

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

August 29, 2023

[REDACTED], ADMINISTRATOR/OWNER
HILLVIEW HOME INC
615 CORNELL STREET
CORAOPOLIS, PA, 15108

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 06/28/2023 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: 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: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/28/2023

Inspection Dates and Department Representative

06/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 22 Residents Served: 19
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

06/28/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/21/2023

07/21/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/28/2023

Inspections / Reviews *(continued)*

07/31/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 08/28/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 08/07/2023

08/29/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 08/28/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

42s Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The homes physician is on-site every two weeks for approximately 4 hours, Staff person A and [REDACTED] reported, the house physician uses bedroom [REDACTED] occupied by resident #1, to medically assess and provide medical care to the residents of the home. Resident #1 has limited to no access to bedroom [REDACTED] while the physician is on-site. Interviews indicate resident #1 had on occasion been in bedroom [REDACTED] during times the physician was examining other residents in the home.

Plan of Correction

Directed [REDACTED] 07/31/2023)

Administrator has moved the area for the Doctors monthly visit to another area of the home that is not a bedroom and provides privacy per regulation 2600 42.s. effective immediately.

Administrator will be sure privacy is addressed in a semi annual QMP and implemented as of July 28, 2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.42(s). Documentation of audits shall be kept. 7/31/23 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.42(s). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 7/31/23 [REDACTED]

Directed Completion Date: 08/01/2023

Implemented [REDACTED] - 08/29/2023)

100a Exterior Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 6/28/23, the emergency exit off the front large living room on the main floor leads to the exterior side yard, with wooden steps built into the hillside for access to the upper part of the yard and identified as an emergency egress route. The steps are covered with overgrown vining weeds posing a trip/fall hazard.

Plan of Correction

Directed [REDACTED] - 07/31/2023)

Hillview Home was on the list for landscaping for [REDACTED] Lawncare since May 2023.

The landscapers came on 6/29/23 and completed the job order including clearing the vines off the stairs per regulation 2600 100.a.

Administrator will be sure to inspect egress routes regularly during daily home checks and semi annual QMP.

Photo attached

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.100(a). Documentation of audits shall be kept. 7/31/23 [REDACTED]

100a - Exterior - Free of Hazards (continued)

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.100(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 7/31/23

Directed Completion Date: 07/28/2023

Implemented - 08/29/2023

121a - Unobstructed Egress

3. 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 6/28/23, at approximately 10:30 a.m., the emergency exit door in bedroom #4, on the main floor was locked. The exit door leads to exterior side of home by the emergency fire escape. Not all residents of the home are able to independently operate the lock.

On 6/28/23, at approximately 10:57a.m., the emergency exit door from the large front living room on the main floor was locked. Not all residents of the home are able to independently operate the lock.

On 6/28/23, at approximately 11:00 a.m., the emergency exit door from the small tv area/dining room to the covered deck was locked on the main floor. Not all residents of the home are able to independently operate the lock.

Repeat violation: 5/23/22

Plan of Correction

Directed - 07/31/2023

A note will be placed on all doors for residents to keep doors unlocked as a temporary fix by July 28, 2023. Administrator will assess all residents again to see if they can unlock the door without assistance by July 28, 2023. I dont feel its safe to keep the doors unlocked 24/7. If all residents can unlock the doors we will not change anything. If any of the residents can not unlock the door we will then uprade the door handle to ones that lock from the outside if its within the budget by August 28, 2023.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator or designee shall audit the home daily to ensure compliance with Regulation 2600.121(a). Documentation of audits shall be kept. 7/31/23

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.121(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 7/31/23

Directed Completion Date: 08/28/2023

Implemented - 08/29/2023

133.1 - Exit Signs

4. Requirements

2600.

133.1. Exit Signs The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 6/28/23, at approximately 10:20 a.m., there was no "EXIT" sign posted above or near the interior side of the emergency exit door in bedroom #1 on the third floor, that leads to the exterior fire escape. The home currently serves 18 residents.

On 6/28/23, at approximately 10:30 a.m., there was no "EXIT" sign posted above or near the emergency exit door in bedroom #4 on the main floor. The home currently serves 18 residents.

On 6/8/23 at approximately 11:00 a.m. there was no "Exit" sign posted above or near the emergency exit door from the small tv room to the covered deck on the main floor. The home currently serves 18 residents.

On 6/28/23, there was no exit sign posted above or near the emergency exit glass door identified on the Emergency Evacuation diagram from the main floor.

Plan of Correction

Accept (█ - 07/31/2023)

exit signs were ordered and will be replaced if they don't meet the size specifications by July 28, 2023.

There IS a lit exit sign above both doors in the tv room...please remove line 3.

Administrators will be sure to check exit signs and replace as needed when doing monthly site inspections per regulation 2600 133.1

Photo attached

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented (█ - 08/29/2023)

133.3 Exit Signs Letter Size

5. 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

On 6/28/23, the letters on the two "EXIT" signs measured 1" high, posted in the hallway on the left side of the bathroom door and above bedroom #4, on the main floor. The home served 18 residents.

Repeat Violation 5/23/22

Plan of Correction

Accept (█ - 07/31/2023)

New exit signs are ordered with the correct size noted and will be hung by 7/28/23.

Administrators will be sure all exit signs are the correct size immediately per regulation and ongoing during daily site checks.

New signs hung 7/28/23

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented (█ - 08/29/2023)