

Department of Human Services
Bureau of Human Service Licensing

January 12, 2022

[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 10/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: 10/23/2022
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: *L&I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: 10/18/2021

Inspection Dates and Department Representative

10/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 44

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: 28 Residents Served: 18

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

10/18/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/18/2021

Inspection Dates and Department Representative (*continued*)

12/13/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/20/2021*

01/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/12/2022*

01/12/2022 - 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 requires bladder management and toileting care. Due to information received from a complaint it was determined that resident #1's brief was not changed timely on 3rd shift and a picture of the resident was presented showing the resident lying in urine soaked sheets.

Plan of Correction

Accept

1. Violation reviewed with staff on 10/20/21
2. Meeting was held with staff on 10/20/21 regarding resident rights and Assistance with ADLs
3. Potty checks have been put in place for residents that need assistance with their toileting.
4. Administrator and Director of Wellness will be doing daily checks to confirm that the Potty check policy is being completed.

Document Submission

Implemented

Toileting schedule for resident #1 implemented 1/11/2022 using attached sheet. Schedule will be implemented for one month.

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff person A took pictures of residents #1, #2, and #3 with a cell phone, showing the resident's various bruising. The residents reside in the memory care and are not able to consent to having their pictures taken. According to this regulation, staff are not permitted to photograph residents with cell phones.

Plan of Correction

Do Not Accept

1. Violation was completed on 10/20/21
2. All staff were trained on residents right to privacy on 10/20/21
3. All staff signed a copy of the company cell phone policy on 10/20/21

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

1. Administrator and Director of wellness will continue to monitor the cell phone use and make sure there is no cell phones being used or any pictures being taken.
2. If a staff member is found to have taken a picture of a resident they will be written up and possibly face termination.

Document Submission

Implemented

Staff are reminded on a daily basis that cell phones are not permitted while working on the floor. Attached is a copy of signage posted at staff desks on both the first and second floors.

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the home’s secure dementia unit on [REDACTED]. The Documentation of Medical Evaluation (DME) form dated [REDACTED] does not indicate the need for secure dementia care.

Resident #4 was admitted the home’s secure dementia unit on [REDACTED]. The DME form dated [REDACTED] does not indicate the need for secure dementia care.

Resident #5 was admitted to the home’s secure dementia unit on [REDACTED]. The DME form dated [REDACTED] does not indicate the need for secure dementia care.

Plan of Correction

Accept

1. violation corrected on 11/12/21. All physicians revised a new DME with the correct information.
2. Admissions and DOW will check every DME that comes in to make sure all information is filled out and correct.

Document Submission

Implemented

1. violation corrected on 11/12/21. All physicians revised a new DME with the correct information.
2. Admissions and DOW will check every DME that comes in to make sure all information is filled out and correct.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the home’s secure dementia unit on [REDACTED]. The resident’s support plan was not completed until [REDACTED] more than 72 hours after admission.

Resident #1 was admitted to the home’s secure dementia unit on [REDACTED]. The resident’s support plan was not completed until [REDACTED]

Plan of Correction

Accept

1. Violation corrected on 11/12/21
2. All support plans for secured dementia care unit will be completed with in the 72 hours of admission.
3. DOW and Administrator will make sure all support plans are completed in the 72 hour timeframe.

Document Submission

Implemented

Plan of CorrectionAccept

1. Violation corrected on 11/12/21
2. All support plans for secured dementia care unit will be completed with in the 72 hours of admission.
3. DOW and Administrator will make sure all support plans are completed in the 72 hour timeframe.

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident’s condition changes.

Description of Violation

Resident #1 requires care with bladder management and toileting. The support plan dated [redacted] indicates that these needs are non-applicable. The support plan was not updated to reflect that after testing positive for COVID, resident #1 was unable to complete toileting independently.

Resident #2 has frequent falls and frequently slides out of a wheelchair to the floor. Resident #2 has had documented falls on 06/28/21, 08/07/21, 08/12/21, 08/23/21, 09/28/21, and 10/0/10/21. Resident #2 also had large dark purple bruising on the left side and the cause of the bruising is not document in the resident’s record. Resident #2’s support plan dated [redacted] was not updated to reflect the resident’s need for more frequent checks due to frequent falls that cause bruising.

Plan of Correction

Accept

1. Violation corrected on 10/21/21
2. resident support plans have been updated and revised with the changes in care.
3. DOW and Administrator will review changes in resident's care and make sure the changes are updated on the rasp within 15 days of the change.

Document Submission

Implemented

See attached