



Emailing Date: April 16, 2021

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 #: 467990

Dear Mr. Stambaugh:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 27, 2020 and April 2, 2021, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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

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

Enclosures
License
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

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: *7244392273* Email: *hillsidemanorpch@gmail.com*

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*
 Phone: *7244392273* 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: *51* Waking Staff: *38*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal,Fine* Exit Conference Date: *10/27/2020*

Inspection Dates and Department Representative

10/27/2020 - On-Site: Ashley Roser, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *46*

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: *46*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

10/27/2020 - Full

Lead Inspector: *Ashley Roser* Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2020*

Inspections / Reviews *(continued)*

11/30/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *12/04/2020*

12/7/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2020*

4/16/2021 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 11:46 a.m., the nurse's station was unlocked and unattended, and contained multiple resident records, to include the medical records for residents #4 and #5. The resident records included resident medical evaluations, assessments and support plans.

Plan of Correction

Directed

A new door that closes and locks when entering/exiting was installed (see picture). The staff member who left nurses station door unlocked and unattended received disciplinary action (see attached). All staff will receive re-education regarding closing and locking the nurses station door when the nurses station is unattended. All staff will be educated regarding closing and locking the door when the nurses station is unattended monthly x 3 months. Documentation will be kept. (See attached proof of training sheet).

Upon receipt of the plan of correction: A designated staff person shall inspect the home daily to ensure all resident records and medical information is kept in an area that is locked. LM 12/7/20

Completion Date: 12/04/2020

Document Submission

Implemented

Designated administrative staff member is assigned to inspect the home daily to ensure all resident records and medical information is kept in an area that is locked.

81b - Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

There are multiple cracks and tears on both arm rests of resident #2's wheelchair, which pose a skin tear hazard.

Plan of Correction

Accept

Resident #2 received a new wheelchair on 11/24/2020 (see attached picture). Designated staff member will check all wheelchairs, walkers, prosthetic devices and other apparatus used by residents quarterly to ensure equipment is in good repair and free of hazards (see attached checklist).

Completion Date: 11/26/2020

Document Submission

Implemented

See attached

82a - Poisonous Materials

1. Requirements

82a - Poisonous Materials (continued)

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:20 a.m., there was an unlabeled 12-ounce spray bottle containing a clear liquid in the furnace room located on the memory care side. According to staff person A, the home's administrator, the liquid in the bottle could be "Awesome" cleaner.

Plan of Correction

Accept

The cleaner in the bottle was immediately emptied. Both furnace rooms were checked to ensure all poisonous materials were in the original, labeled containers. Staff re-educated about keeping all chemicals in original containers. Effective 11/16/20-02/26/21, documentation of weekly furnace room inspections/housekeeping carts will be kept to ensure all poisonous materials are stored in their original containers will occur weekly x 3 months (longer if deficits are found). (see attached checklist)

Completion Date: 11/26/2020

Document Submission

Implemented

See Attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/22/20 at 4:54 p.m., resident #2's glucometer was used to test resident #3's blood sugar.

Plan of Correction

Directed

Resident #3 was ordered a new glucometer (see attached). Residents name will be written on the case and on the glucometer (will be delivered from pharmacy evening of 11/26/20). Resident #2 was ordered a new glucometer on 10/27/20 (see attached picture). The staff member that "mixed up" glucometers received disciplinary action (see attached). Will continue to do every other week glucometer/MAR checks and documentation will be kept. Effective 12/04/20, all diabetic certified staff will receive comprehensive re-training from facility CRNP that the sharing of glucometers is strictly prohibited. (DIRECTED: The training shall be completed by 12/31/20. Documentation of the training shall be kept. LM 12/7/20). A designated staff person is responsible for checking glucometers bi-weekly to ensure readings in the glucometer match the MAR. (DIRECTED: Documentation of the audits shall be kept. LM 12/7/20). If there are any issues, CRNP will be notified and comprehensive re-education training will be provided to all certified diabetic staff and documentation will be kept. (see attached documents). PCP was contacted via fax on 12/3/ 2020. Documentation in resident chart.

Within 24 hours of receipt of the plan of correction: A designated staff person shall inspect all resident glucometers to ensure each glucometer is clearly labeled with the resident's name. LM 12/7/20

Completion Date: 12/04/2020

85a - Sanitary Conditions (continued)

Document Submission

Implemented

See Attached

90b - Staff Communication

1. Requirements

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

According to multiple staff persons, the home does not have a system that enables staff persons to immediately contact other staff persons in the home for assistance in the event of an emergency. On 10/27/20, the home served 46 residents.

