

Department of Human Services  
Bureau of Human Service Licensing

November 21, 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 08/30/2022, 08/31/2022, 09/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**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:** I 1      **Date:** 04/20/2022      **Issued By:** Loyalsock Township  
**Type:** C 2 LP      **Date:** 05/01/1998      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 51      **Waking Staff:** 38

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 09/02/2022

**Inspection Dates and Department Representative**

08/30/2022 On Site [REDACTED]  
 08/31/2022 On Site [REDACTED]  
 09/02/2022 Off 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:** SDU      **Capacity:** 28      **Residents Served:** 13

**Hospice**

**Current Residents:** 0

**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:** 15      **Have Physical Disability:** 0

Inspections / Reviews

08/30/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *09/23/2022*

10/20/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/25/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *10/27/2022*

11/21/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/25/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 20b3 - Written Receipts

## 1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

## Description of Violation

*The home holds personal funds for Resident #1. The home dispersed funds to Resident #1 on [REDACTED]/21 and [REDACTED]/22. The home did not obtain a written receipt from the resident for the disbursements at the time of disbursement.*

## POC Submission

Accept ([REDACTED] - 10/20/2022)

*A meeting was held with our Business Office Manager and our corporate accountant on 9/15/2022 to reeducate Business Office Manager on requirements when holding personal funds for residents. Business Office Manager understands the requirements and moving forward from 9/19/2022 she will always obtain a written receipt when dispersing funds. Business office manager will keep a running list of residents who have requested funds. Administrator will audit the accounts on the list weekly, ensuring residents written receipt ,for the next four weeks and then monthly through June 30, 2023. The attached audit sheet will be used to ensure compliance.*

Licensee's Plan Completion Date: 06/30/2023

Implemented ([REDACTED] - 11/21/2022)

## 20b8 - Quarterly Account

## 2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

## Description of Violation

*The home holds personal funds for Resident #1 and Resident #2. The home has not given the residents an itemized account of financial transactions on a quarterly basis, as required by this regulation.*

## POC Submission

Accept ([REDACTED] - 10/20/2022)

*A meeting was held with our Business Office Manager and our corporate accountant on 9/15/2022 to reeducate Business Office Manager on requirements when holding personal funds for residents. Business Office Manager understands the requirements and moving forward from 9/19/2022 will send quarterly statements to the resident and to the designated person showing reconciliation of resident's account. To ensure compliance, administrator will audit quarterly reconciliations for the quarters ending on 9/30/2022 , 12/31/2022, 3/31/2023, and 6/30/2023. The attached audit sheet will be used to ensure compliance.*

Licensee's Plan Completion Date: 06/30/2023

Implemented ([REDACTED] 11/21/2022)

## 65c - Ancillary Staff Orientation

## 3. Requirements

2600.

65c - Ancillary Staff Orientation (continued)

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

The home did not have documentation that dietary staff person A, date of hire [redacted]/22, did not have a general orientation to his/her specific job functions.

POC Submission

Accept ([redacted] - 10/20/2022)

All staff persons should have a general orientation to their specific job functions. Business Office Manager will audit five employee files per week starting on 9/19/2023 specifically looking for the staff orientation paper. Business Office Manager will use the staff directory and place [redacted] initials and date next to each employees name when complete. When audits are complete, administrator will ensure compliance by choosing five random files, checking for the orientation papers, and signing the staff directory ensuring compliance.

Licensee's Plan Completion Date: 11/14/2022

Implemented ([redacted] - 11/21/2022)

107a - Emergency Preparedness

4. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

The administrator did not have a copy of the emergency preparedness plan for the municipality in which the home is located at time of inspection.

POC Submission

Accept ([redacted] - 10/20/2022)

Administrator has been reeducated on the importance of having and being familiar with the emergency preparedness plan for Loyalsock Township. Administrator contacted the township and a copy of the emergency preparedness plan was obtained. The plan was placed in a binder and is on display at the front desk with a cover sheet that states "Do Not Remove." Beginning 9/19/2022 administrator will confirm weekly that the binder is still at the front desk and has not been removed. The attached audit sheet will be used for the next six months.

Licensee's Plan Completion Date: 03/31/2023

Implemented ([redacted] 11/21/2022)

132d - Evacuation

5. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the following drills at the specified dates and times, not all residents evacuated the entire building to a public thoroughfare, or to a designated fire-safe area:

- 12/15/21 at 7:13pm, there were 42 residents in the building and 38 residents evacuated
- 1/24/22 at 4:10pm, there were 44 residents in the building and 43 residents evacuated

132d - Evacuation (continued)

POC Submission

Directed (AG 10/20/2022)

Residents on the personal care floor were reeducated on the importance of evacuating when the fire alarm sounds. After each drill, the maintenance director will meet with the administrator, confirming that all residents participated and were evacuated. Administrator and maintenance director will sign the fire drill paper for the next six months, ensuring compliance

Directed Plan of Correction:

For residents that are repeat offenders, careful documentation, and after counseling following the first failure to evacuate, a 30 day notice should be given to residents that fail to subsequently evacuate. This behavior potentially places residents, staff and first responders in jeopardy.

