

Department of Human Services
Bureau of Human Service Licensing

August 15, 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 05/20/2022, 05/23/2022, 05/25/2022 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: [REDACTED] **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:** 59 **Working Staff:** 44

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/27/2022

Inspection Dates and Department Representative

05/20/2022 On Site [REDACTED]
05/23/2022 Off Site [REDACTED]
05/25/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 42

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 28 **Residents Served:** 16

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 41
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 1

Inspections / Reviews

05/20/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/02/2022*

07/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/28/2022*

08/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] 2022 resident #1 touched resident #2 inappropriately by putting their hand down the shirt of resident #2 while resident #2 was sitting in a common area of the home. The incident was witnessed by staff person A. Resident #1 was redirected but came back a second time and again put their hand down the shirt of resident #2. The home did not report the incident to the Area Agency on Aging.

Plan of Correction

Accept

Morning staff meeting is conducted with all administrative staff each morning. At this meeting incidents that happened the day before will be discussed. It will be determined at that time if incidents were reported in a timely manner and that appropriate reports were filed to the appropriate offices (Aging office, DHS.) Staff has been educated to verbally report incidents to their supervisor at the time the incident occurred to avoid a delay in reporting. DOW and administrator will be responsible for logging each incident and for making sure the reports were filed correctly. Incident Audit report will be completed for the next six months.

Completion Date: 12/30/2022

Document Submission

Implemented

Morning staff meeting is conducted with all administrative staff each morning. At this meeting incidents that happened the day before will be discussed. It will be determined at that time if incidents were reported in a timely manner and that appropriate reports were filed to the appropriate offices (Aging office, DHS.) Staff has been educated to verbally report incidents to their supervisor at the time the incident occurred to avoid a delay in reporting. DOW and administrator will be responsible for logging each incident and for making sure the reports were filed correctly. Incident Audit report will be completed for the next six months.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] /2022 resident #1 touched resident #2 inappropriately by putting their hand down the shirt of resident #2 while resident #2 was sitting in a common area of the home. The incident was witnessed by staff person A. Resident #1 was redirected but came back a second time and again put their hand down the shirt of resident #2.

Plan of Correction

Accept

Staff meeting was held on [REDACTED]. Staff was educated on abuse and what it means to be a mandated reporter. Attached Incident Audit will be used to ensure that all incidents, including abuse are reported to a supervisor and handled in a timely manner.

42b - Abuse (continued)

The DOW and Administrator will be responsible for logging each incident and for making sure the appropriate reports were filed correctly.

Incident Audit report will be completed for the next six months.

Completion Date: 12/30/2022

Update: 07/18/2022

Please send proof of staff training regarding compliance with this regulation.

Document Submission**Implemented**

Staff meeting was held on . Staff was educated on abuse and what it means to be a mandated reporter. Attached Incident Audit will be used to ensure that all incidents, including abuse are reported to a supervisor and handled in a timely manner.

The DOW and Administrator will be responsible for logging each incident and for making sure the appropriate reports were filed correctly.

Incident Audit report will be completed for the next six months.

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 #1 was admitted to the home's secure dementia unit on [REDACTED]/2022. The home did not complete a support plan within 72 hours of the resident's admission to the secure dementia unit.

Plan of Correction**Accept**

A list shall be kept of all Admissions to [REDACTED] (secure dementia floor) by the Administrator. [REDACTED]/Memory Care Coordinator will be responsible for the completion of a RASP within 72 hours of resident's admission.

Administrator will ensure that the RASP has been completed within the 72 hours and sign the attached sheet confirming that it was done.

Attached sheet will be used through 12/30/2022 to ensure compliance.

Completion Date: 12/30/2022

Document Submission**Implemented**

A list shall be kept of all Admissions to [REDACTED] (secure dementia floor) by the Administrator. [REDACTED]/Memory Care Coordinator will be responsible for the completion of a RASP within 72 hours of resident's admission.

Administrator will ensure that the RASP has been completed within the 72 hours and sign the attached sheet confirming that it was done.

Attached sheet will be used through 12/30/2022 to ensure compliance.