Plan of Correction

Directed

Walkie talkies were purchased. See attached receipt. The delivery date was initially 12/01/2020 and has now been updated to 12/09/2020. All staff will receive education from facility supervisor on the requirement of carrying walkie talkie with them at all times during shift, all staff will receive training on how to use walkie talkie, all staff will receive instruction that they are to pick up a walkie talkie in the nurse's station from the charger at the beginning of their shift and put walkie talkie back on charger at end of shift. Enough walkie talkies were purchased so there are enough for current shift while previous shift charges. (DIRECTED: A designated staff person shall monitor the staff weekly to ensure walkie talkies are in use. LM 12/7/20)

Completion Date: 12/04/2020

Document Submission

Implemented

The walkie talkies were purchased (see attached picture). The incorrect walkie talkies have been sent twice. They are too heavy and too big for the staff to carry in scrub pockets. When the correct walkie talkies are delivered, all staff will be instructed on the use and the shift coordinator will be responsible for ensuring the staff are using the walkie talkies.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:06 a.m. there was no thermometer in the freezer located in the dry storage area.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Directed

SensorPush WiFi thermometers were purchased and delivered. IT person is scheduled to come on 12/08/2020 to install the Gateway for the thermometers. The sensors will be zip tied in the back of freezers and refrigerators. The SensorPush application will be downloaded on supervisors cell phone. If a refrigerator temperature goes above 40 degrees F or a freezer temp goes above 0 degrees F, the SensorPush application will send a notification to supervisor's cell phone. the application works anywhere - even out of the county and send alerts 24/7.

Upon receipt of the plan of correction: A designated staff person shall monitor the new thermometers daily for one month then monthly thereafter to ensure they are operable. LM 12/7/20

Completion Date: 12/08/2020

Document Submission

Implemented

The WiFi thermometers and gateway have been purchased and received. See attached picture. The IT person (not employee of PCH) has been off of work for medical complications and will come to facility when able.

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The following items were present on a cart directly between the gas furnace and gas hot water tank, located in the B side furnace room:

- * 2 cans of glade air freshener
- * 1 can of flying insect killer

Plan of Correction

Accept

The items were immediately moved. Both furnace rooms were checked to ensure all combustibile and flammable materials were not located near heat sources or hot water heaters. Effective 11/16/20-02/26/21, documentation of weekly furnace room inspections/housekeeping carts will be kept to ensure all combustibile and flammable materials are not located near heat sources or hot water heaters and will occur weekly x 3 months (longer if deficits are found). (see attached checklist)

Completion Date: 11/26/2020

Document Submission

Implemented

see attached

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The most recent menu posted in the home was dated 10/25/20 through 10/31/20.

162c - Menus Posted (*continued*)**Plan of Correction****Accept**

A staff member has been designated to post updated menus. Every Sunday x 2 months, the shift coordinator will verify that a one week in advance menu is posted. If the menu is not posted, administrator will be contacted immediately to obtain copy. (see attached documentation).

Completion Date: 12/04/2020

Document Submission**Implemented**

See attached

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 11:46 a.m., the nurse's station was unlocked and unattended, and contained multiple medications on top of the medication cart, to include:

** Resident #4's Mirtazapine 15 mg, Divalproex 125 mg, and Metoprolol Tartrate 25 mg*

** Resident #5's Carbidopa Levodopa 25-250 mg*

Plan of Correction**Accept**

A new door that closes and locks when entering/exiting was installed (see picture). The staff member who left nurses station door unlocked and unattended received disciplinary action (see attached). All staff will receive re-education regarding closing and locking the nurses station door when the nurses station is unattended. All staff will be educated regarding closing and locking the door when the nurses station is unattended monthly x 3 months. Documentation will be kept. (See attached proof of training sheet).

Completion Date: 12/04/2020

Document Submission**Implemented**

See attached

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 10/15/20 at 4:00 p.m., resident #3's blood sugar was 156; however, a blood sugar reading of 150 was documented on the resident's October 2020 medication administration record (MAR).

Resident #3's October 2020 MAR indicates a blood sugar reading of 109 on 10/25/20 at 8:00 a.m.; however, this blood sugar reading is not present on the resident's glucometer.