10-20-22

Directed Completion Date: 03/31/2023

Implemented (11/21/2022)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation, dated /22, is missing information regarding the resident's height, weight, pulse rate, temperature, blood pressure, and 4) Special Health or Dietary Needs.

POC Submission

Accept (10/20/2022)

Director of Wellness was reeducated on the importance of obtaining all information on the resident's DME. If a resident returns with a DME that is incomplete, the DOW will contact the physician for the missing information. Director of Wellness will be responsible for auditing five DME's per month for the next year, checking that all information is entered. The attached audit sheet will be used to ensure compliance.

Licensee's Plan Completion Date: 09/30/2023

Implemented (11/21/2022)

141b1 Annual Medical Evaluation

7. Requirements

2600.

**141b1 - Annual Medical Evaluation (continued)**

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

**Description of Violation**

Resident 1's most recent medical evaluation was completed on [REDACTED]/22. The resident's previous medical evaluation was completed on [REDACTED]/21. This exceeds the annual timeframe required by this regulation.

**POC Submission**

Accept ([REDACTED] - 10/20/2022)

Director of Wellness was reeducated on the importance of a yearly medical evaluation for each resident. DOW will be responsible to audit five DME's per month ensuring that none exceed the timeframe required and make corrections as needed. Date of last DME will be listed on the audit sheet to ensure that DOW can easily track which DME's are due. Audit sheet will be completed by the DOW through 9/30/2023.

Licensee's Plan Completion Date: 09/30/2023

Implemented ([REDACTED] - 11/21/2022)

**181c - Self-administration Assessment****8. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

Resident #2 self-administers medications to include [REDACTED] however, Resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

**POC Submission**

Accept ([REDACTED] - 10/20/2022)

Director of Wellness has been reeducated on the importance of having a physician's assessment concerning a resident's ability to self administer some or all of their medications. During DME audit's, the Director of Wellness will ensure that any resident that has medication in their room has been assessed for the ability to self-administer. If they have, and are able to self-administer she will make sure the medication is being stored in a locked box. The attached audit sheet will be completed by the Director of Wellness to ensure compliance and will be completed for the next year

Licensee's Plan Completion Date: 09/30/2023

Implemented ([REDACTED] 11/21/2022)

**183b - Meds and Syringes Locked****9. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

Resident #3 is assessed to be able to self-administer medications. Resident #3's medications are unlocked stored on the resident's bedside table. Resident #3 stated that they do not lock their bedroom door when they are not in their bedroom.

183b - Meds and Syringes Locked (*continued*)**POC Submission****Accept (AG 10/20/2022)**

Resident was reeducated on the importance of keeping [REDACTED] medications in a locked box and has agreed to do so. Director of Wellness went over resident's MAR with the resident on [REDACTED] 022 to ensure that all medications being stored in [REDACTED] room for self administration are still being used by the resident. DOW will continue to ensure that all medications are secured in a box that locks by auditing resident's room once a week for the next four weeks and then monthly for the next year. The attached audit sheet will be used to ensure compliance.

Licensee's Plan Completion Date: 09/30/2023

**Implemented ([REDACTED] - 11/21/2022)**

## 184b - Labeling OTC/CAM

**10. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

Resident #1's over-the-counter [REDACTED] tabs were not labeled with the resident's name.

**POC Submission****Accept ([REDACTED] 10/20/2022)**

On 9/2/2022, the Director of Wellness and a med tech checked both medication carts for properly labeled OTC and CAM. Anything incorrectly labeled was corrected at that time. The attached cart audit forms will be used weekly starting on 9/19/2022 to ensure continued compliance. and be ongoing.

Licensee's Plan Completion Date: 09/22/2022

**Implemented ([REDACTED] 11/21/2022)**

## 185a - Implement Storage Procedures

**11. 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**

Per staff interviews, the narcotic count policy includes the off-going and on-coming Medication Technicians (Med Techs) counting the narcotics together to verify amounts, and then both Med Techs sign the Controlled Substance log book to verify the count was completed. On 8/31/22, the first shift on-coming Med Tech did not sign the Controlled Substance log to verify that a narcotic count was completed.

Resident #4 is prescribed [REDACTED] as needed. This medication was not available in the medication cart at time of inspection.

Resident #5 is prescribed [REDACTED] as needed. This medication was not available in the medication cart at time of inspection.

