

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

February 24, 2023

[REDACTED]  
HILLSIDE REST HOME, INC.  
[REDACTED]

RE: HILLSIDE PERSONAL CARE  
1175 OLD WAYNESBORO PIKE  
FAIRFIELD, PA, 17320  
LICENSE/COC#: 34875

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/22/2022 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

**Facility Information**

Name: HILLSIDE PERSONAL CARE License #: 34875 License Expiration: 04/17/2023  
Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320  
County: ADAMS Region: CENTRAL

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: HILLSIDE REST HOME, INC.  
Address: [Redacted]  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 12/08/1978 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Interim Exit Conference Date: 11/22/2022

**Inspection Dates and Department Representative**

11/22/2022 On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 48 Residents Served: 42

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 37  
Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 16  
Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

**11/22/2022 - Partial**

Lead Inspector [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/08/2022

**12/09/2022 - POC Submission**

Submitted By: [Redacted] Date Submitted: 12/08/2022  
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/14/2022

Inspections / Reviews (*continued*)

## 12/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/13/2023

## 02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED]/2022, at approximately [REDACTED] AM, an agent of the Department requested access to the records for Resident #1 and Resident #2; however, the records were not available in the home. Staff Member A confirmed that the records were offsite at the staff member's personal residence.

Plan of Correction

Accept [REDACTED] 12/09/2022)

\* Staff Person A returned all files to the home on 11/22/22

\* On-going all files will be kept in the home.

\* Office staff were educated by administrator that all files will need to be stored in the facility and made immediately available as per 51a1 on 11/23/22

Licensee's Proposed Overall Completion Date: 12/13/2022

Implemented [REDACTED] - 02/24/2023)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff Member B, hired on [REDACTED]/2022, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Directed [REDACTED] - 12/19/2022)

\* Staff Trainer retrained staff person B on [REDACTED]/22.

\* Staff Trainer will review all new staff records the following day after first day of training and within 50 scheduled working hours of date of hire. Staff Trainer will annually review staff records & update as needed. Staff Trainer

65a - FS Orientation 1st Day (continued)

will add a reminder to calendar of upcoming retraining as needed. The staff training log sheet will be updated to have the regulatory timeline requirements added for all new hires as of 01/20/23.

\* An initial audit of all current staff members will be completed by Office Manager by 12/19/22 to ensure all staff have the required training identified in 65a, if any staff records are found to be missing any training the staff training will be completed by the Staff Trainer by 12/27/22.

\* The Administrator will review all staff records within 50 scheduled working hours of date of hire and direct the Staff Trainer to complete any uncompleted trainings. Documentation of review will be kept with the staff records.

Directed)

- Beginning 12/21/2022, the Staff Trainer will review all new staff records on day two of hire and again within 50 scheduled working hours.
- The staff training log will be updated to include the regulatory timeline requirements for all new hires by the Staff Trainer by 12/27/2022.

Directed Completion Date: 12/27/2022

Implemented [redacted] - 02/24/2023)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Member B, hired on [redacted]/2022, did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Directed ([redacted] 12/19/2022)

\* Staff Trainer retrained staff person B on [redacted]/22.

\* Staff Trainer will review all new staff records the following day after first day of training and within 50 scheduled working hours of date of hire. Staff Trainer will annually review staff records & update as needed. Staff Trainer will add a reminder to calendar of upcoming retraining as needed. The staff training log sheet will be updated to have the regulatory timeline requirements added for all new hires as of 01/20/23.

\* An initial audit of all current staff members will be completed by Office Manager by 12/19/22 to ensure all staff have the required training identified in 65b, if any staff records are found to be missing any training the staff training will be completed by the Staff Trainer by 12/27/22.

65b - Rights/Abuse 40 Hours (continued)

\* The Administrator will review all staff records within 50 scheduled working hours of date of hire and direct the Staff Trainer to complete any uncompleted trainings. Documentation of review will be kept with the staff records.

Directed)

- Beginning 12/21/2022, the Staff Trainer will review all new staff records on day two of hire and again within 50 scheduled working hours.  
The staff training log will be updated to include the regulatory timeline requirements for all new hires by the Staff Trainer by 12/27/2022.

Directed Completion Date: 12/27/2022

Implemented [redacted] - 02/24/2023)

88a - Surfaces

5. 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

On 11/22/2022, Bedroom [redacted] door was missing a door knob. Staff Member C confirmed that the door is opened and closed by a sock that was secured to the door and used as the door knob's replacement.