185a - Implement Storage Procedures *(continued)***Plan of Correction****Directed**

Resident #3 was ordered a new glucometer (see attached). Residents name will be written on the case and on the glucometer (will be delivered from pharmacy evening of 11/26/20). The staff member that "mixed up" glucometers received disciplinary action (see attached). Will continue to do bi-weekly glucometer/MAR checks and documentation will be kept. Effective 12/04/20, all diabetic certified staff will receive comprehensive re-training from facility CRNP that the sharing of glucometers is strictly prohibited. (DIRECTED: The training shall be completed by 12/31/20. Documentation of the training shall be kept. LM 12/7/20). A designated staff person is responsible for checking glucometers bi-weekly to ensure readings in the glucometer match the MAR. (DIRECTED: Documentation of the audits shall be kept. LM 12/7/20). If there are any issues, CRNP will be notified and comprehensive re-education training will be provided to all certified diabetic staff and documentation will be kept. (see attached documents).PCP was contacted via fax on 12/3/ 2020. Documentation in resident chart.

Within 24 hours of receipt of the plan of correction: A designated staff person shall inspect all resident glucometers to ensure each glucometer is clearly labeled with the resident's name. LM 12/7/20

Completion Date: 12/04/2020

Document Submission**Implemented**

See Attached

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

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: *7244392273* Email: *hillsidemanorpch@gmail.com*

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*
 Phone: *7244392273* 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: *36* Waking Staff: *27*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *04/02/2021*

Inspection Dates and Department Representative

04/02/2021 - On-Site: Ashley Roser, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

04/02/2021 - Partial

Lead Inspector: *Ashley Roser* Follow-Up Type: *POC Submission* Follow-Up Date: *04/09/2021*

Inspections / Reviews *(continued)*

4/8/2021 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *04/09/2021*

4/9/2021 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *04/09/2021*

4/16/2021 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

There are multiple cracks and tears on both arm rests of resident #1's wheelchair, which pose a skin tear hazard. Also, the leg rests and bottom frame of resident #1's wheelchair are covered in dirt and grime.

Plan of Correction

Accept

Why did it happen?

Resident #1 is alert and oriented. Resident #1 did not want a new wheelchair, did not want to pay the insurance co-pay for a new wheelchair, is not agreeable to anyone touching anything in the room, keeps the door locked and stated "it's my stuff and I want to keep it the way that it is".

What did we do right now to fix the problem?

WHO Owner/Administrator

WHAT Re-explained the situation to the resident regarding inspection, regulation and violation. Gave resident a wheelchair that belonged to the facility and disposed of current wheelchair (see attached pictures) immediately upon notification.

WHEN During inspection on 4/2/2021.

How do we prevent this from happening again?

WHO Facility Supervisor

WHAT

The facility supervisor assessed EVERY piece of EVERY resident's equipment on 4/7/21. A current resident list is attached and facility supervisor signed name beside each resident as equipment was assessed (see attached documentation). Facility supervisor will inspect all equipment monthly indefinitely to ensure all wheelchairs, walkers, prosthetic devices and other apparatus used by residents is clean, in good repair, and free of hazards (documentation will be kept- see attached). If resident #1 has issues with equipment in the future documentation will be kept and DHS will be notified.

WHEN Monthly indefinitely

TIMELINE/

WORK PLAN

Every piece of equipment was assessed and inspected by facility supervisor on 4/7/21 (see attached documentation). An inspection/assessment of all wheelchairs, walkers, prosthetic devices and other apparatus used by residents to ensure they are clean, in good repair, and free of hazards will be conducted monthly indefinitely(documentation will be kept- see attached).

Completion Date: 04/08/2021

81b - Resident Personal Equipment *(continued)*

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

At 10:06 a.m., the exit door near the nurse's station was blocked by a velvet red rope barrier.

Plan of Correction

Accept

Why did it happen?

To remind all visitors to use the thermo scanner for a temperature check and questionnaire prior to entering facility.

What did we do right now to fix the problem?

WHO Owner/Administrator

WHAT Removed the rope (see attached pictures) immediately upon notification.

WHEN During inspection on 4/2/2021.

How do we prevent this from happening again?

WHO Facility Supervisor/Administrator

WHAT The administrator re-educated facility supervisor on

regulation 2600.121.a. (see attached documentation). Home supervisor is responsible for checking stairways, hallways, doorways, passageways, and egress routes from rooms and from the building to ensure they are unlocked and unobstructed. The home supervisor will conduct a weekly inspection of the building to ensure all stairways, hallways, doorways, passageways, and egress routes from rooms and from the building to ensure they are unlocked and unobstructed indefinitely (documentation will be kept).

WHEN Indefinitely

TIMELINE/

WORK PLAN Re-education (completed 4/7/21- see attached documentation). Walk through/inspection of stairways, hallways, doorways, passageways, and egress routes from rooms and from the building to ensure they are unlocked and unobstructed weekly (starting 4/7/21) indefinitely (documentation will be kept - see attached).

Completion Date: 04/08/2021

Document Submission

Implemented

see attached