

Department of Human Services
Bureau of Human Service Licensing

March 11, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT HILLTOP
210 ROUTE 837
MONONGAHELA, PA, 15063
LICENSE/COC#: 47488

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/08/2022, 02/09/2022, 02/10/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE RESIDENCE AT HILLTOP* License #: *47488* License Expiration: *04/01/2023*
Address: *210 ROUTE 837, MONONGAHELA, PA 15063*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/20/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *02/10/2022*

Inspection Dates and Department Representative

02/08/2022 - On-Site: [REDACTED]
02/09/2022 - On-Site: [REDACTED]
02/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *72*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *1*

Inspections / Reviews

02/08/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/09/2022*

03/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/16/2022*

03/11/2022 - POC Submission

Reviewer: [REDACTED]

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

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/8/22, the licensing inspection summary, dated 6/4/21, was not posted in a public and conspicuous place in the home.

Plan of Correction

Accept

The licensing inspection summary, dated 6/4/21, was not posted in a public and conspicuous place in the home.

Immediately, on 2/8/22 the missing inspection summary dated 6/4/21 was posted in a public and conspicuous place in the atrium of the home.

Going forward to ensure continued compliance, the Administrator will check the inspection book to assure all current and PRN inspection summary's are present and posted in a conspicuous place in our Atrium. The attached sign off sheet was created for the Administrator to sign after she checks on the first of each month. see attached

Completion Date: 02/08/2022

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 2/10/22 at 1:36 pm, the exhaust fan in resident #5's bathroom was inoperable. There was no operable, outside window in the resident's bathroom.

On 2/10/22 at 1:04 pm, the exhaust fan in resident #6's bathroom was inoperable . There was no operable, outside window in the resident's bathroom.

On 2/10/22 at 1:11 pm, the exhaust fan in the shared bathroom of residents #2 and #8 was inoperable. There was no operable, outside window in the residents' bathroom.

Plan of Correction

Accept

The exhaust fan was inoperable in resident #5, #6, #2, and #8 bathrooms.

This was due to a motor recently being replaced and the belt was not put back on the pullie tight enough. This caused the exhaust to be inoperable in these particular rooms. The Director of Maintenance immediately went up in the attic and tightened the belt and this fixed the issue and the exhaust fan is operating as designed.

Checking the exhaust and pullies will be included as a monthly PM check. see attached.

Completion Date: 02/10/2022

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation, dated [REDACTED], does not include the resident's height, weight, pulse rate, blood pressure, temperature or medical professional license number. These sections of the form are blank.

Resident #4's most recent medical evaluation, dated [REDACTED], does not include the resident's weight, blood pressure or temperature. These sections of the form are blank.

Resident #5's most recent medical evaluation, dated [REDACTED] does not include the resident's weight. This section of the form is blank.

Resident #6's most recent medical evaluation, dated [REDACTED], does not include the resident's height or blood pressure. These sections of the form are blank.

REPEAT VIOLATION: 6/4/2021

Plan of Correction**Directed**

Immediately on 2/10/22, the DON, who is an LPN, contacted the residents physicians to obtain the correct missing information. the medical evaluation for residents 2,4,5 and 6, were addendum with the missing information by the DON, who then initialed and dated next to her corrections which were made on 2/10/22 and 2/11/22 as soon as the physicians got back to DON with missing information.

Moving forward all residents medical evaluations will be audited for completeness.

Upon return of all medical evaluations, the ADON will inspect the medical evaluation for completion and update the Pre Admission/DME/RASP tracking sheet. This will be updated with all new and yearly medical evaluations. Before the medical eval. is placed in the chart, the Administrator will double check and initial the DME. See attached Pre Admission/DME/RASP tracking sheet.

DIRECTED: By 4/1/22: A designated staff person shall review the records of all current residents to ensure each resident has a medical evaluation completed in its entirety, at least annually. LM 3/11/22

Completion Date: 02/11/2022

Completion Date: 02/11/2022

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (*continued*)**Description of Violation**

Resident #5 is prescribed [REDACTED] 1 to 2 drops into affected eye as needed for dry eyes; however, this medication expired in November, 2019.

Plan of Correction**Accept**

Resident #5 expired eye drops.

Immediately on 2/09/2022 due to non use the physician was called and an order was received to discontinue the medication. Nurse and Med Tech in-service took place on 2/11/22. Subject matter that was covered: Only current prescriptions may be kept in the home, this includes OTC, sample and CAM meds. All expired meds must be disposed of timely and properly by an LPN. The 28th of each month the ADON and DON will check all medications for expiration dates. See audit sheet

Completion Date: 02/11/2022

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

Resident #4 is prescribed [REDACTED] ml-Inject subcutaneously before meals in accordance with the following sliding scale: 150-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400= 10 units; >400= 12 units. However, the following blood glucose readings were not documented on the resident's February 2022 medication administration record (MAR):

*2/2/22 at 7:14 am-resident's blood glucose was 64

*2/8/22 at 7:21 am-resident's blood glucose was 121

Plan of Correction**Accept**

Blood glucose was taken via glucose machine but not documented on the MAR.

