

Department of Human Services  
Bureau of Human Service Licensing

July 18, 2022

[REDACTED], ADMINISTRATOR/OWNER

RE: HILLVIEW HOME  
615 CORNELL STREET  
CORAOPOLIS, PA, 15108  
LICENSE/COC#: 43023

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2022, 05/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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**

**Facility Information**

Name: *HILLVIEW HOME* License #: *43023* License Expiration: *07/06/2023*  
Address: *615 CORNELL STREET, CORAOPOLIS, PA 15108*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HILLVIEW HOME INC*  
Address: *615 CORNELL STREET, CORAOPOLIS, PA, 15108*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/21/1995* Issued By: *Dept of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/24/2022*

**Inspection Dates and Department Representative**

05/23/2022 - On-Site: [REDACTED]  
05/24/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *22* Residents Served: *18*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *18*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**05/23/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/05/2022*

Inspections / Reviews (*continued*)

06/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2022*

06/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/20/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The lower-level emergency exit door off the living room and is in serious disrepair. Along the interior side of the door threshold there is a foam like padding secured with tape to prevent drafts and to keep the opening at bottom of door secured. The bottom of the exterior side of the door is rotted approximately 3" up from the bottom and extends almost the entire width of the door, with an opening of approximately 1 1/2" on the bottom. Below the window on the exterior side of the door, there is patching that has come off in several areas leaving exposed parts of the door interior.

Plan of Correction

Administrator has called 2 companies to get estimates on replacing this door.

Waiting on both companies for estimates

Lower Level door will be replaced by August 1, 2022.

Completion Date: 08/01/2022

Plan of Correction

Directed

Administrator has called 2 companies to get estimates on replacing this door.

Waiting on both companies for estimates

Lower Level door will be replaced by August 1, 2022

Lowes and Kameron construction are scheduled to give a bid by June 17, 2022. Bids will be submitted at that time.

DIRECTED

Within 5 calendar days of receipt of the second bid: The administrator will provide the Department with a timeline to have all work completed. 6/14/22

Completion Date: 06/17/2022

Document Submission

Implemented

Administrator has called 2 companies to get estimates on replacing this door.

Waiting on both companies for estimates

Lower Level door will be replaced by August 1, 2022

Lowes and Kameron construction are scheduled to give a bid by June 17, 2022. Bids will be submitted at that time.

Bid for door by Lowes completes 7/12/22. Timeline 4 weeks until door comes in, 2-3 weeks for instillation.

Completion date: 9/1/2022

DIRECTED

Within 5 calendar days of receipt of the second bid: The administrator will provide the Department with a timeline to have all work completed. 6/14/22

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 5/23/22, at approximately 10:43 a.m., none of the required emergency telephone numbers were posted on or near

91 - Telephone Numbers (continued)

the telephone in the furnace room.

Plan of Correction

Accept

Emergency phone numbers were posted immediately in the furnace room next to the extra phone. administrator has checked all other phones to be sure emergency numbers are posted and will continue to check as part of a monthly maintenance schedule.

Completion Date: 05/23/2022

Document Submission

Implemented

Emergency phone numbers were posted immediately in the furnace room next to the extra phone. administrator has checked all other phones to be sure emergency numbers are posted and will continue to check as part of a monthly maintenance schedule.

92 - Windows

1. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 5/23/22, there was no screen in the back side window on the right, in the living room on the main level.

Plan of Correction

Accept

The screen was put back in immediately by staff. Administrator and staff checked all windows for screens and will continue to check as part of our monthly maintenance check.

Completion Date: 05/23/2022

Document Submission

Implemented

The screen was put back in immediately by staff. Administrator and staff checked all windows for screens and will continue to check as part of our monthly maintenance check.

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

On 5/23/22, at approximately 10:55 a.m., resident #1's bedside light does not have a light bulb. The resident does not have a source of light that can be turned on/off from bedside in bedroom [redacted]

On 5/23/22, at approximately 11:00 a.m., resident #2's bedside lamp does not have a light bulb. The resident does not have a source of light that can be turned on/off from bedside in bedroom [redacted]

Plan of Correction

Accept

Bulbs were put in the lamps in bedroom [redacted] and [redacted] immediately. Staff checked all lamps in the rooms and replaced bulbs as needed. Administrator or designated person will check all lamps as part of our monthly Maintenance schedule.

Completion Date: 05/23/2022

101j7 - Lighting/Operable Lamp (continued)

Document Submission

Implemented

Bulbs were put in the lamps in bedroom [redacted] and [redacted] immediately. Staff checked all lamps in the rooms and replaced bulbs as needed. Administrator or designated person will check all lamps as part of our monthly Maintenance schedule.

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 5/23/22 at approximately 11:10 a.m., only a valance and the track to the vertical blinds remained on the large window in bedroom #7. The blind slats were missing and there were no other window coverings to provide the resident privacy.

Plan of Correction

Accept

Administrator measured and will order and replace blinds in disrepair by August 1, 2022 for room #7 and will inspect all other bedroom blinds ordering new ones as needed. Administrator or designated person will check all window coverings monthly as part of our Maintenance check.

Completion Date: 08/01/2022

Document Submission

Implemented

Administrator measured and will order and replace blinds in disrepair by August 1, 2022 for room #7 and will inspect all other bedroom blinds ordering new ones as needed. Administrator or designated person will check all window coverings monthly as part of our Maintenance check. Lowes measured for window treatments for selected blinds in disrepair on 7/13/22. Order will be placed and blinds installed by 8/14/22.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 5/23/22, at approximately 10:40 a.m., there were the following unlabeled, undated food items in the pantry to include:  
\* A zip lock sandwich bag with three muffins, and a piece of what appeared to be pound cake that was moldy.  
\* A clear plastic container with assorted baked goods approximately 6 count (mini muffins and biscuits).  
\* A large zip lock bag of Carmel Corn Popcorn, with resident's name on it.

