

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

February 14, 2024

[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 12/06/2023 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: 07/06/2024
 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: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/06/2023

Inspection Dates and Department Representative

12/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 22 Residents Served: 17
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

12/06/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/31/2023

01/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/13/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/12/2024

Inspections / Reviews *(continued)*

01/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/12/2024

02/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

29a SOPb1- Hospice Care: Doctor Certification

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Resident #1 receives hospice services. During fire drills held on 4/12/23 at 11:00 p.m., and 7/17/23 at 8:51 a.m., the resident did not evacuate the home. The home does not have written certification from a physician, who is not an employee or contractor of the home, that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Plan of Correction

Accept (█ - 01/04/2024)

In April and July resident #1 was unable to vacate during fire drills due to poor physical health at that time. █ is and has been evacuated during fire drills since 7/17/23 and will continue to be until █ condition doesn't allow at which that time we will follow 2600.29.a.b with a physician statement.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented (█ - 02/14/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in the basement bathroom.

Plan of Correction

Accept (█ - 01/08/2024)

Paper towels were immediately placed in the lower floor bathroom.

The few residents that use the lower floor bathroom have their own personal hand towels but paper towels will be kept in the bathroom for visitors and staff per regulation 2600 85.a. and daily checks will be conducted by staff.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented (█ - 02/14/2024)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:05 a.m., the home's dumpster was uncovered and was 1/4 full of garbage. There was also

85e - Trash Outside Home (continued)

numerous areas of scattered garbage in the home's backyard including, plastic bags, wrappers, cups, and gourds.

Plan of Correction

Accept () - 01/08/2024

Waste Management had the dumpster backed into the wall which blocked the lids behind the dumpster not allowing us to close them. They were contacted on 12/6/23 about this issue.

A new dumpster with a different design was delivered 12/11/23 to prevent lids from being stuck open solving our issue, picture attached.

Continuous monitoring by the administrator will be conducted weekly after pick up per quality management plan.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented () - 02/14/2024

89b - Hot Water Temperature

4. Requirements

2600.

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

Description of Violation

At 9:27 a.m., the water temperature at the bathroom sink in the common bathroom on the 3rd floor measured 129.6 degrees Fahrenheit.

At 9:31 a.m., the water temperature at the sink in the 2nd floor kitchenette measured 124.3 degrees Fahrenheit.

At 9:37 a.m., the water temperature at the bathroom sink located in the basement measured 127.5 degrees Fahrenheit.

Plan of Correction

Accept () - 01/08/2024

Hot water tank was turned down immediately.

The temperature was 118F by 3pm.

Weekly temperature monitoring will be conducted by the administrator or staff to be sure water temp stays below 120.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented () - 02/14/2024

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have a source of lighting that can be turned off/on from bedside.

Repeat violation: 5/23/22.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept () - 01/08/2024)

A new lamp was placed on the bedside table for resident #1 on 12/6/23 as a temporary fix, the family is purchasing a source of light that clips to the headboard for convenience.

All residents bedside lamps were checked on 12/6/23 to make sure they are operable and will be checked on a monthly basis by the administrator as part of a monthly check list.

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented () - 02/14/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

The medical evaluation, dated () for resident #1 is blank in the area of immunizations.

Resident # 2's last medical evaluation was completed ().

The medical evaluation, dated () for resident #3 is blank in the area of immunizations.

Plan of Correction

Accept () - 01/10/2024)

DME's that are filled out by physicians and are not always complete per regulation.

As of January 2024 all areas of the DME that are permitted to be filled out by the administrator will be done on the day the MD completes the DME avoiding any blank areas.

Resident #2 will have a new DME completed on () during () monthly doctor's visit.

Administrator has a monthly reminder in place to keep all DME's timely as well as reviewing for completion at the time the form is filled out.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented () - 02/14/2024)

181c - Self-administration Assessment

7. 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 #4 self-administers medications; however, the resident's medical evaluation, dated (), and assessment, dated (), indicates that the resident cannot self-administer medications.

Plan of Correction

Accept () - 01/08/2024)

Resident #4 was self-administering () meds with the help of () MH support social worker in order to prepare to move back home, which () has done on ().

Starting January 2024 the administrator will not allow any resident to self-administer medications without the MD

181c Self administration Assessment (continued)

changing the DME to support the change in care.

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented () - 02/14/2024)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment, dated (), for resident #1 does not indicate that resident uses a Hoyer lift. Also, the assessment does not include the diagnoses of () which are indicated on the medical evaluation, dated ().

The most recent assessment for resident #2 was completed on (). Also, the diagnoses of (), () which are indicated on the medical evaluation, dated ().

The assessment, dated (), for resident #3 does not include the diagnoses of (), () which are indicated on the medical evaluation, dated ().

Plan of Correction

Accept () - 01/10/2024)

Resident #1: RASP was not updated due to delivery of a Hoyer lift from a hospice agency a few days prior, Administrator was aware of the update needed but failed to do so at time of delivery. A new DME will be completed as well as an updated RASP reflecting the current diagnosis as well as the LOC by January 10, 2024 when the MD makes his monthly visit.

Rasp updates for residents 1,2 and 3 will be updated by Jan 11 ,2024 by administrator.

Resident #2 and #3: RASP's did not have the diagnosis stated above due to them being old diagnosis or only H.O diagnosis or being left out on the annual DME and RASP.

As of January 2024 the administrator will be sure the MD fills out the diagnosis section of the DME in full with all current diagnosis and then be reflected on the annual RASP to be compliant for regulation 2600.225.c.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented () - 02/14/2024)