ADON was able to undo administration on the MAR and add the readings on the blood glucose since it was documented on the blood glucose machine. An in service was given on 2/11/22 to go over the proper procedure and importance of documentation. We have also implemented a procedure that checks all accucheck readings on the MAR for accuracy. An Audit sheet is kept in both med carts narcotic book, and after each narcotic count during each changeover of each shift the LPN/Med Tech will go to the audit sheet and the diabetic residents accucheck machine will check it against the MAR reading for accuracy. The ADON will double check on the 28th of each month for completeness. see Attached

Completion Date: 02/11/2022

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #6 is prescribed [REDACTED] Take 1-2 tablets by mouth every 6 hours as needed for pain/fever; however, resident #6's February 2022 MAR includes the following orders for this medication:

- [REDACTED]
- [REDACTED]

Also, the [REDACTED] order to administer 2 tablets to resident #6 was initialed by staff persons as administering 2 tablets of [REDACTED] to the resident on 2/8/22 at 3:45 am and on 2/9/22 and 4:04 am; however, the quantity administered is indicated as 1 tablet on the resident's February 2022 MAR.

Plan of Correction**Directed**

Immediately on 2/9/22 the ADON and DON educated the nurses and med techs in daily report on proper medication administration and checking the MAR against the order 3 times. A formal in-service with all LPN's and Med Techs was conducted on 2/11/22, going over the 5 rights of medication administration, on 3/9/22 the physician d/c'ed the MAPAP 500 MG-Take 2 tablets by mouth every 6 hours as needed for severe pain/fever due to non use. Pharmacist picked up D/C'ed medication. MAPAP 500 MG-Take 1 tablet by mouth every 6 hours as needed for mild pain/fever, order is still current. ADON and DON/Admin. will do a random check on 5 MAR's for accuracy against orders on the 28th of each month going forward. See attached.

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review resident #6's medication administration record to ensure accuracy in accordance with prescribers' orders, including the current MAPAP-500 MG order. LM 3/11/22

Completion Date: 03/10/2022

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 #1 was admitted to the home on 12/10/21; however the resident's initial support plan was not completed until 1/24/22.

Resident #3 was admitted to the home on 8/20/21; however, the resident's initial support plan was not completed until 9/20/21.

Resident #7 was admitted to the home on 10/23/21; however, the resident's initial support plan was not completed until 11/23/21.

Resident #8 was admitted to the home on 8/5/21; however, the resident's initial support plan was not completed until 9/5/21. Also, the resident requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer

227a - Support Plan 30 Days (continued)

lift; however, this is not indicated in the resident's support plan.

REPEAT VIOLATION: 6/4/2021

Plan of Correction**Accept**

Dates were incorrectly calculated. We are now doing support plans by the 25th day of admission. Immediately, the ADON, who is an LPN, updated support plan via addendum for resident #8 to reflect that the resident requires assistance of 2 staff persons to transfer in/out of bed/chair with use of a hooyer lift. The ADON/Designee will ensure and be responsible for initial support plan within 25 days of admission and track support plans on attached spreadsheet. ADON will also track residents who use hooyer lifts on attached spreadsheet and ensure and be responsible for this to be documented on the support plan. ADON will also review all residents charts by 4/1/22 to make sure there is a current support plan and everything is accurate and up to date. 3 times per week, during our huddle we will discuss any changes with our residents and ADON will be responsible for making changes to support plan. On 3/10/22 the DON/Admin. trained the ADON on this new process.

Completion Date: 03/10/2022

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 #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift; however, this is not indicated in the resident's most recent support plan, dated [REDACTED]

Plan of Correction**Directed**

Residents support plan missing the use of hooyer lift was a human error and over looked. Immediately on 2/10/22, the ADON updated support plan via addendum for resident #2 to reflect that the resident requires assistance of 2 staff persons to transfer in/out of bed/chair with use of a hooyer lift.

ADON will track residents who use hooyer lifts on attached spreadsheet and ensure and be responsible for this to be documented on the support plan. 3 times per week, during our huddle, we will discuss any changes with our residents and ADON will be responsible for making changes to support plan.

On 3/10/22 the DON/Admin. trained the ADON on this new process.

DIRECTED: By 4/1/22: A designated staff person shall review the records of all current residents to ensure each resident has a completed support plan present, which accurately reflects the care needs of each resident. LM 3/11/22

Completion Date: 03/10/2022