

Department of Human Services  
Bureau of Human Service Licensing

October 12, 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 08/10/2022 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: *50* Waking Staff: *38*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *08/10/2022*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *36*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd floor* Capacity: *28* Residents Served: *13*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *14* Have Physical Disability: *0*

**Inspections / Reviews**

08/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2022*

Inspections / Reviews *(continued)*

09/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/05/2022*

10/12/2022 - 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 5/22/22 staff person A was observed by staff person B yelling at resident #1 to get out of the dining area and was also observed taking resident #1 by the arm and leading the resident out of the dining room before pushing them out the door. Staff person B wrote a statement describing the incident on 5/25/22. The home did not report the suspected abuse to the Area Agency on Aging until 6/4/22.*

*Also, several staff statements regarding the incident were provided on 6/4/22 which indicated that staff person A had previously been observed verbally abusing residents #2 and #3 as well and it was determined that staff did not report these incidents until questioned about the incident that occurred on 5/22/22.*

Plan of Correction

**Accept**

*Staff has been educated to verbally report incidents to their supervisor at the time the incident occurred to avoid a delay in reporting. After verbally notifying their supervisor, a written statement will also be obtained.*

*Morning staff meeting is conducted with all administrative staff each morning. At this meeting incidents that were reported 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.) The attached Incident Audit Report will be used.*

*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:** 02/06/2023

Document Submission

**Implemented**

*Staff has been educated to verbally report incidents to their supervisor at the time the incident occurred to avoid a delay in reporting. After verbally notifying their supervisor, a written statement will also be obtained.*

*Morning staff meeting is conducted with all administrative staff each morning. At this meeting incidents that were reported 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.) The attached Incident Audit Report will be used.*

*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.*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

*On 5/22/22 staff person A was observed by staff person B yelling at resident #1 to get out of the dining area and was also observed taking resident #1 by the arm and leading the resident out of the dining room before pushing them out the*

**15b - Supervisor Plan (continued)**

door. Staff person B wrote a statement describing the incident on 5/25/22. The home did not immediately suspend staff person A. Staff person A continued to work additional shifts in the home, unsupervised, on 5/24/22, 5/26/22, 5/28/22, 5/30/22, and 6/2/22. Staff person A was not suspended until 6/2/22.

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

Staff has been instructed to report abuse by contacting their supervisor immediately after witnessing the alleged abuse. Supervisor will contact administrator. Both the supervisor and administrator will immediately suspend the staff person accused of abuse pending an investigation. Supervisor will contact other staff members to complete suspended staff members shift as well as any other assigned shifts until the investigation is complete.

The same Incident Audit Report will be completed by the Administrator to ensure the immediate suspension of a staff member accused of abuse.

Incident Audit Report will be used for the next six months

**Completion Date:** 02/06/2023

**Document Submission****Implemented**

Staff has been instructed to report abuse by contacting their supervisor immediately after witnessing the alleged abuse. Supervisor will contact administrator. Both the supervisor and administrator will immediately suspend the staff person accused of abuse pending an investigation. Supervisor will contact other staff members to complete suspended staff members shift as well as any other assigned shifts until the investigation is complete.

The same Incident Audit Report will be completed by the Administrator to ensure the immediate suspension of a staff member accused of abuse.

Incident Audit Report will be used for the next six months

**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 5/22/22 staff person A was observed by staff person B yelling at resident #1 to get out of the dining area and was also observed taking resident #1 by the arm and leading the resident out of the dining room before pushing them out the door. Staff person B wrote a statement describing the incident on 5/25/22. The home did not report the suspected abuse to the department's regional office until 6/4/22.

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

Morning staff meeting is conducted with all administrative staff each morning. At this meeting incidents that were reported 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.) Administrator will be responsible for ensuring all appropriate reports were filed using the attached Incident Audit Report.

Incident Audit Report will be used for the next six months.

**Completion Date:** 02/06/2023

**Document Submission****Implemented**

Morning staff meeting is conducted with all administrative staff each morning. At this meeting incidents that were reported 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.) Administrator will be

**16c - Written Incident Report (continued)**

responsible for ensuring all appropriate reports were filed using the attached Incident Audit Report. Incident Audit Report will be used for the next six months.

**42c - Treatment of Residents****1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On 5/22/22 staff person A was observed by staff person B yelling at resident #1 to get out of the dining area and was also observed taking resident #1 by the arm and leading the resident out of the dining room before pushing them out the door. The home conducted an investigation of the incident and found, through eight different written staff statements, that staff person A had previously also verbally abused resident #2 by yelling at the resident for ringing their call bell. Also, staff person A was reported to have been observed yelling loudly at resident #3 to sit down when resident #3 was trying to get out of their wheelchair and telling resident #3 "I don't care what you want".

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

On 6/4/2022 staff was reeducated on Resident's Rights and the importance of ensuring that Resident's Rights are not violated. They were also educated on what it means to be a mandatory reporter and the importance of reporting immediately. All staff are mandatory reporters and understand the importance immediately reporting abuse. Administrator will be responsible for ensuring that abuse is reported in a timely manner using the attached audit sheet. Audit sheet will be used for the next six months.

**Completion Date:** 02/06/2023

**Update:** 09/28/2022

Please send proof of staff training.

What is the status of staff person A?

**Document Submission****Implemented**

Attached is proof of staff training.

On [REDACTED], after our investigation, staff person A was terminated and no longer works for Hillside.

**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]. The support plan for resident #1 was not completed until [REDACTED], more than 72 hours after the resident's admission.

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

DOW/Memory Care Coordinator were reeducated on completion of resident's support plan within 72 hours of admission. All current memory care support plans will be audited using the attached audit sheet. New residents to memory care will be added to the audit sheet. DOW/Memory Care Coordinator will be responsible for the audits and sign that they have been completed.

The attached Support Plan Audit Sheet will be used for the next six months.

**Completion Date:** 02/06/2023

234a - Admission Support Plan (*continued*)

**Update:** 09/28/2022

*Please send proof of staff training.*

**Document Submission**

***Implemented***

*Attached is proof of staff training.*