

Department of Human Services  
Bureau of Human Service Licensing

May 25, 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 02/16/2022 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: *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: *60* Waking Staff: *45*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *02/16/2022*

**Inspection Dates and Department Representative**

02/16/2022 - 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: *0* Capacity: *28* Residents Served: *17*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *17* Have Physical Disability: *0*

**Inspections / Reviews**

02/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/01/2022*

Inspections / Reviews *(continued)*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/17/2022*

05/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 7/1/2022 Resident # 1 fell and fx pelvis. Resident #1 was sent to the ER and returned to the home without surgical intervention. Home did not report this incident to the department.

Plan of Correction

Accept

Administration has a daily meeting each morning. At these meetings, incidents involving residents will be discussed. Administrator and Director of Wellness will ensure that an incident report was completed and state reportable was completed if applicable. If they were not, they will be completed immediately following the meeting. The attached audit sheet will be used for the next six months to ensure compliance.

Completion Date: 10/31/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

Document Submission

Implemented

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

Attached is the audit sheet for incidents. Administrator will be responsible for ongoing compliance

221a - Program Activities

1. Requirements

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident’s active involvement with other residents, the resident’s family and the community.

Description of Violation

Staff A confirmed that no activities have been held for Secured Dementia residents from 12/24/21 to 2/13/22.

Plan of Correction

Accept

Since 2/14/2022, a nursing staff member has offered to assist with creating an activity calendar and to be responsible for conducting activities with the residents on our secured dementia floor. Attached are samples of the calendars that were created. On the days that this staff member is not present, the task of conducting activities will be assigned to another staff member. The administrator will keep a list of the staff members that conducted activities each day to ensure compliance. This plan will be in place until the newly hired Memory Care Coordinator starts on June 1st. At that time the Memory Care Coordinator will assist the administrator with the creation of an activity calendar and be responsible for ensuring compliance.

Completion Date: 06/01/2022

## 221a - Program Activities (continued)

Update: 05/10/2022

**Document Submission****Implemented**

*Attached is a calendar of activities along with the staff member who was assigned to them. Administrator will continue to monitor compliance.*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident #1 had a medical evaluation on [REDACTED] due to status change and was admitted to hospice on [REDACTED]. Resident #1 did not have a new assessment and support plan completed for the significant change.*

**Plan of Correction****Accept**

*The Director of Wellness and/or Administrator will check each DME upon receipt for a status change. The date of the status change will be recorded on the attached audit sheet. The Director of Wellness or Administrator will complete a new assessment and support plan. After completion, the attached audit sheet will be dated and signed, confirming completion. This audit sheet will be used for the next six months to ensure compliance.*

**Completion Date:** 10/31/2022

**Document Submission****Implemented**

*Attached is the audit sheet. Administrator will ensure 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 #2 had falls on 8/15/21, 8/30/21, 11/13/21, and 12/5/21. However, Resident #2's support plan, dated [REDACTED], did not include addendums to state how the home was going to prevent future falls and keep the resident safe.*

**Plan of Correction****Accept**

*Administration has a daily meeting each morning. At this meeting, incidents involving residents will be discussed. A plan for prevention of future similar incidents as well as a plan for helping to keep the resident safe will put into place. The Administrator/Director of Wellness will be responsible for recording this plan on the residents support plan immediately following the meeting. The attached audit sheet will be used and signed by the person completing the addendum. This sheet will be used for the next six months to ensure compliance.*

**Completion Date:** 10/31/2022

Update: 05/10/2022

*Who will monitor and be responsible for ongoing compliance?*

**227d - Support Plan Medical/Dental (continued)***5-10-2022 MM***Document Submission*****Implemented****Who will monitor and be responsible for ongoing compliance?**5-10-2022 MM**Administrator will monitor and be responsible for ongoing compliance.***231e - No Objection Statement****1. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home does not have documentation that the resident and the resident's designated person have not objected to the admission.*

**Plan of Correction*****Accept***

*Administrator will ensure that the Admissions Coordinator is aware of all forms to be signed when accepting a new admission. After each admission, the administrator will review each admission packet to ensure that all forms, including the no objection statement, have been filled out properly and signed. The attached admission packet audit will be used by the administrator for the next six months to ensure compliance.*

**Completion Date:** *10/31/2022***Document Submission*****Implemented***

*Attached is audit sheet for new admissions to the Secure Dementia Unit. Administrator will continue to monitor for compliance*