**POC Submission****Accept ([REDACTED] - 10/20/2022)**

During our staff meeting on 9/20/2022, Director of Wellness and all med techs were reeducated on the importance of confirming the narcotic count as well as confirming that each resident has the prescribed medications available

**185a - Implement Storage Procedures (continued)**

to them. Each morning, the Director of Wellness and Memory Care Coordinator will be responsible for ensuring that the narcotic count was completed by each med tech the day before. If the count was not signed, the med tech that neglected to sign will be called back to the facility to sign. Signatures will be checked daily for the next four weeks and then weekly for an additional five months to ensure compliance.

The attached med cart audits will be used weekly to ensure that residents have all of their prescribed medications and will be ongoing.

Licensee's Plan Completion Date: 03/31/2023

Implemented (██████) 11/21/2022)

**187a - Medication Record****12. Requirements**

2600.

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

**Description of Violation**

Resident #4 is prescribed ██████████ as needed. However, the resident's medication administration record does not indicate the medication's dose strength.

Resident #6 receives blood sugar readings daily at █████ am, █████ am, and █████ pm. On █████/22, Resident #6 did not receive a blood sugar reading at █████ am. However, the resident's MAR was erroneously documented with a blood sugar reading of █████

**POC Submission**

Accept (██████) - 10/20/2022)

During our staff meeting on 9/20/2022, the Director of Wellness and med techs were reeducated on the five rights of med administration and also the importance of correct documentation. Director of Wellness went through all medications on the MAR during our medication cycle which was on 9/14/2022 and ensured that all prescriptions contained the five rights. This will be done with each med cycle for the next six months. The attached audit sheet will be used each month by the Director of Wellness to ensure compliance.

DOW and med techs were also reeducated on the importance of proper documentation. Glucometer readings and documentation will be checked weekly by the Director of Wellness. She will be responsible for printing the blood sugar readings, comparing them to the respective glucometer and signing them ensuring accuracy. Reeducation will continue as needed and audits will continue for the next six months.

Licensee's Plan Completion Date: 03/31/2023

Implemented (██████) - 11/21/2022)

**187d - Follow Prescriber's Orders****13. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #5 has order to have their blood pressure taken daily, with parameters to report the resident's physician if the resident's systolic blood pressure is over [redacted] or under [redacted] or diastolic blood pressure over [redacted]. On [redacted]/22 and [redacted]/22, no blood pressure was recorded for Resident #5.

Resident #6 is prescribed blood sugar readings [redacted] daily at [redacted] am, [redacted] am, and [redacted] pm. On [redacted]/22, Resident #6 did not receive a blood sugar reading at [redacted] am.

Resident #7 is prescribed [redacted], with parameters to hold the medication if Resident #7's systolic blood pressure is below [redacted]. On the following dates the resident's blood pressure was under [redacted] and the resident's medication record was documented to indicate that the medication was administered when it should have been held:

- 8/3/22, systolic blood pressure reading [redacted]
- 8/10/22, systolic blood pressure reading [redacted]
- 8/12/22, systolic blood pressure reading [redacted]
- 8/13/22, systolic blood pressure reading [redacted]
- 8/22/22, systolic blood pressure reading [redacted]
- 8/25/22, systolic blood pressure reading [redacted]
- 8/26/22, systolic blood pressure reading [redacted]
- 8/27/22, systolic blood pressure reading [redacted]

POC Submission

Accept [redacted] - 10/20/2022)

During our staff meeting on 9/20/2022 the Director of Wellness and the med techs were reeducated on proper administration and documentation of medication with parameters. Weekly, beginning on 9/19/2022, the Director of Wellness will be responsible for checking the documentation of of any resident with a glucometer as well as the documentation of supporting parameters and correct administration of medication following the parameters. The attached sheet will be used by the Director of Wellness for the next six months to ensure compliance.

Licensee's Plan Completion Date: 03/31/2023

Implemented [redacted] - 11/21/2022)

227d - Support Plan Medical/Dental

14. 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 #8 utilizes [redacted] to assist with transfers. Resident #8's assessment and support plan, dated [redacted]/22, does not include documentation that the resident requires the utilization of [redacted].

POC Submission

Accept [redacted] - 10/20/2022)

Director of Wellness was reeducated on the importance of updating resident's RASP and/or RASP addendum with changes that affect resident care. Director of Wellness will be responsible for the audit of five charts per month, checking to make sure all RASPs/RASP addendums have been updated. The attached audit sheet will be

*227d - Support Plan Medical/Dental (continued)*

*implemented on 9/19/2022 and continue for one year.*

**Licensee's Plan Completion Date: 09/30/2023**

*Implemented ( [REDACTED] 11/21/2022)*