(Date)

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

Implemented
 Not Implemented