



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HILLSIDE MANOR PERSONAL CARE HOME INC**
LEGAL ENTITY

To operate **HILLSIDE MANOR PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **177 OLIVER ROAD, UNIONTOWN, PA 15401**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 **76**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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 **October 16,** **2020** until **January 16,** **2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **467991**

Robert E. Robinson
ISSUING OFFICER

Jamie J. Buchenauer
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.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: October 16, 2020

Mr. James E. Stambaugh II
Administrator / Owner
Hillside Manor Personal Care Home, Inc.
177 Oliver Road
Uniontown, Pennsylvania 15401

RE: Hillside Manor Personal Care Home
License #: 467991

Dear Mr. Stambaugh:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 24, 2020, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (467990) dated April 9, 2020 to April 9, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated April 9, 2020 to April 9, 2021 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 16, 2020 to January 16, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
42b	II	49	\$5	\$245	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

Mr. Stambaugh

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large, looped initial "J".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing Inspection Summary

Violation Report

RECEIVED
MAY 18 2020
WEST REGION FIELD OFFICE
Human Services Licensing
License Number: 46799

Facility Information

Name: *HILLSIDE MANOR PERSONAL CARE HOME*
Address: *177 OLIVER ROAD, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: *James Stambaugh* Phone: *7244392273* Email: *HILLSIDEMANORPCH@GMAIL.COM*

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint, Incident*

Inspection Dates and Department Representative

03/24/2020 - On-Site: Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment and support plan, dated 7/6/19, indicated the resident wore a wanderguard for supervision and safety due to exit-seeking behaviors. However, the resident was known to remove the unit and was not wearing the wanderguard when she exited the home on her date of death. The resident's contract, dated 6/26/19, indicates the resident was charged an initial fee for the wanderguard.

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.)

SEE PAGES 2A, 2B AND 2C

Legal Entity Representative

[Handwritten Signature]
Signature

James E Stambaugh II 5/18/20
Printed Name and Title Administrator Date

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

The above plan of correction is approved as of 6/16/20 Plan of correction implementation status as of 6/16/20
(Date) (Date)

- Implemented
- Not Implemented

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

2600.23.a

Upon admission to facility, resident was charged for the wanderguard for the first month rent. Due to the resident frequently removing the wanderguard, it was paid for by the family only for the first month's rent at the facility, which was 10 days (see attached cost breakdown for entire stay at facility). Although the wanderguard was not paid for by the family after 10 days, we continued to use the wanderguard and replace it at our own expense. On the resident's MAR, there was a physician's order to physically check the resident every hour to ensure the resident was in the facility, (see attached). The physicians order stated that the shift coordinator was responsible for verifying the resident was in the facility every hour, which was completed as ordered and signed off by the shift coordinator, not checking for the placement of the wanderguard. The order to physically verify that the resident was in the building was documented at 6am and staff person A provided AM care at 540AM. On the video surveillance camera, the resident exited the door at 610 and 35 seconds AM.

All current staff was re-educated on monitoring all door alarms on 3/31/2020 (see attached documentation) and will receive education upon initial employment (effective 5/15/20) and monthly (effective 5/15/20) (see attached documentation). Documentation will be kept.

James E. Stanbury 5/18/20
administrator

 6/16/20

For regulations 2600.23.a, 2600.42.b., and 2600.227.a. the following changes have been implemented or will be implemented as soon as possible to make every attempt to prevent a reoccurrence of this situation.

All current staff was re-educated on monitoring all door alarms on 3/31/2020 (see attached documentation) and will receive education upon initial employment (effective 5/15/20) and monthly (effective 5/15/20) (see attached documentation). Documentation will be kept.

Regulation 2600.223.a. CRITERIA FOR ADMISSION policy was revised and now includes the following: we will not admit residents who exhibit exit seeking/elopement risk (see attached revised policy).

Regulation 2600.223.b. CRITERIA FOR DISCHARGE policy was revised and now includes the following: a resident will receive a 30-day notice for discharge if resident exhibits exit seeking/elopement behaviors (see attached revised policy).

All residents were reassessed to ensure their care and supervisory needs are able to be met by the support plan.

A resident who had exit seeking behaviors, per facility's request, has been relocated to another home.

A 30-day notice to find alternative placement has been issued to a resident that has exit seeking behaviors (see attached notice).

