

Department of Human Services
Bureau of Human Service Licensing

March 4, 2021

██████████ TREASURER
MON-VALE NON ACUTE CARE SERVICES INC
1163 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063

RE: THE RESIDENCE AT HILLTOP
210 ROUTE 837
MONONGAHELA, PA, 15063
LICENSE/COC#: 47488

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2021, 02/10/2021, 02/11/2021 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: THE RESIDENCE AT HILLTOP **Licen e #:** 47488 **Licen e Expiration Date:** 04/01/2021
Addr e : 210 ROUTE 837, MONONGAHELA, PA 15063
County: WASHINGTON **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7242588940 **Email:** [REDACTED]

Legal Entity

Name: MON-VALE NON ACUTE CARE SERVICES INC
Address: 1163 COUNTRY CLUB ROAD, MONONGAHELA, PA, 15063
Phone: 7242588940 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/20/1998 **Issued By:** PA Dept of L&I
Type: I-1 **Date:** 05/12/2017 **Issued By:** Carroll Township

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 02/12/2021

Inspection Dates and Department Representative

02/09/2021 - On-Site: [REDACTED]
 02/10/2021 - On-Site: [REDACTED]
 02/11/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 58

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 12 **Have Physical Disability:** 0

Inspections / Reviews

02/09/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/04/2021*

3/3/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/05/2021*

3/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/05/2021*

3/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c4 - Payment Responsibility

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

4. The party responsible for payment.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] The resident-Home contract, completed on 9/1/2020, did not include the name of the party responsible for payment. This section is blank.

Plan of Correction**Do Not Accept**

The Administrator or designee will review all past contracts to ensure completeness and make any corrections, if needed. Administrator or designee will review all new contracts within 48 hours of admission and initial bottom of contract. Admission Coordinator will audit contracts using checklist every 6 months.

Completion Date: 03/31/2021

Plan of Correction**Accept**

The Administrator immediately corrected Resident #1 contract. The Administrator or designee will review all past contracts to ensure completeness and make any corrections, if needed. Administrator or designee will review all new contracts within 48 hours of admission and initial bottom of contract. Admission Coordinator will audit contracts using checklist every 6 months.

Completion Date: 03/31/2021

Document Submission**Implemented**

see attached

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 2/9/21 at 2:50 p.m. there was no thermometer in the first aid kit located in the kitchen.

On 2/9/21 at 2:55pm, there was no thermometer or eye coverings in the first aid kit located on the upper level of the home near the communications room.

Plan of Correction**Accept**

The Administrator immediately placed thermometer in the first aid kit located in the kitchen. The Administrator immediately placed protective eye coverings and a thermometer in the first aid kit on the upper level near the communications room. The Administrator has gone around to each first aid kit in the facility and checked that each kit is complete with all 10 items required by the DHS. The Administrator has purchased plastic padlock seals to put on each kit. The Administrator will check to ensure seals have not been broken each day during A.M. rounds. The Manager on duty will check to ensure seals have not been broken on holidays and weekends, during A.M. rounds. If the seal has been broken, the Administrator or manager on duty will be responsible for restocking the first aid kit immediately. The Administrator has placed a list of DHS required items in each kit as a reference.

All staff was in-serviced on locations of each first aid kit.

Completion Date: 03/03/2021

96a - First Aid Kit *(continued)***Document Submission****Implemented***see attached*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 2/10/21 at approximately 4:15 p.m., there was no operable lamp or other source of lighting that could be turned on at bedside for resident #2's bed in resident bedroom # [REDACTED]. The round fluorescent lamp was inoperable.

Plan of Correction**Accept**

The Administrator immediately replaced the lamp with a new lamp and a new light bulb on 2/10/21 @ 4:45pm

Housekeepers will check lamps are in working order when they go in to do a weekly deep clean and dusting. Housekeepers will keep new, unused light bulbs on their cart and immediately change bulbs as needed. This has been added to housekeepers checklist and will be reviewed and checked by the Environmental Service Director weekly. Housekeepers were in serviced on this new procedure.

Completion Date: 02/12/2021

Document Submission**Implemented***see attached*

107b - Emergency Procedures

1. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

On 2/10/21 at approximately 12:20 p.m., the home's Emergency preparedness plan included in the binder located near the first floor bulletin board between the private dining room and the dining room did not include the following required items:

3. *Contact telephone numbers of local and state emergency management agencies (these numbers were located at the front reception desk).*
5. *Duties and responsibilities of staff during evacuation, transportation and at the emergency location.*
6. *Alternated means of meeting resident needs in the event of a utility outage (only electric outage was referenced in regard to having an emergency generator).*

107b - Emergency Procedures (*continued*)**Plan of Correction****Accept**

Contact telephone numbers of local and state emergency management agencies have been added to our policy. Duties and responsibilities of staff during evacuation, transportation, and at the emergency location have been added. Our fire watch procedure was a separate policy that has been added to the emergency preparedness policy. Plans for utility outages have also been added.

Completion Date 03/02/2021

Document Submission**Implemented**

see attached

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/9/21 at 2:15 p.m., the right hand door of the left side set of double doors leading into the Community Room to the exterior exit was impeded by a 30 gallon round white covered trash can on wheels that blocked opening the door into the Community Room leading to the exterior exit. The left hand door of this set of double doors was blocked by two 18" deep lateral 3 drawer filing cabinets that were positioned against the wall. This set of double doors had an Exit sign above it.

Plan of Correction**Do Not Accept**

The garbage can removed and cabinets moved immediately on 2/9/21, so no longer blocking door. On 2/10/21 the exit sign was moved from the doors on the left to the doors on the right. Staff was in-serviced that stairways, hallways, doors, passageways and egress routes from rooms, from the building must be unlocked and unobstructed.

Completion Date: 02/10/2021

Plan of Correction**Accept**

The garbage can removed and cabinets moved immediately on 2/9/21, so no longer blocking door. On 2/10/21 the exit sign was moved from the doors on the left to the doors on the right. Staff was in serviced that stairways, hallways, doors, passageways and egress routes from rooms, from the building must be unlocked and unobstructed. The Administrator or designee will check that all doors are free from obstruction each morning during A.M. rounds.

Completion Date 02/10/2021

Document Submission**Implemented**

see attached

130h - Inoperable Smoke Detector

1. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

On 2/10/21 at approximately 12:20 p.m., the home's procedures that will be immediately implemented in the event of an inoperable smoke detector were not included with the home's emergency preparedness plan.

130h - Inoperable Smoke Detector (continued)**Plan of Correction****Accept**

The fire watch procedure was a separate policy that we added to emergency preparedness policy.

n-service was given to the staff as a reminder of this procedure.

Completion Date: 02/12/2021

Document Submission**Implemented**

see attached