

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

August 28, 2023

[REDACTED], ADMINISTRATOR  
2725 Four Mile Drive Operating Company  
[REDACTED]

RE: The Hillside Senior Living  
Community  
2725 Four Mile Drive  
Montoursville , PA, 17754  
LICENSE/COC#: 230950

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** *The Hillside Senior Living Community*      **License #:** 230950      **License Expiration:**  
**Address:** *2725 Four Mile Drive, Montoursville, PA 17754*  
**County:** LYCOMING      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED] [REDACTED] [REDACTED]

**Legal Entity**

**Name:** *2725 Four Mile Drive Operating Company*  
**Address:** [REDACTED]  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *C-2 LP*      **Date:** *05/01/1998*      **Issued By:** *PA L&I*

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 64      **Waking Staff:** 48

**Inspection Information**

**Type:** *Full*      **Notice:** *Announced*      **BHA Docket #:**  
**Reason:** *Incident, Change Legal Entity*      **Exit Conference Date:** *07/19/2023*

**Inspection Dates and Department Representative**

*07/19/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b>		<b>Residents Served:</b>	43
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> <i>Yes</i>	<b>Area:</b> <i>first floor</i>	<b>Capacity:</b> 27	<b>Residents Served:</b> 19
<b>Hospice</b>			
<b>Current Residents:</b> 0			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 42	
<b>Diagnosed with Mental Illness:</b> 1		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 21		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

**07/19/2023 Full**  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** *08/18/2023*

**08/17/2023 - POC Submission**  
**Submitted By:** [REDACTED]      **Date Submitted:** *08/18/2023*  
**Reviewer:** [REDACTED]      **Follow-Up Type:** *Document Submission*      **Follow-Up Date:** *08/21/2023*

Inspections / Reviews *(continued)*

08/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated [redacted] was not signed by the individuals who created the contract or the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any.

Plan of Correction

Accept ( [redacted] - 08/17/2023)

It is important that the resident as well as their POA/responsible party sign the residency agreement/contract. Our sales director has gone through all current resident files checking for resident signatures. If there was no resident signature, it was obtained.

Moving forward, our sales director will be responsible for ensuring that all parties sign all required areas of the contract.

The attached checklist will be used by the sales director for each new resident for the next three months. The administrator will check all new contracts and initial the checklist to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented ( [redacted] - 08/22/2023)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Residents #1 DOA [redacted] and #2 DOA [redacted] did not sign a copy of the resident's rights and complaint procedures to acknowledge receipt of these documents upon admission.

Plan of Correction

Accept ( [redacted] - 08/17/2023)

It is important that every resident receives a copy of the resident's rights upon admission. To ensure that every resident receives a copy upon admission, Hillside has added a copy of the resident's rights to our Resident Handbook. Attachment G of our Residency Agreement has been updated to include Resident Handbook/Resident Rights; see attached. Our sales director has made a copy of the Resident Handbook (which includes a copy of Resident's Rights) and has given them to all current residents, asking them to sign Attachment G if it was not done upon admission.

Moving forward, our sales director will be responsible for giving each new resident a copy of the handbook, ensuring that Attachment G is signed.

The attached audit sheet will be used by the sales director and initialed by the administrator for the next three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/24/2023

41e - Signed Statement (continued)

Implemented ( ) - 08/22/2023

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperatures in room #101 was 130°F and room # 106 had a temperature reading of 124°F. This was above the allowable temperature of 120°F.

Plan of Correction

Accept ( ) - 08/17/2023

Maintenance made adjustments to the water heater on 7/24. Maintenance will be responsible for checking the temperature of the water in the rooms in question. He will check the temperature daily and make adjustments until readings are 120 F or slightly below. Once the water temperature has been regulated in those rooms, rooms will be checked weekly. Maintenance will be responsible for checking the temperature and the administrator will confirm. The attached audit sheet will be used for the next three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented ( ) - 08/22/2023

182b - Prescription Medication

4. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Through interviews with the home's administrator and home's director of nursing the home has not trained medication staff on the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies as required.

Plan of Correction

Accept ( ) - 08/17/2023

Med techs are required to complete the medication administration training course in order to administer oral medication and receive a certificate for successful completion of the course. Med techs are also required to complete additional training in order to administer insulin and receive a certificate for successful completion. Both certificates are kept on file as proof of compliance. Additionally, med techs are trained by the Director of Wellness using a pamphlet entitled, "Other Routes of Medication Administration" but no proof was kept of this training. Beginning on 7/20/23 a form has been created for the med techs to sign stating that they were given the pamphlet and trained in administering other routes. All current med techs have signed the form. It will be kept on file, along with their other certificates, as proof of training.

**182b Prescription Medication (continued)**

*This administrator is a certified med tech trainer and will be responsible for presenting new med techs with the pamphlet and training on how to administer other routes of medications. The form will be signed by the student after successful training and kept on file along with their other certifications as proof of compliance. This new procedure will be ongoing.*

*The attached audit sheet will be used by the administrator for the next six months to ensure compliance.*

**Licensee's Proposed Overall Completion Date: 01/20/2024**

**Implemented ( [REDACTED] - 08/22/2023)**