

Department of Human Services
Bureau of Human Service Licensing

December 31, 2020

STACY MILLHEIM, ADMINISTRATOR
CSM MONTOURSVILLE LLC
61 SHELDON AVENUE SE
GRAND RAPIDS, MI 49503

RE: THE HILLSIDE SENIOR LIVING
COMMUNITY
2725 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22830

Dear Ms. Millheim,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2020, 09/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE HILLSIDE SENIOR LIVING COMMUNITY* License #: *22830* License Expiration Date: *10/23/2020*
 Address: *2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: *Stacy Millheim* Phone: *5704781017* Email:
smilheim@livecardinal.com, lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *CSM MONTOURSVILLE LLC*
 Address: *61 SHELDON AVENUE SE, GRAND RAPIDS, MI, 49503*
 Phone: *5704781017* Email: *smilheim@livecardinal.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/26/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/22/2020*

Inspection Dates and Department Representative

09/22/2020 - On-Site: Amy Deluca
09/23/2020 - Off-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *28*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *28* Residents Served: *6*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

09/22/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *11/07/2020*

11/15/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *11/30/2020*

12/31/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 07/02/20 Staff person A was heard chastising resident #1 for playing with her lap alarm. Staff person A was also heard asking resident #1 if she was "two years old" because the resident would not pick up her feet when being pushed in a wheelchair. Staff person A was also seen trying to forcefully insert a spoon with applesauce mixed with medication into resident #1's mouth against her will.

On 9/16/20 Resident #2 told several staff persons that staff person A had pushed her in the bathroom causing the resident to fall backwards and bruise her back.

These incidents of suspected abuse were not reported to the Area Agency on Aging.

Plan of Correction**Accept**

1- Violation was corrected on 9/23/20 @ 1:30 pm for resident #1 and Violation was corrected on 9/23/20 @ 1:45 Pm for resident #2

2- Administrator called Area Agency on Aging and reported both incidents

3- Administrator will contact Area Agency on Aging Whenever alleged abuse or neglect arises

Completion Date: 11/06/2020

Update - 11/15/2020

Within 15 of receipt of this plan of correction:

All staff, including the administrator, will receive training in abuse reporting and prevention. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act.

Please Attach/send proof of staff training.

Document Submission**Implemented**

Completed Abuse and neglect meeting with staff on 10/6/20 after the incident took place.

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

On 07/02/20 Staff person A was heard chastising resident #1 for playing with her lap alarm. Staff person A was also heard asking resident #1 if she was "two years old" because the resident would not pick up her feet when being pushed in a wheelchair. Staff person A was also seen trying to forcefully insert a spoon with applesauce mixed with medication into resident #1's mouth against her will.

These incidents of suspected abuse were not reported to the department's regional office until it was discovered while a department representative was on site investigating another incident on 9/22/20.

16c - Written Incident Report (continued)

Plan of Correction

Accept

- 1- Violation corrected on 9/24/20
 - 2- Administrator completed incident report and emailed to DHS on 9/24/20 @ 3:25 pm
 - 3- Administrator to complete incident report and send to DHS within 24 hours of being reported.
- Completion Date: 11/06/2020

Update - 11/15/2020

Within 15 of receipt of this plan of correction:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Please attach/send proof of staff training.

Document Submission

Implemented

on 10/6/20 a staff training was done regarding resident abuse and neglect. The staff were also instructed on the Reporting of incident reports.

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 7/02/20 staff person A was seen trying to forcefully insert a spoon with applesauce mixed with medication into resident #1's mouth, against resident #1's will. Resident #1 resides in the secure dementia unit.

On 9/16/20 staff person A was assisting resident #2 with showering and toileting. During this time, resident #2 suffered a fall backwards against the bathroom sink, hitting and bruising her lower back. Resident #2 told staff that she had been pushed by staff person A causing her to fall. Resident #2 felt she was pushed because she wasn't moving fast enough.

Plan of Correction

Accept

- 1- Staff person A was terminated from Hillside on 9/23/20 @ 2:40 pm
 - 2- Director of Wellness held a staff training on 10/6/20 @ 2:30 pm regarding resident abuse and neglect.
 - 3- Administrator & Director of wellness will be doing trainings on Resident abuse and watching for signs of resident abuse
- Completion Date: 11/06/2020

Update - 11/15/2020

Please send proof of staff training.

Document Submission

Implemented

Staff training took place on 10/6/20

42c - Treatment of Residents

1. Requirements

2600.

- 42.c. A resident shall be treated with dignity and respect.

42c - Treatment of Residents *(continued)*

Description of Violation

On 07/02/20 Staff person A was heard chastising resident #1, who resides in the home's secure dementia unit, for playing with her lap alarm. Staff person A was also heard asking resident #1 if she was "two years old" because the resident would not pick up her feet when being pushed in a wheelchair.

Plan of Correction

Accept

- 1- Staff A was written up for her verbal abuse on 7/10/20 and was explained that if the behavior continued she could be terminated.*
- 2- Administrator discussed treating residents with dignity and respect to staff on 10/6/20 staff training.*
- 3- Administrator will make sure staff are aware of resident rights at orientation and continue to train staff on the rights.*

Completion Date: 11/06/2020

Update - 11/15/2020

*Within 15 day of receipt of this plan of correction:
All staff, including the administrator, will receive training in resident rights.
Residents will be treated with dignity and respect.
Please attach/send proof of staff training.*

Document Submission

Implemented

Staff received resident rights training when we went over the abuse & neglect plus incident reporting

141a - Medical Evaluation

1. Requirements

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 for resident #2 was completed 12/10/19, more than 60 days prior to the resident's admission date of 3/2/2020.

Plan of Correction

Directed

Completion Date:

Document Submission

Implemented

Administrator will check all DME's prior to admission to make sure that the DME is dated no more than 60 days prior to admission.

Document Submission

Implemented

Administrator will check all DME's prior to admission to make sure that the DME is dated no more than 60 days prior to admission.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The initial assessment for resident #2 was not completed within 15 days of her admission date on 3/2/20. The Resident Assessment and Support Plan (RASP) indicated the final assessment was completed 3/19/20 with no date indicated for the initial assessment.

Plan of Correction**Accept**

1- Administrator discussed importance of having an assessment within 15 days of admission to Director of Wellness on 9/25/20

2- Director of Wellness will have assessments completed within 15 days days of admission and Administrator will check to verify the yare completed.

Completion Date: 11/06/2020

Document Submission**Implemented**

Administrator discussed importance of having an assessment within 15 days of admission to Director of Wellness on 9/25/20

2- Director of Wellness will have assessments completed within 15 days days of admission and Administrator will check to verify the yare completed.

Completion Date: 11/06/2020