

Department of Human Services
Bureau of Human Service Licensing

September 14, 2020

MARY JO CRONIN, OWNER
HILLVIEW HOME INC
615 CORNELL STREET
CORAOPOLIS, PA 15108

RE: HILLVIEW HOME
615 CORNELL STREET
CORAOPOLIS, PA, 15108
LICENSE/COC#: 43023

Dear Ms. Cronin,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *HILLVIEW HOME* License #: *43023* License Expiration Date: *07/06/2021*
 Address: *615 CORNELL STREET, CORAOPOLIS, PA 15108*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HILLVIEW HOME INC*
 Address: *615 CORNELL STREET, CORAOPOLIS, PA, 15108*
 Phone: *4122645154* Email: *MJ@HILLVIEWPERSONALCAREHOME.COM; Jogarvey@pa.gov*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/21/1995* Issued By: *PA Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *07/01/2020*

Inspection Dates and Department Representative

07/01/2020 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/01/2020 - Partial

Lead Inspector: *Desmond Grace* Follow-Up Type: *POC Submission* Follow-Up Date: *07/24/2020*

Inspections / Reviews (*continued*)

7/31/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *08/05/2020*

8/18/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *09/06/2020*

9/14/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1's assessment, dated 6/11/19 indicates that the resident is diagnosed with Wernicke Korsakoff Syndrome and the resident's support plan, dated 6/11/19, indicates that the resident requires supervision for safety. On 6/26/20 at approximately 10:45 a.m., resident #1 left the home. Staff members of the home drove around the area; however, were unable to locate the resident. At approximately 11:30 a.m., two local police departments were notified about the missing resident and at approximately 1:00 p.m., the police notified the home that the resident had been found and taken to the hospital. When staff person A, the home's administrator, arrived at the hospital she was informed that the resident left. At approximately 2:15 p.m., the resident was found at a bar approximately 11 miles from the home and escorted by the police to another local hospital. The home failed to report the event requiring the services of local law enforcement to the Department.

Plan of Correction

Directed

PCH administrator did fail to report the incident as required within 24 hours. Written report was completed on 7/1/2020.

Any future incidents that require local law enforcement will be reported within the time frame to the department per regulation 2600.16.c and Administrator will be sure to monitor all incidents.

(Directed)-

*By 9/1/20, all staff responsible for reporting incidents will be educated on §2600.16(c) and documentation will be submitted to the Department. **(8/18/20, J.G.)***

(Directed)-

*Beginning on 8/24/20, the administrator or designated staff person will review all written incident reports for 6 months to ensure timely completion and submission to the Department. **(Directed, J.G.)***

Completion Date: 08/03/2020

Document Submission

Implemented

Staff education for 2600.16c completed

Staff sign in sheet attached

Administrator will review all incident reports for 6 months to ensure timely submission.

225c - Additional Assessment

1. Requirements

2600.

- 225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #1's most recent assessment was completed on 6/11/19. The assessment indicates that the resident requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places. The resident's support plan, dated 6/11/19, indicates that the resident needs supervision for safety. On 6/20/20 at approximately 10:00 a.m., the resident left the home, was found by Emergency Medical Services (EMS), and transported to the hospital. On 6/21/20 at approximately 9:00 a.m., the resident left the home again, and at 1:00 p.m., was found running from the staff at the end of a street and brought back to the home. On 6/26/20 at approximately 10:45 a.m., resident #1 left the home and at approximately 1:00 p.m., the police notified the home that the resident had been found and taken to the hospital. The resident left the hospital and was found by police approximately 11 miles away at a bar, and taken to a 2nd hospital. The home failed to update resident #1's assessment to address significant changes to the resident's supervision needs and no annual assessment was completed for the resident.

Plan of Correction**Directed**

Residents RASP should have stated extensive supervision due to the number of elopement times since staff needed to be aware of her placement in the home at all times.

Administrator will review all current RASP's for accuracy, update as needed if any significant change has occurred

(Directed)-

*By 9/1/20, all staff responsible for completing resident assessments will be educated on the importance of ensuring that resident's needs are accurately assessed in all areas, including supervision. Documentation will be submitted to the Department. **(8/18/20, J.G.)***

(Directed)-

*Beginning 8/24/20, the administrator or designated staff person will review all assessments completed each month for 6 months to ensure completeness and accuracy. **(8/18/20, J.G.)***

Completion Date: 08/03/2020

Document Submission**Implemented**

Staff re-training on RASP's completed by administrator. Reviewed incident as well as current residents RASP's. sign in sheet attached

Administrator reviewed all current RASP'S for accuracy and will review all future ones each month for 6 months.

228b - Discharge or Transfer

1. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

228b - Discharge or Transfer (continued)

Description of Violation

Resident #1's most recent assessment, dated 6/11/19, indicates that the resident requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places. The resident's support plan, dated 6/11/19, indicates that the resident needs supervision for safety. On 6/26/20 at approximately 10:45 a.m., resident #1 left the home and staff members were unable to locate the resident in the area. At approximately 11:30 a.m., two local police departments were notified about the missing resident and at approximately 1:00 p.m., the police notified the home that the resident had been found and taken to the hospital. When staff person A, the home's administrator, arrived at the hospital she was informed that the resident left. At approximately 2:15 p.m., the resident was found at a bar approximately 11 miles from the home and escorted by the police to another local hospital. On 6/29/20, the home initiated the discharge of resident #1 by informing the hospital that they would not accept the resident back. The home did not provide the resident or the resident's designated person with a 30-day advance written notice citing the reason for the discharge.

Plan of Correction**Directed**

The immediate discharge of this resident was initiated by the administrator as well as the residents POA (her son) due to the dangerous position the resident put herself in. We were trying to have her admitted on a 302 or 201 due to the fact that she was a danger to herself and was experiencing a mental health crisis. When the 302 was not granted and the 201 wasn't an option administrator along with the son decided it was in his Moms best interest not to return without some sort of psychiatric assessment.

Administrator will be sure in the future to give a written 30 day notice of discharge per regulation.

(Directed)-

By 9/1/20, the administrator and all staff responsible for initiating resident discharges from the home will be educated on §2600.228(b). Documentation will be submitted to the Department. **(8/18/20 J.G.)**

(Directed)-

Beginning 8/24/20, the administrator or designated staff person will review all resident discharges for at least 1 year to ensure the discharge was appropriate in accordance with §2600.228(b). **(8/18/20 J.G.)**

Completion Date: 08/03/2020

Document Submission**Implemented**

No staff is responsible for resident discharges but staff was educated in reg.2600.228b staff sign in sheet enclosed

Administrator reviewed discharge procedure and will review all future discharges for 1 year as well as all future discharges to ensure discharge was done appropriately.