Department of Human Services
Bureau of Human Service Licensing

May 3, 2021

[redacted]
HILLSIDE ESTATES SUITES INC
177 OLIVER ROAD
UNIONTOWN, PA 15401

RE: HILLSIDE ESTATES SUITES
1526 INDEPENDENCE AVENUE
CONNELLSVILLE, PA, 15425
LICENSE/COC#: 44704

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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: *HILLSIDE ESTATES SUITES* **License #:** *44704* **License Expiration Date:** *02/01/2022*
Address: *1526 INDEPENDENCE AVENUE, CONNELLSVILLE, PA 15425*
County: *FAYETTE* **Region:** *WESTERN*

Administrator

[redacted]

Legal Entity

Name: *HILLSIDE ESTATES SUITES INC*
Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*
[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *11/07/1995* **Issued By:** *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *16* **Waking Staff:** *12*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Complaint* **Exit Conference Date:** *01/13/2021*

Inspection Dates and Department Representative

01/13/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served:** *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Year of Age or Older:** *15*
Diagno ed with Mental Illne : *0* **Diagno ed with Intellectual Di ability:** *0*
Have Mobility Need: *1* **Have Phy ical Di ability:** *1*

Inspections / Reviews

01/13/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/20/2021*

Inspections / Reviews *(continued)*

2/22/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/01/2021*

5/3/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Repeat Violation

Resident #1 was prescribed Albuterol Sulfate 2.5mg/3ml-use 1 unit dose vial via nebulizer four times daily; however, the instructions for administration on the pharmacy label indicated every two hours as needed.

Repeat Violation: 12/19/19

Plan of Correction **Accept**

Why did it happen?
The resident has a straight order and a as needed order for the same medication (see attached orders). When the pharmacy previously sent the medication both orders were on the same label- Albuterol Sul 2.5mg / 3ML use one unit dose vial via nebulizer four times daily and every 2 hours as needed for shortness of breath. When the medication was last reordered the routine order and as needed order were sent with separate labels in 2 separate boxes.
What do we do right now to fix the problem?
WHO Designated staff person.
WHAT Contacted pharmacy to refill routine order of Albuterol Sulfate.
WHEN During inspection on 1/13/21.
How do we prevent this from happening again?
WHO Home supervisor
WHAT Designated staff person conducted a medication audit on 1/14/2021 (see attached documentation). The home supervisor will conduct audits.
WHEN Weekly x one month then monthly x 2 months (documentation will be kept).
ACTION
nitial medication audit on 1/14/21. Weekly medication audit x 4 weeks then monthly x 2 months by designated staff person (see attached).

Completion Date: *02/22/2021*

Document Submission **Implemented**

see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed Hydrocodone-APAP10-325mg-take 1 tablet by mouth four times daily. However, the medication was not administered to resident #1 on 1/11/21 at 8 p.m., 1/12/21 at 8 a.m., 12 p.m., 4 p.m., and 8 p.m., and 1/13/21 at 8 a.m., because the medication was not available in the home.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

Why did it happen?
The home supervisor contacted the pharmacy on 3 occasions. No refills were obtained from the prescribing provider's office.

What do we do right now to fix the problem?
WHO Designated staff person.
WHAT Contacted prescribing provider to notify of missed doses due to not having refills on controlled medication and to request a new script for refills.
WHEN During inspection on 1/13/2021. Also received an order from provider that it is ok to hold doses if waiting for a new script.
see attached documentation)

How do we prevent this from happening again?
WHO Designated staff person A and designated staff person B.
WHAT The homes electronic medication administration record program has been set to send a text message alert to staff person A and staff person B when any inventoried medication is less than 10. The program will continue to send a text message alert every time a dose is administered and signed off until the inventory is greater than 10. When the initial alert is received, staff person B will contact the pharmacy. If the refill request is not provided within 24 hours, (we will know because alerts will continue to be received when inventory is below 12), designated staff person B will contact prescribing provider directly via cell phone. (See attached documentation).
WHEN As needed, when the text message alerts are received.

ACTION
Set the notification rules on electronic medication administration program to send text message alert to staff person A and staff person B when any inventoried medication is less than 12. (See attached documentation of alerts and documentation of contact to prescribing provider when refills were needed).

Completion Date: *02/11/2021*

Document Submission **Implemented**

see attached