

Department of Human Services  
Bureau of Human Service Licensing

August 2, 2021

[REDACTED] ADMINISTRATOR/OWNER  
HILLVIEW HOME INC  
615 CORNELL STREET  
CORAOPOLIS, PA 15108

RE: HILLVIEW HOME  
615 CORNELL STREET  
CORAOPOLIS, PA, 15108  
LICENSE/COC#: 43023

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jody Garvey

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

May 18, 2021

[REDACTED] ADMINISTRATOR/OWNER  
HILLVIEW HOME INC  
615 CORNELL STREET  
CORAOPOLIS, PA 15108

RE: HILLVIEW HOME  
615 CORNELL STREET  
CORAOPOLIS, PA, 15108  
LICENSE/COC#: 43023

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Jody Garvey

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:** HILLVIEW HOME **License #:** 43023 **License Expiration Date:** 07/06/2021  
**Address:** 615 CORNELL STREET, CORAOPOLIS, PA 15108  
**County:** ALLEGHENY **Region:** WESTERN

**Administrator**

**Name:** [REDACTED] **Phone:** 4122645154 **Email:** [REDACTED]

**Legal Entity**

**Name:** HILLVIEW HOME INC  
**Address:** 615 CORNELL STREET, CORAOPOLIS, PA, 15108  
**Phone:** 4122645154 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 12/21/1995 **Issued By:** Dept. of L & I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 20 **Waking Staff:** 15

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 03/09/2021

**Inspection Dates and Department Representative**

03/09/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 22 **Residents Served:** 19

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 7 **Are 60 Years of Age or Older:** 18  
**Diagnosed with Mental Illness:** 5 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 1 **Have Physical Disability:** 3

**Inspections / Reviews**

**03/09/2021 - Full**

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/05/2021

Inspections / Reviews (*continued*)

## 5/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/18/2021*

## 5/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/27/2021*

## 7/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/26/2021*

## 8/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not conducted a quality management review within the last year.

Plan of Correction

Accept

A QMP will be established and implemented immediately per regulation 2600 26.a.

Administrator will be responsible for establishing an annual QMP by December each year with a review each January.

Completion Date: 05/27/2021

Document Submission

Implemented

QMP.docx attached

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [redacted], did not have a criminal background check completed until [redacted]

Plan of Correction

Accept

Staff person A has a completed criminal check. Administrator checked all new hires to ensure their criminal checks were completed and timely.

Administrator is aware of the importance of timely criminal checks and will make a check list by May 27, 2021 to follow for all new hires.

Completion Date: 05/27/2021

Document Submission

Implemented

see attachment for staff person A

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

65a - FS Orientation 1st Day (continued)

Description of Violation

Staff person B, hired [REDACTED] did not receive orientation training in any topics specified in 2600.65(a).

Plan of Correction

Accept

Staff person B was trained during orientation on [REDACTED] did have documentation of training in these areas but no signature of proof. Employee did sign the training sheet on March 10, 2021.

Administrator is aware of the regulation and will use a check list which will be completed by May 27,2021 for all new hires to be accountable for accurate record keeping in the future.

Completion Date: 05/27/2021

Document Submission

Implemented

New hire check list.docx

staff #2 initial training sheet attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.

Description of Violation

Staff person B, hired [REDACTED], did not complete training in resident rights.

Plan of Correction

Accept

Staff person B was given the residents rights to read and sign on April 29,2021.

Administrator will have a new hire packet complete by 5/27/2021 for all new hires during orientation in order for more accurate record keeping and verification, this will include residents rights.

Completion Date: 05/27/2021

Document Submission

Implemented

copy of signed residents rights attached as [REDACTED] signed residents rights

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:45 a.m., the microwave in the kitchenette area of the second floor dining room was covered throughout with dried food products and stains.

Plan of Correction

Accept

Microwave in kitchenette area needed replaced and was done so on 3/11/2021.

This is used by residents and staff and a note was placed on the microwave as a reminder for all to clean after each use.

Administrator as well as cleaning staff will check for cleanliness daily.

Completion Date: 03/11/2021



225a - Assessment 15 Days (continued)

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

Resident #1, admitted [REDACTED], did not have an initial assessment completed.

Plan of Correction

Accept

Resident #1 did have a RASP marked as completed on [REDACTED] missing page 8 with the diagnosis and plan to meet need not completed.

Administrator completed page 8 in full immediately.

Administrator reviewed an education inservice with the staff member that completed the RASP stressing the importance of full completion on April 30,2021.

Administrator will review all previous and future RASP's for completion and accuracy starting immediately.

Completion Date: 04/30/2021

Document Submission

Implemented

SEE SIGNED STAFF INSERVICE 4/30/21

resident #1 RASP attached

227a - Support Plan 30 Days

1. Requirements

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, admitted [REDACTED], did not have an initial support plan completed.

Plan of Correction

Accept

Resident #1 did have a RASP marked as completed on [REDACTED] missing page 8 with the diagnosis and plan to meet need not completed.

Administrator completed page 8 on March 9,2021.

Staff member that assists in completing RASP's reviewed previous training on RASP's on April 30,2021.

Administrator will check all support plans for accuracy and completion.

Completion Date: 04/30/2021

Document Submission

Implemented

SEE ATTACHED TRAINING SHEET 4/30/21

resident #1 RASP attached

251c - Standardized Forms

1. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms (continued)

**Description of Violation**

Resident #1's preadmission screening, dated [REDACTED] was not completed on the Department's current standardized form.

Resident #3's preadmission screening, dated [REDACTED] was not completed on the Department's current standardized form.

**Plan of Correction**

**Accept**

Administrator completed the newer prescreen on March 10, 2021.

All prescreens were checked for updated version.

Staff was made aware of this error and will only use the new prescreen for all future admissions.

Administrator will review all forms, using standardized forms per regulation immediately.

Completion Date: 03/10/2021

**Document Submission**

**Implemented**

NEW PRESCREEN BEING USED AS OF 3/10/21

resident #1 prescreen attached

staff inservice attached