

Department of Human Services
Bureau of Human Service Licensing

December 21, 2021

[REDACTED]
CSM MONTOURSVILLE LLC
2725 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754

RE: THE HILLSIDE SENIOR LIVING
COMMUNITY
2725 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22830

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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 HILLSIDE SENIOR LIVING COMMUNITY* License #: 22830 License Expiration:
Address: 2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754
County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: 5704781017 Email: [REDACTED]

Legal Entity

Name: *CSM MONTOURSVILLE LLC*
Address: 2725 FOUR MILE DRIVE, MONTOURSVILLE, PA, 17754
Phone: 5703224436 Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/26/1999* Issued By: *PALI*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *07/29/2021*

Inspection Dates and Department Representative

07/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 35

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: 28 Residents Served: 13

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 15 Have Physical Disability: 1

Inspections / Reviews

07/29/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2021*

Inspection Dates and Department Representative (*continued*)

10/18/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2021*

12/21/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident 1 states that they have had to wait 45 minutes on 2 occasions for their call bell to be answered so that they could be assisted to the bathroom. Resident 2 states that they often have had to wait 20 to 30 minutes for the call bell to get answered by staff.

Plan of Correction

Accept

1. Violation corrected on 6/24/21.

2. A 2nd call bell box was put in a second location on the 2nd floor so that the staff can hear it when they are passing meds or doing care on another resident.

3. on 6/24/21 All call bell necklaces were checked for each resident to make sure they were working correctly.

4. on 6/24/21 All call bells were also programmed to the 1st floor so that if a second floor call bell goes off the first floor staff can walkie to tell the 2nd floor the room number that is ringing their call bell.

Completion Date: 09/23/2021

Document Submission

Implemented

Completion Date: 09/23/2021

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The Staff schedule for the month of July 2021 shows that the home only staffs 2 direct care staff workers for the 11pm to 7am shift. The home currently has 13 residents residing in a Secured Dementia Unit which is located on the 1st floor. There are also 22 PCH residents that reside on the 2nd floor. According to information provided by Staff Member A, B, & C, Resident 3 requires a 2-person assist for transferring and resides on the 2nd floor. In the event of an emergency when there are only 2 DCS in the building the residents in the SDU would be left unattended either prior to evacuating or after being evacuated so that the only 2 staff members in the home could transfer Resident 3.

Plan of Correction

Accept

1. Violation corrected on 7/30/21

2. The Administrator will make sure there is enough staff at all times for assistance when someone needs more than one person assist.

3. on 7/20/21 all staff were trained on how to use gait belts for safe transfers.

Completion Date: 09/23/2021

Document Submission

Implemented

Completion Date: 09/23/2021

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 1’s DME dated [redacted] did not have 2 of the required fields completed. Section 8 for body positioning and their ability to self-administer their medication were left blank.

Plan of Correction

Accept

1. Violation corrected on [redacted]
2. Director of Wellness and Dementia Program Director went through each resident's chart to make sure all DME's were completed in their entirety and if they weren't completed returned to the physician to complete.
3. All DME's will be reviewed by Director of Wellness and Dementia Program Director upon admission and before they are filed in the resident's chart.

Completion Date: 09/23/2021

Document Submission

Implemented

Completion Date: 09/23/2021

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 3 was admitted to the home on [redacted] A support plan is required to be completed within 30 days of admission but had not been completed as of 7/29/2021.

Plan of Correction

Accept

1. Violation corrected on [redacted]
2. Director of Wellness and Dementia Program Director went through every resident's chart to make sure all support plans were completed.
3. Administrator and Director of Wellness created a spreadsheet that is shared between them that has all resident's names and when their DME's, RASP's and their level of care on it. This will allow for easier managing of who needs each form and when they are due. This goes for all new and current residents.

Completion Date: 09/23/2021

227a - Support Plan 30 Days (continued)

Document Submission

Implemented

Completion Date: 09/23/2021

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 1's file did not indicate as required whether or not they have any identifying marks.

Plan of Correction

Accept

1. Violation was corrected on 7/30/21

2. Administrator composed a form that needs to be completed at time of admission so that all required information is in one area and not in different parts of the resident's chart. All information will all be added to the resident's face sheet within 5 days of admission.

3. Resident records will be audited monthly to confirm that all the required information and assessments are completed and signed off of by the Administrator or Director of wellness.

Completion Date: 09/23/2021

Document Submission

Implemented

Completion Date: 09/23/2021

225a - Assessment 15 Days

1. Requirements

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 3 was admitted to the home on [REDACTED]. An initial assessment plan is required to be completed within 15 days of admission but had not been completed as of 7/29/2021.

Repeat Violation from 9/22/2020.

Plan of Correction

Accept

1. Violation corrected on 7/29/21

2. Director of Wellness and Dementia Program Director went through every resident's chart to make sure all support plans were completed.

3. Administrator and Director of Wellness created a spreadsheet that is shared between them that has all resident's names and when their DME's, RASP's and their level of care on it. This will allow for easier managing of who needs each form and when they are due. This goes for all new and current residents.

Completion Date: 09/23/2021

225a - Assessment 15 Days *(continued)*

Document Submission

Implemented

Completion Date: *09/23/2021*