

Department of Human Services
Bureau of Human Service Licensing

April 7, 2022

[REDACTED], OWNER

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 11/04/2021, 11/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: *10/23/2022*
Address: *2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CSM MONTOURSVILLE LLC*
Address: *2725 FOUR MILE DRIVE, MONTOURSVILLE, PA, 17754*
Phone: *5703224436* Email: *stacymilheim@livecardinal.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/26/1999* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *11/09/2021*

Inspection Dates and Department Representative

11/04/2021 - On-Site: [REDACTED]
11/09/2021 - 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: *first floor* Capacity: *15* Residents Served: *13*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *2*

Inspections / Reviews

11/04/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/09/2022*

03/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/08/2022*

03/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/01/2022*

04/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The men's restroom located off the main dining room had a waste container that did not have a lid.

Plan of Correction

Do Not Accept

Waste container in men's restroom located off the main dining room has been replaced with a waste container that has a lid.

Completion Date: 02/01/2022

Update: 03/01/2022

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. 03-01-2022 MM

Plan of Correction

Accept

Housekeeper on each floor will use the attached audit sheet to check to make sure the garbage can in each restroom, shower room, and resident room on their respective floors has a lid. Audit sheet will be given to the administrator who will order the necessary amount of garbage cans/lids. Upon arrival, housekeeping will distribute the garbage cans/lids to the rooms that need them. Housekeeping will continue to check the rooms weekly for compliance using the audit sheet. The completed audit sheet will be given to the administrator at the end of each week to confirm compliance and address noncompliance if necessary. Audits will be done starting March 7, 2022 and continue weekly through the week of June 7, 2022.

Completion Date: 03/07/2022

Document Submission

Implemented

Trash receptacles are expected to arrive the week of 4/4/2022. They have been on backorder. Audit sheets have been completed to check for continued compliance in rooms that have them. Trash cans will be distributed upon arrival and audit sheets will continue to be used through the week of June 7th to monitor/confirm compliance

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident's bedroom's #100 and 105 did not have a a source of lighting that could be turned on/off at bedside.

Plan of Correction

Do Not Accept

Resident bedroom's #100 and #105 have been arranged so that there is a source of lighting that can be turned on/off at bedside.

Completion Date: 02/01/2022

Update: 03/01/2022

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. 03-01-2022 MM

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

Housekeeping will use the attached audit sheet to ensure each resident's room has an operable lamp or other source of lighting that can be turned on at bedside. Audit sheet will be given to the administrator who will address and correct any room that is not compliant. Audit sheets will continue to be used by housekeeping weekly to ensure continued compliance, audits will be given to the administrator at the end of the week so noncompliance can be addressed. Audits will begin the week of March 7, 2022 and continue through the week of June 6, 2022.

Completion Date: 03/07/2022

Document Submission

Implemented

All rooms have been audited and corrected if needed. Audits will continue through the week of 6/6/2022.

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The shared shower room located on the secured unit had a bar soap in the shower. There was no soap container identifying the owner of the soap.

Plan of Correction

Do Not Accept

Resident's using bar soap have their name marked clearly on the container. A sign is posted in the shower room reminding staff to label soap containers if they need it,

Completion Date: 02/01/2022

Update: 03/01/2022

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. 03-01-2022 MM

Plan of Correction

Accept

DOW will reeducate nursing staff on the importance of having resident's personal hygiene products labeled. DOW, along with a staff member from each floor will go to each resident's room to ensure that their personal hygiene products, including bar soap containers are marked with their room number. A sign has been placed in the shared shower room on each floor reminding staff to make sure products are labeled. A permanent marker will also be provided so any noncompliance can be corrected immediately. DOW will audit five rooms weekly through the week of June 6, 2022 to check for continued compliance.

Completion Date: 03/07/2022

Update: 03/23/2022

Please send/Attach proof of staff training. 3-23-2022 MM

Document Submission

Implemented

Staff sign-in sheet for training is attached as well as the audit sheet that will continue through the week of 6/6/2022.

144c2 - Smoking Area Distance

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c2 - Smoking Area Distance *(continued)*

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home had evidence of smoking in an undesignated smoking area outside the emergency exist located near room #115. A planter that was located at the bottom of the stairs was filled with cigarette butts.

Plan of Correction

Do Not Accept

Planter has been removed. A sign has been placed in the employee break room reminding all employees to use the designated smoking area only for smoke breaks.

Completion Date: 02/01/2022

Update: 03/01/2022

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. 03-01-2022 MM

Plan of Correction

Accept

A second designated smoking area will be established outside the first floor. On 3/8/2022 maintenance will order a fire extinguisher and an appropriate container for cigarette butts. Upon arrival of these items, the area will be set up by maintenance. Administrator will check the area for compliance and make staff aware of the new smoking area. Until that time, staff will continue to use the designated smoking area outside the second floor.

Completion Date: 03/07/2022

Update: 03/23/2022

Please send/Attach updated smoking policy and update to resident contract regarding facility smoking areas and guidelines. 3-23-2022 MM

Document Submission

Implemented

Attached are the updated forms requested: Smoking policy and page 14 of the resident contract updating smoking areas