

Department of Human Services
Bureau of Human Service Licensing

December 28, 2020

JAMES E. STAMBAUGH, ADMINISTRATOR/OWNER
HILLSIDE MANOR PERSONAL CARE HOME INC
177 OLIVER ROAD
UNIONTOWN, PA 15401

RE: HILLSIDE MANOR PERSONAL CARE
HOME
177 OLIVER ROAD
UNIONTOWN, PA, 15401
LICENSE/COC#: 46799

Dear Mr. Stambaugh,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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: *HILLSIDE MANOR PERSONAL CARE HOME* License #: *46799* License Expiration Date: *01/16/2021*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

Name: *James Stambaugh* Phone: *724-439-2273* Email: *hillsidemanorpch@gmail.com*

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*
 Phone: *724-439-2273* Email: *HILLSIDEMANORPCH@GMAIL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/17/1996* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/04/2020*

Inspection Dates and Department Representative

12/03/2020 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

12/03/2020 - Partial

Lead Inspector: *Trish Bartlett* Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2020*

Inspections / Reviews *(continued)*

12/22/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *12/24/2020*

12/28/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contact dated November 4, 2020 was not signed by the resident. The section for resident signature and date are blank. Also, the section to indicate if the resident is unable or refused to sign the contract is also blank.

Plan of Correction

Accept

See attached note for resident #1. On 12/12/20, all contracts were reviewed to ensure that they were signed by administrator or designee, the resident and payer and cosigned by the resident's designated person if any. If a resident refuses to sign or is unable to make mark, a note will be written on or attached to contract. All contracts will be reviewed for all signatures/date by designated staff member within 48 hours of admission.

Completion Date: 12/12/2020

Document Submission

Implemented

See attached