

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

July 6, 2023

[REDACTED], PRESIDENT  
HILLSIDE ESTATES SUITES INC  
[REDACTED]

RE: HILLSIDE ESTATES SUITES  
1526 INDEPENDENCE AVENUE  
CONNELLSVILLE, PA, 15425  
LICENSE/COC#: 44704

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2023 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 ESTATES SUITES* License #: *44704* License Expiration: *02/01/2024*  
 Address: *1526 INDEPENDENCE AVENUE, CONNELLSVILLE, PA 15425*  
 County: *FAYETTE* Region: *WESTERN*

**Administrator**

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

[REDACTED]

Name: *HILLSIDE ESTATES SUITES INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/07/1995* Issued By: *Department of Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/07/2023*

**Inspection Dates and Department Representative**

06/07/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *20* Residents Served: *9*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *4*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

06/07/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2023*

06/16/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/05/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2023*

Inspections / Reviews *(continued)*

06/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/30/2023

07/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, hired on [REDACTED], does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 06/23/2023)

2600.54.a

Why did it happen? Direct care staff person A is [REDACTED] of age but is still in high school. Since direct care staff person A has not graduated and is currently enrolled in high school, direct care staff person A does not have a diploma. Since direct care staff person is still in high-school to obtain diploma but is unable to provide a diploma because they have not met the requirements for graduation but is 18 years of age, supervisor did not know it was necessary to apply for a waiver.

What do we do right now to fix the problem? Staff person A was immediately removed from the schedule as a direct care provider and is now scheduled for non-direct care. On 6/7/2023 during inspection, all employee files were reviewed to ensure qualifications were present in each staff person's record. Review was completed by the administrator.

Who? Facility supervisor/administrator

What? Removed staff person A from schedule as a direct care provider

When? Effective immediately – 6/7/2023

How do we prevent this from happening again?

Will not put 18 -year -old high school students on the schedule as direct care providers until a waiver has been approved. New hire checklist will be implemented for all new hires.

Who? Administrator will apply for waiver and facility supervisor will implement new hire checklist

When? Waiver application will be submitted with high-school transcript by 6/27/2023 (documentation of confirmation of submission will be kept). Staff person A will remain on the schedule as a non-direct care provider until waiver is either granted or denied. If waiver is denied, staff person A will remain a non-direct care provider until a high-school diploma is obtained.

New hire checklist (see attached) will be implemented for all new hires effective 6/27/2023

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [REDACTED] - 07/06/2023)

88a - Surfaces

2. Requirements

2600.

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

88a - Surfaces (continued)

**Description of Violation**

The right door of the double emergency exit doors at the end of the hallway near bedroom #106 does not open. The door has a metal rod that runs the length of the door from top to bottom and rests in a hole in the door threshold. When the push bar is pressed to open the door, the metal rod does not release from the floor allowing the right door to open.

REPEAT VIOLATION: 10/12/2021

**Plan of Correction**

Directed (redacted) - 06/23/2023

2600.88.a

Why did it happen? The metal rod was broken and was not moving up to allow the door to release.

What do we do right now to fix the problem? Repair the door so it opens properly

Who? Administrator

What? Repaired the door (see attached photo) while inspectors on site and checked all doors to ensure working properly.

When? 6/7/2023

How do we prevent this from happening again? Education

Who? Administrator/facility supervisor

What? Educate all staff on regulation 2600.88.a and all floors, walls, ceilings, windows, doors and other surfaces will be checked daily for 1 month by facility supervisor to ensure they are clean, in good repair and free of hazards. All staff will also be educated to notify administrator by text message should any issues arise that need repaired.

When? By 6/27/2023 all staff will be educated on regulation 2600.88.a and documentation will be kept and daily checks for one month will begin on 6/27/2023 and documentation will be kept.

DIRECTED: Beginning on 6/30/23: A designated staff person shall inspect the home daily for one month then weekly thereafter to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. (redacted) 6/23/23

Directed Completion Date: 06/30/2023

Implemented (redacted) - 07/06/2023

96c - First Aid Accessible

**3. Requirements**

2600.

