



COMMONWEALTH OF 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

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28**

This certificate is granted in accordance with the Human Services 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 **June 10,** **2020** 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.



Mailing Date: June 12, 2020

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

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

Dear Mr. Pohlen:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase in SDCU beds from 0 to 28 and a decrease in personal care home beds from 60 to 32. The total licensing capacity remains unchanged at 60. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive, written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
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: *22830*

## Administrator

Name: *Stacy Milheim* Phone: *5704781017* Email: *smilheim@livecardinal.com*

## Legal Entity

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

## Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

## Inspection

Type: *Partial* BHA Docket #: Notice: *Announced*  
Reason: *New- SDCU*

## Inspection Dates and Department Representative

*05/08/2020 - On-Site: Gerald Dumas*

## Resident Demographic Data as of Inspection Dates

### General Information

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

### Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *28* Residents Served: *0*

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *5* Have Physical Disability: *0*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The shower floors and thresholds in the secured dementia unit are not adequately slip resistant in ensuring the resident's safety going in and out of the showers.

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 Corrected on 5/9/20
2. Administrator applied non-slip Strips to the Shower Thresholds on all Showers.
3. Housekeeping Will Check daily when Cleaning Showers to Make Sure non-slip Strips are on the Thresholds.
4. Housekeeping Will Replace non-slip Strips if they notice wear or that the Strips are not intact.
5. This process was implemented on 5/9/20
6. See attachment #1 - Picture of non-slip strip on Shower Threshold

Thank You!

Legal Entity Representative

*Stacy Milheim*  
Signature

Stacy Milheim, Administrator 6/2/20  
Printed Name and Title Date

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

The above plan of correction is approved as of	6-8-2020 (Date)	Plan of correction implementation status as of	6-8-2020 (Date)
The above plan of correction was approved by	<i>ag</i> (Initials)	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> 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

An updated letter to the local fire department was not sent to include the newly completed secured dementia care unit located on the first floor of the home. The most recent letter on file by the home was completed on October 8, 2019.

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 5/8/20
  - 2. Corrected letter was immediately sent by fax to fire chief on 5/8/20
  - 3 - A letter will be revised and sent to fire chief when a resident is admitted with mobility/evacuation need.
  - 4. A revised letter will be sent if a current resident has a change that requires a mobility/evacuation need.
  - 5. The administrator will be notified by the Director of Wellness if a resident has a change requiring mobility/evacuation need.
  - 6. The administrator will notify fire chief immediately of any changes requiring mobility/evacuation need.
  - 7. This process has been initiated on 5/8/20 and will be ongoing
  - 8. See attachment #2 - letter sent to the fire chief on 5/8/20 correcting violation
- Thank You!!

Legal Entity Representative

*Stacy Milheim*  
Signature

Stacy Milheim Administrator  
Printed Name and Title

6/2/20  
Date

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(Date)

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(Date)

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

Implemented  
 Not Implemented

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The codes to the keypads are not posted near the devices in the following areas: Entrance to SDCU  
 East side of screened in porch off of Dining Room  
 West Side of Dining room (entrance to Secured Courtyard)  
 Secured Courtyard Gate  
 SW screened in porch  
 SW Exit  
 SW exit to stairwell  
 East side Exit  
 East side exit to stairwell

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 was immediately corrected on 5/8/20
- 2- Codes were removed from the Mag Locks at request of inspector and codes were written conspicuously within a poem and placed above the keypads.
- 3- Administrator will update conspicuous poem if Administrator or other staff feel a resident has figured out the code.
- 4- This process was implemented immediately on 5/8/20
- 5- See attachment # 3 picture of poem above keypad.  
Thank you!!

Legal Entity Representative

*Stacy Milhem*  
 Signature

Stacy Milhem, Administrator  
 Printed Name and Title

6/2/20  
 Date

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