

Department of Human Services
Bureau of Human Service Licensing

March 21, 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 11/02/2021 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: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident, Monitoring* Exit Conference Date: *11/02/2021*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *43*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *28* Residents Served: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

11/02/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2021*

Inspections / Reviews (*continued*)

12/13/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2021*

01/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/11/2022*

01/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2022*

01/24/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/28/2022*

03/21/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home did not meet their required staffing hours on 10/22/2021. The home had a census of 43 residents in the home and 21 residents with mobility needs. They are required to staff 64 hours this day but only 62.5 hours were completed.

Plan of Correction

Do Not Accept

1. violation completed on 11/2/21
2. Schedules will be updated by Administrator if someone calls off and Administrator works the shift.
3. All schedules will have required staffing hours and the home will have adequate staffing to meet the needs of the residents.

Completion Date: 11/02/2021

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

Attachment with the last 3 weeks of schedules have been uploaded.

1. Administrator and DOW will monitor schedule to make sure adequate staffing needs are met.

Completion Date: 12/24/2021

Update: 01/05/2022

The Administrator and DOW will monitor schedule weekly X's 3 months to make sure adequate staffing needs are met. 1-5-2022 MM

Document Submission

Implemented

Attached are the past four weeks of schedules that have been monitored by the DOW/Administrator ensuring adequate staffing needs. Census, residents with mobility needs, and hours needed have been calculated. Staff hours have been added up and recorded for each shift. This schedule format will be used weekly by the DOW/Administrator to ensure continued compliance.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident Assessment and Support Plan dated [REDACTED] for Resident 2 does not indicate that they are currently receiving PT/OT services which were ordered [REDACTED].

Plan of Correction

Do Not Accept

1. Violation corrected on 11/5/21

227d - Support Plan Medical/Dental (continued)

2. Administrator, Director of Wellness and Dementia Program Director will make sure RASP are updated when any new services are added or discontinued.

Completion Date: 11/05/2021

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

Do Not Accept

Updated RASP is attached

Completion Date: 12/24/2021

Update: 01/05/2022

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. 01-05-2022 MM

Plan of Correction

Do Not Accept

Completion Date: 01/11/2022

Plan of Correction

Accept

A binder will be kept in the DOW's office with a separate tab for each resident receiving therapy services. Therapy department will fill out a progress note provided by the facility (attached) which will include start/end of care. Before filing, DOW will add appropriate information to each resident's support plan addendum (attached.) Starting 1/19/2022, and monthly until 7/19/2022, DOW/ED will audit the therapy binder (using attached audit sheet) to ensure compliance.

Completion Date: 01/18/2022

Document Submission

Implemented

Binder with progress notes has been established. Support plan addendums have begun to be audited using the attached audit sheet. DOW/ED will be responsible for audits and compliance.

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

Documentation of Medical Evaluation dated [REDACTED] for Resident does not assess them for placement in the Secured Dementia Unit where they are have resided since [REDACTED] 1.

Plan of Correction

Accept

1. Violation corrected on 11/5/21

2. Administrator, Director of Wellness and Dementia Program Director will make sure DME's are completed in their entirety when they are received from the physician. If they are not completed they will send back to the physician to complete.

Completion Date: 11/05/2021

Document Submission

Implemented

DOW/ED are responsible for making sure all DME's are completed in their entirety. DOW/ED will audit five charts

231b - Medical Evaluation (continued)

monthly using the attached audit sheet. Any areas of noncompliance will be corrected. Audits will continue through March 2023.

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 10/22/2021 and 10/24/2021 shows that only 2 direct care staff workers were in the home from 11pm to 7am. The home has 17 residents residing in a Secured Dementia Unit which is located on the 1st floor. There are also 26 PCH residents that reside on the 2nd floor. According to information provided by Staff Member A, B, & C, Resident 1 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 1. Repeat Violation 7/29/2021.

Plan of Correction**Do Not Accept**

1. violation completed on 11/2/21
2. Schedules will be updated by Administrator if someone calls off and Administrator works the shift.
3. All schedules will have required staffing hours and the home will have adequate staffing to meet the needs of the residents.
4. There will be enough staff to cover the home in case of an emergency and the SDCU will not be left alone without staffing.

Completion Date: 11/02/2021

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**Do Not Accept**

Updated staffing schedule is attached.

Completion Date: 12/24/2021

Update: 01/05/2022

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. 01-05-2022 MM

Plan of Correction**Do Not Accept**

Completion Date: 01/11/2022

Plan of Correction**Accept**

Attached schedule has been implemented 1/16/2022 so DOW/ED is aware of required staffing needs on a daily basis. Staff will be required to call DOW or ED and attempt to find a replacement if unable to fulfill their assigned shift. To ensure that adequate staff is available to meet the needs of the residents, staff from the previous shift will be required to stay at the facility until the replacement has arrived. If a replacement is unable to be found, staff will stay at the facility until the DOW or ED has arrived. Schedule will be audited weekly until 4/16/2022 and signed by DOW/ED to ensure compliance with adequate staffing.

Completion Date: 01/18/2022

60a - Staff/Support Plan (continued)**Document Submission*****Implemented***

Attached are schedules for the past four weeks. DOW/ED are responsible for ensuring adequate staffing for all shifts which includes making sure three staff are scheduled and present for the 11p - 7a shift. This ensures that the SDU is not left unattended in case of an emergency.