We were in the process of installing a new door alarm system when visitation was restricted due to the COVID-19 situation. A new system will be installed once the alarm installation company is willing to come into the facility. The new alarm system will be louder and a voice will announce what door is being opened. The new system will also send a

James E. [Signature] administrator 5/26/20


[Signature] 6/16/20

text message alert to a designated cell phone and an alert to a desktop computer. With the new system when a door is opened a voice will announce what door is opened. For example, if the emergency exit door by the laundry room is opened the system will announce "laundry room emergency exit door opened" in addition to an alarm sounding. When the new system is installed, DHS will be notified.

We are also in the preliminary stages (contingent of approval regarding emergency exits for fire safety) of possibly installing a fence around both emergency door exits. Once this is confirmed or denied, DHS will be notified.

A wavier request for regulation 2600.121.b submitted 5/26/2020 requesting a wavier for a delayed locking device (15-20 second "panic bar") on the 2 doors of the facility that are only used for emergency evacuation exits (see attached request).

James E. Young # administrator
5/26/20

 6/16/20

42b - Abuse

Regulations

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

The home does not have a secured dementia care unit and utilizes door alarms. The main entrance door alarm is activated upon opening and it rings frequently when staff arrive for duty.

As a result, staff do not always respond to the door alarms. Resident #1's assessment and support plan, dated 7/6/19, indicated the resident required extensive supervision, was ordered a wanderguard which set off door alarms, and "staff responds to the door alarms as soon as they sound." The resident's diagnoses included psychosis and advanced dementia and she was not oriented to time, place, or person. The resident was exit-seeking since her date of admission on 6/26/19, and daily, including several attempts on 3/10/20 documented by a visiting nurse.

At approximately 5:30 a.m. on resident #1's date of death, staff person A assisted resident #1 in her bedroom with hygiene and dressing. Staff person A was unaware of the resident's supervision needs or if the wanderguard was present and operational. At approximately 6:10 a.m., the resident exited the home through a side door without her wanderguard on and attempted to get back in using the same door.

This door did not have a handle from the outside and none of the staff present in the home were aware of the resident exiting. At 6:30 a.m., the resident was found lying face down in a street about a half block away after being hit by a vehicle. It was around 37 degrees Fahrenheit and the resident was only wearing socks, t-shirt, and blue jeans with adult brief which were both down around her lower legs. Upon arrival and resuscitation attempts by EMS, the resident was pronounced dead.

The home failed to supervise the resident and failed to ensure the resident was wearing the wanderguard, resulting in the resident leaving the home, wandering into the road where she was struck by a vehicle and killed.

REPEAT VIOLATION ON 9/24/19 ET AL

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.)

SEE PAGES 4A, 4B, 4C AND 4D OF 5

03/24/2020

6/16/20

3 of 5

42b - Abuse (continued)

Legal Entity Representative

James E Stambaugh #
Signature

James E Stambaugh
Printed Name and Title Administrator

5/18/20
Date

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The above plan of correction is approved as of 6/16/20
(Date)

Plan of correction implementation status as of 6/16/20
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by *JS*
(Initials)

SEE PAGE 4A OF 5


2600.42.b.

Since we are not a facility licensed for a secure dementia unit, per DHS regulation, we can not lock our doors. We also can't violate a resident's rights, which include the right to leave and return to the home at times consistent with the home rules and the resident's support plan and shall be free from restraints.

The main entry door and the side entry door are the 2 doors that are monitored by the wanderguard system. The main entry doors are frequently opened so the wanderguard system is used to alert the staff if a resident with a wanderguard is near the main entry/exit doors. The door that the resident exited was ONLY an emergency exit door and NOT monitored by the wanderguard system. The wanderguard has no relevance to the situation because the emergency exit doors do not monitor the wanderguard system. The emergency exit door has an alarm, which has a different sounding alert, that is activated upon opening. Since the door is for emergency exit use only, there is no handle on the outside for re-entry.

The resident did have exit seeking behaviors, psychosis, and advanced dementia. The resident did not exit seek daily. For extended periods of time the resident was non ambulatory. The resident's family was very involved with the care and very aware of behaviors. A urine culture was ordered and obtained due to a change in mental status on 3/13/20 and was negative. The resident was also followed by visiting nurses, followed by a psychiatrist (last visits 3/21/20 and 3/13/2020) and had medication changes for behaviors on 3/21/20 and 3/14/20. The family was also frequently updated on condition/changes by the visiting nurse and personal care home staff.