Plan of Correction

All resident's food that was not labeled was thrown away at time of inspection. A note was placed on the storage room door as well as a note on the staff bulletin board stating all food brought in by residents' family is to be in a sealed container and labeled. storage room is now kept locked and only accessible to staff.

Completion Date: 05/24/2022

## 103e - Left Overs (continued)

**Plan of Correction****Directed**

All resident's food that was not labeled was thrown away at time of inspection.

A note was placed on the storage room door as well as a note on the staff bulletin board stating all food brought in by residents' family is to be in a sealed container and labeled.

storage room is now kept locked and only accessible to staff.

Email and/or letter will be sent to all families noting any food brought in needs to be sealed, labeled and dated by June 13, 2022.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all food storage areas to ensure compliance with Regulation 2600.103(e). 6/14/22

**Completion Date:** 06/13/2022

**Document Submission****Implemented**

All resident's food that was not labeled was thrown away at time of inspection.

A note was placed on the storage room door as well as a note on the staff bulletin board stating all food brought in by residents' family is to be in a sealed container and labeled.

storage room is now kept locked and only accessible to staff.

Email and/or letter will be sent to all families noting any food brought in needs to be sealed, labeled and dated by June 13, 2022.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all food storage areas to ensure compliance with Regulation 2600.103(e). 6/14/22

## 121a - Unobstructed Egress

**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

On 5/23/22, at approximately 10:50 a.m., the lower-level emergency exit door off the living room was locked from the inside. On the exterior side of the door, there were three rubber mats stacked on top of each other obstructing the door from opening.

On 5/23/22, at approximately 11:15 a.m., the emergency exit door from the back of the living room on the main floor was locked.

**Plan of Correction**

Mats were removed from outside the door at time of inspection. Administrator is aware of this hazard and will be sure that all doors are free from obstruction inside and outside as part of a monthly maintenance plan.

All residents are able to unlock all doors with ease and for their safety the doors are kept locked. I ask for this violation to be removed.

**Completion Date:** 05/23/2022

**Plan of Correction****Directed**

Mats were removed from outside the door at time of inspection. Administrator is aware of this hazard and will be

121a - Unobstructed Egress (continued)

sure that all doors are free from obstruction inside and outside as part of a monthly maintenance plan. All residents are able to unlock all doors with ease, doors will now be kept unlocked as of June 9,2022.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed. 6/14/22

Completion Date: 06/09/2022

Document Submission

Implemented

Mats were removed from outside the door at time of inspection. Administrator is aware of this hazard and will be sure that all doors are free from obstruction inside and outside as part of a monthly maintenance plan. All residents are able to unlock all doors with ease, doors will now be kept unlocked as of June 9,2022.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed. 6/14/22

133.3 - Exit Signs Letter Size

1. Requirements

2600.

133.3. Exit Signs - The following requirements apply for a home serving nine or more residents: Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Description of Violation

The letters on the EXIT sign with the directional arrow posted on the wall directly across from top of steps on the third floor measured approximately 3/4" high and approximately 1/8" in width.

Plan of Correction

Accept

The EXIT letters were replaced on May 24, 2022 by the correct size lettering. Administrator checked all other exits to be sure of compliance.

Completion Date: 05/24/2022

Document Submission

Implemented

The EXIT letters were replaced on May 24, 2022 by the correct size lettering. Administrator checked all other exits to be sure of compliance.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident # 3 is prescribed [redacted] - Apply a small strip in lower lid of each eye twice a day for dry eyes. However, there was no open date indicated on the bottle or box. The medication guidelines indicate discard 90

183e - Storing Medications (continued)

days after opening.

Resident #3 is prescribed [redacted] - Instill one spray into each nostril every morning (8:00 a.m.). However, there was no open date indicated on the bottle or box. The medication guidelines indicate do not use after the date shown as "EXP" on the label or box or stop using after the 120 applications have been dispensed (whichever comes first).

**Plan of Correction**

An "open date" was placed on all medication in question using the order date as the open date on May 24,2022. All med techs were instructed to put open dates on all such items. Administrator and/or designated med tech will be sure to keep current with all meds that need a "date open" label. Administrator will make this a teaching session at our next staff meeting by June 23, 2022.

Completion Date: 06/23/2022

**Plan of Correction**

**Directed**

An "open date" was placed on all medication in question using the order date as the open date on May 24,2022. All med techs were instructed to put open dates on all such items. Administrator and/or designated med tech will be sure to keep current with all meds that need a "date open" label. Administrator will make this a teaching session at our next staff meeting by June 23, 2022. By June 23, 2022 all med techs will be re-trained on 2600.18.e and a signed staff training sheet will be obtained.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall complete a monthly audit of all medication to ensure compliance with regulation 2600.183(e). 6/14/22 [redacted]

Completion Date: 06/23/2022

**Document Submission**

**Implemented**

An "open date" was placed on all medication in question using the order date as the open date on May 24,2022. All med techs were instructed to put open dates on all such items. Administrator and/or designated med tech will be sure to keep current with all meds that need a "date open" label. Administrator will make this a teaching session at our next staff meeting by June 23, 2022. By June 23, 2022 all med techs will be re-trained on 2600.18.e and a signed staff training sheet will be obtained.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall complete a monthly audit of all medication to ensure compliance with regulation 2600.183(e). 6/14/22 [redacted]