96.c. The first aid kit must be in a location that is easily accessible to staff persons.

**Description of Violation**

The home's first aid kit was secured with a zip tie, and was not easily accessible to staff persons.

**Plan of Correction**

Accept (redacted) - 06/23/2023

2600.96.c

Why did it happen? The first aid kit was secured with a zip tie so the facility supervisor was aware if the kit was

**96c - First Aid Accessible (continued)**

*opened and needed re-stocked. This is the only first aid kit in the facility, but we do have a med chart that is completely stocked with dressing and first aide supplies.*

*What do we do right now to fix the problem? Removed zip tie and applied easy break tag while inspector on site.*

*Who? Administrator*

*What? Removed the zip tie and applied easy break tag (see attached photo) while inspectors on site.*

*When? 6/7/2023*

*How do we prevent this from happening again? Education*

*Who? Administrator*

*What? Facility supervisor will be educated to secure first aid kit with easy break tag not zip tie.*

*When? By 6/27/2023 (documentation of education will be kept) and administrator will check first aid kit to ensure it is not secured with a zip tie monthly x 3 months (documentation will be kept). Monthly checks will begin on 6/27/2023.*

**Licensee's Proposed Overall Completion Date: 06/27/2023**

**Implemented [REDACTED] - 07/06/2023)**

**103g - Storing Food****4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*The following food items were opened and unsealed in the kitchen's stainless steel Horbart Freezer:*

- *2 bags of biscuits, totaling 32 biscuits*
- *1 bag of english muffins, which contained 5 english muffins*
- *1 bag of waffles, which contained 5 waffles*
- *1 (10 lb.) box of pork sausage patties, approximately 2/3 full*
- *2 bags of french fries*

*The following food items were opened and unsealed on the stainless steel shelves, located in the kitchen:*

- *1 (2 lb.) bag of brown sugar, approximately 1/2 full*
- *1 (1.5 lb.) bag of country style gravy mix, approximately 1/5 full*
- *1 (26.2 oz.) box of mashed potatoes, approximately 1/2 full*
- *1 (4 lb.) bag of granulated sugar, approximately 1/2 full*

**Plan of Correction**

**Accept [REDACTED] - 06/23/2023)**

2600.103.g.

*Why did it happen? Education/supervision deficit*

*What do we do right now to fix the problem? While inspector on site, all food was closed securely, dated and labeled.*

*Who? Facility supervisor*

*What? All food was closed securely, dated and labeled.*

*When? 6/7/2023*

*How do we prevent this from happening again? Education/supervision*

*Who? Administrator*

*What? All staff will be educated that all food must be stored in closed and sealed containers and labeled and dated.*

103g Storing Food (continued)

When? By 6/27/2023 (documentation will be kept) and facility supervisor will inspect the kitchen every other week x 3 months (audits to begin 6/27/2023) to ensure food is stored in closed and sealed containers and labeled and dated (documentation will be kept)

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [redacted] - 07/06/2023)

123b - Emergency Procedures Posted

5. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The emergency preparedness plan for the municipality in which the home is located was not posted in a conspicuous and public place in the home.

Plan of Correction

Accepted [redacted] - 06/16/2023)

2600.123.b.

Why did it happen? The emergency plan for Dunbar Township was posted in a conspicuous and public place. The same plan that was posted has been the same plan that has been posted since license has been issued.

What do we do right now to fix the problem? While inspectors on site, printed the Fayette County Emergency Plan from on line and posted it (see attached photo).

Who? Administrator

What? Printed and posted the emergency plan for Fayette County

When? 6/7/2023

How do we prevent this from happening again? Education

Who? Administrator

What? Facility supervisor will be educated on copies of the Fayette County Emergency Preparedness Plan must be posted in a conspicuous and public place in the home.

When? By 6/21/2023 (documentation will be kept) and facility supervisor will check monthly x 3 months to ensure the emergency preparedness plan is posted in a conspicuous and public place in the home (documentation will be kept)

Licensee's Proposed Overall Completion Date: 06/21/2023

Implemented [redacted] - 07/06/2023)