Plan of Correction

Accept [redacted] 12/19/2022)

- \* The Maintenance Supervisor started the door repair on 12/8/22 to be completed by 12/21/22.
- \* Monthly the Maintenance Supervisor will inspect all areas for compliance with regulation 88a and will schedule repairs promptly as they are needed
- \* Education was provided to Maintenance Supervisor by Administrator on 11/23/22.
- \* Areas identified to be in need of repair by the maintenance supervisor will be discussed at the home's QA meetings beginning on 12/21/22; documentation will be kept in the home.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [redacted] - 02/24/2023)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11/22/2022, there was an approximate 1/4 inch accumulation of lint in the lint trap of the downstairs laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] 12/19/2022)

- \* Housekeeping Staff cleaned the lint trap on 11/22/22. Housekeeping Supervisor retrained the staff person on duty on 11/23/22 on the importance of regulation 105g. Housekeeping Supervisor will retrain all staff members responsible for completing routine laundry tasks by 12/21/22
- \* Housekeeping supervisor will do random checks starting on 12/12/22 at least 10 times a week weekly.

105g - Lint Removal and Duct Cleaning (continued)

Supervisor will provide re-training as needed.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [redacted] - 01/20/2023)

185a - Implement Storage Procedures

7. 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

Resident #3 is prescribed the following medications; however, on 11/22/2022, these medications were not available in the home:

- [redacted] - apply twice daily [redacted]
- [redacted] - apply topically to the affected area every 6 hours as needed [redacted]
- [redacted] - use for wound care as needed
- [redacted] squeeze entire contents of 1 tube in mouth slowly and evenly while swallowing. May repeat in 10 minutes [redacted].

Resident #4 is prescribed the following medications; however, on 11/22/2022, these medications were not available in the home:

- [redacted] take 10 ML by mouth twice daily as needed [redacted]
- [redacted] - use [redacted] as needed [redacted]
- [redacted] - take 30 ML by mouth every 2nd day as needed [redacted]
- [redacted] - apply topically [redacted] twice daily as needed
- [redacted] - apply topically to affected lower leg area twice daily as needed [redacted]

Plan of Correction

Accept [redacted] - 12/19/2022)

- \* All medications that were noted during inspection were electronically reordered on 11/22/22 by med tech.
- \* All orders for topical ointments were reviewed on 11/23/22. Medications were electronically reordered as needed. The pharmacy contacted the prescriber if new prescriptions were needed.
- \* All PRN's and routine medications were audited by Med Tech on 12/2/22. Medications were electronically reordered as needed. The pharmacy contacted the prescriber if new prescriptions were needed.
- \* Administrator and Medical Care Coordinator will rotate monthly med cart inspections for availability of medications and accuracy of documentation started on November 30th, 2022 and on-going.
- \* Pharmacy will do quarterly cart audits for availability of medications and accuracy of documentation and expired medications starting on 1/10/23
- \* All monthly audit documentation will be kept by the home.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented [redacted] - 01/20/2023)

254a - Records Discharge/Active

8. Requirements

254a - Records Discharge/Active (*continued*)

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

*On 11/22/2022 at approximately 2:40 PM, a red binder containing resident information was unlocked, unattended, and accessible on the top of a file cabinet in the kitchen. The red binder contained resident information including dietary textures, diagnoses of Diabetes, food allergies, and the identification of residents who wear briefs.*

**Plan of Correction****Directed** [REDACTED] - 12/19/2022)

\* A locking cabinet is now being used as of 12/12/22. Staff will keep records secure and confidential.

\* All records will be kept in the locking cabinet when not in use starting on 12/14/22

\* All staff members will be retrained by 12/21/22 on regulation 254a.

\* Beginning on 12/14/22 Building Supervisor, Administrator, and Medical Care Coordinator will monitor daily for unlocked, unattended records containing confidential information and provide re-training as needed.

*(Directed)*

- *Staff members of the home will be re-trained by the Staff Trainer on the importance of maintaining resident record information including what content is considered resident confidential information. Staff were also in-serviced on properly securing records in the locked cabinet. Training will be completed by 12/21/2022.*

**Directed Completion Date:** 12/22/2022**Implemented** [REDACTED] - 01/20/2023)