Staff person A acknowledged with a signature upon hire (see attached documentation) that they were aware that the resident SUPPORT

 6/16/20

James E. Sturbaugh 5/18/20
administrator

2600.42.b

PLANS/RASP are located in a binder that is kept in the nurses station and they understand that they have access to them AT ALL TIMES. Staff person A is no longer employed by facility. In addition to the support plan/RASP, every resident has a care chart on the inside of their closet door. The care chart is updated as care needs change (see attached).

The resident was supervised per the physician order to physically ensure that the resident was in the facility every hour (see attached documentation).

All staff was re-educated on monitoring all door alarms (see attached documentation) and will receive education regarding responding to door alarms upon initial employment and monthly. Documentation will be kept.

We were in the process of installing a new door alarm system when visitation was restricted due to the COVID-19 situation. A new system will be installed once visitors are permitted in the facility. When the new system is installed, DHS will be notified. We are also in the preliminary stages (contingent of approval regarding emergency exits for fire safety) of possibly installing a fence around both emergency door exits.

James E. Humbert II
administrator
5/18/20

6/16/20

For regulations 2600.23.a, 2600.42.b., and 2600.227.a. the following changes have been implemented or will be implemented as soon as possible to make every attempt to prevent a reoccurrence of this situation.

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Regulation 2600.223.b. CRITERIA FOR DISCHARGE policy was revised and now includes the following: a resident will receive a 30-day notice for discharge if resident exhibits exit seeking/elopement behaviors (see attached revised policy).

All residents were reassessed to ensure their care and supervisory needs are able to be met by the support plan.

A resident who had exit seeking behaviors, per facility's request, has been relocated to another home.

A 30-day notice to find alternative placement has been issued to a resident that has exit seeking behaviors (see attached notice).

We were in the process of installing a new door alarm system when visitation was restricted due to the COVID-19 situation. A new system will be installed once the alarm installation company is willing to come into the facility. The new alarm system will be louder and a voice will announce what door is being opened. The new system will also send a

James E. [Signature] administrator 5/26/20

[Signature] 6/16/20

text message alert to a designated cell phone and an alert to a desktop computer. With the new system when a door is opened a voice will announce what door is opened. For example, if the emergency exit door by the laundry room is opened the system will announce "laundry room emergency exit door opened" in addition to an alarm sounding. When the new system is installed, DHS will be notified.

We are also in the preliminary stages (contingent of approval regarding emergency exits for fire safety) of possibly installing a fence around both emergency door exits. Once this is confirmed or denied, DHS will be notified.

A wavier request for regulation 2600.121.b submitted 5/26/2020 requesting a wavier for a delayed locking device (15-20 second "panic bar") on the 2 doors of the facility that are only used for emergency evacuation exits (see attached request).

James E. Young # administrator
5/26/20

 6/16/20

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1's support plan, dated 7/6/19, does not address how the home will meet the resident's need for monitoring the resident's wearing of the wander guard for safety.

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.)

Description

SEE PAGES 5A, 5B AND 5C OF 5

Date of

Description

Legal Entity Representative

James E. Stambaugh #
Signature

James E. Stambaugh # *5/18/20*
Printed Name and Title *Admin. Director* Date

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The above plan of correction is approved as of 6/16/20
(Date)

Plan of correction implementation status as of 6/16/20
(Date)

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

Implemented
 Not Implemented


2600.227.a.

The resident's support plan did address that they had a wanderguard. The purpose of the wanderguard is not to prevent elopement. The purpose is to alert the staff if a resident wearing a wanderguard accompanies a visitor exiting the building or to alert the staff that a resident wearing a wanderguard is near an exit door that is frequently used.

All support plans were updated immediately to address that a designated staff person (shift coordinator) was responsible for verifying placement of the wanderguard at least daily and more frequently if necessary. This will also apply to any future residents utilizing the wanderguard bracelet.

*James E. [unclear]
administration
5/18/20*

SEE PAGE 5B OF 5

 6/16/20

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James E. [Signature] administrator 5/26/20

6/16/20

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James E. Young # administrator
5/26/20


6/16/20