

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

May 1, 2024

[REDACTED], ADMINISTRATOR
2725 4 MILE DRIVE OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: THE HILLSIDE SENIOR LIVING
COMMUNITY
2725 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 23095

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2024 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 #: 23095 License Expiration: 11/21/2024
 Address: 2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754
 County: LYCOMING Region: NORTHEAST

Administrator

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

Legal Entity

Name: 2725 4 MILE DRIVE OPERATING COMPANY LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/22/2020 Issued By: Loyalsock Twp
 Type: C-2 LP Date: 05/01/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 03/01/2024

Inspection Dates and Department Representative

03/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 33
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 27 Residents Served: 15
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 1

Inspections / Reviews

03/01/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/31/2024

04/15/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/30/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/22/2024

Inspections / Reviews *(continued)*

04/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2024

05/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler certificate has an expiration date of 6/28/21. It was documented that the boiler was re-inspected on 8/25/21 but no inspection certificate could be provided.

Plan of Correction

Accept ([redacted] - 04/24/2024)

Hillside understands the importance of following applicable health and safety laws. The boiler was inspected in a timely manner according to federal, state and local laws, but an updated boiler certificate was not received. To fix the problem, the administrator contacted the Department of Labor and Industry on 3/4/2024 who confirmed that the inspection was up to date. Administrator requested an updated certificate which was received by email on 3/4/2024. In order to confirm that all other certificates and licenses required by federal, state, and local laws are current and up to date, the administrator audited the state binder on 3/4/2024 using the attached checklist. The administrator will be responsible for checking this checklist on the 1st of each month and renewing any certificate or license that is due. The administrator will keep a log beginning on 3/4/2024 and continuing on the 1st of each month. This log will show the date the list was checked, if there were any certificates/licenses due, and if so, what the administrator did to renew them. This plan of correction will be in effect for the next six months and then ongoing. The administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([redacted] - 05/01/2024)

65d Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, date of hire [redacted], did not complete Direct Care competency course until [redacted]. Staff Person A was providing unsupervised direct care to residents before completing this required competency course.

Plan of Correction

Accept ([redacted] - 04/24/2024)

Hillside understands the importance of having new hires complete the Direct Care Competency Course before providing unsupervised direct care to residents. On 4/15/24 the receptionist completed an audit of all direct care staff to ensure that the Direct Care Competency Course was completed as required. Any employee found to be deficient was required to complete the course before their next scheduled shift. On 4/15/24, the administrator compiled a checklist of items required by new hires. As of 4/16/24, the receptionist will be responsible for using this checklist to ensure that all required items are received/completed. This list includes the Direct Care Competency Course for direct care staff.

65d - Initial Direct Care Training (continued)

Starting on 4/16/24, the Resident Care Coordinator, who does the scheduling of direct care staff, will be responsible for ensuring that all direct care staff have completed the Direct Care Competency Course before being put on the schedule. She will sign the checklist to confirm that she checked for completion.

The checklist will be implemented on 4/15/24, used as a plan of correction until 9/30/24 and then ongoing to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 05/01/2024)

65f - Training Topics**3. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff Person B hired (█) did not receive annual training in the topics of Medication Self-Administration, Meeting the needs of the resident's using the RASP/DME, and Infection control in training year 2023.

Plan of Correction

Accept (█) - 04/24/2024)

Annual training is an important part of ongoing employee education. On 4/15/24, in order to ensure that all training topics were provided in 2023, the receptionist was responsible for completing an audit of all current direct care staff using the attached checklist for each staff member.

On 4/16/24, any current direct care staff member not meeting the training requirements was given an appointment time to meet with either he receptionist or administrator to complete the training. The receptionist and administrator will be responsible for ensuring that all deficient direct care staff receive the proper training by 5/31/24. Both receptionist and administrator will be required to sign the checklist confirming completion of the training.

The checklist will be used by each direct care staff member in 2024. The administrator will be responsible for ensuring that all training required by the department is scheduled. The receptionist will be responsible for filing the checklist as well as proof of completion of each requirement for each staff member.

Plan of correction will be completed by 5/31/24 and will continue to be used moving forward to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented (█) - 05/01/2024)

103e - Left Overs**4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

During physical site inspection of the kitchen, peas were discovered in the freezer. The peas were stored in an plastic container with no label or date.

Additionally, frozen cinnamon buns were found in the freezer, stored in a clear plastic bag, with no label or date.

103e Left Overs (continued)

Plan of Correction

Accept () - 04/24/2024

Hillside understands the importance of labeling and dating food not stored in its original container. On 4/15/24, the dietary director was responsible for auditing the kitchen for any food not labeled or dated. Any deficiencies were corrected at that time.

Starting 4/22/24, and weekly thereafter until 9/30/24, the dietary director will be responsible for auditing the kitchen for any unlabeled/undated food. The deficiencies will be listed on the attached audit sheet and corrected as they are found.

The administrator will be responsible for compliance. Starting 4/29/24 the administrator will make unannounced weekly visits to the kitchen to ensure the weekly audits are being completed and to spot check items for proper labeling. The dietary director and the administrator will sign the audit sheet weekly.

The plan of correction will be in place until 7/31/24 and the weekly audits by the dietary director will be ongoing to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented () - 05/01/2024

103g - Storing Food

5. Requirements

2600.

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

Description of Violation

At approximately 1pm, bran style cereal was discovered next to the kitchen freezers, on a cart. The cereal was stored in an open plastic container and no lid was found on the cart or nearby shelves. Additionally, a bag of granola style cereal was also found on the cart in a torn, clear plastic bag, with cereal spilled on top of the cart.

Plan of Correction

Accept () - 04/24/2024

Hillside understands the importance of storing food correctly. On 4/15/24 the dietary director was responsible for ensuring that all open food, including the cereal, was stored in a food storage container with a proper lid.

Starting 4/16/24, using the attached audit sheet, the dietary director will be responsible for auditing the kitchen daily, checking that all open food is stored in a container with a proper lid, and not spilled. If the dietary director is not available on a given day, the cook will perform the audit and sign the sheet.

The administrator will be responsible for compliance. Starting 4/22/24 the administrator will make unannounced weekly visits to the kitchen to ensure the daily audits are being completed and to spot check items for proper storage. The administrator will sign the audit sheet weekly.

The plan of correction will be in place until 7/31/24 and the daily audits by the dietary director will be ongoing to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented () - 05/01/2024

121a - Unobstructed Egress

6. Requirements

2600.

121a - Unobstructed Egress (continued)

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door located near the kitchen and rear basement steps did not open properly. At the time of the inspection, the door only opened halfway, preventing immediate egress from the facility.

Plan of Correction

Accept () - 04/24/2024)

On 3/2/24 the door in question was repaired by maintenance so it opens properly in the event it needs to be used. Starting 3/4/24, the attached audit sheet will be used weekly by maintenance who will be responsible for ensuring that all exits are unobstructed and open easily.

Starting on 3/11/24, the administrator will be responsible for compliance by signing the audit sheet weekly and by choosing five exit doors weekly to ensure they are unobstructed and open properly.

Maintenance will be responsible for the weekly audits through 6/10/24. He will then be responsible to conduct monthly audits moving forward, beginning on 7/1/24 to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented () - 05/01/2024)

133.1 - Exit Signs

7. 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

There was no exit sign posted at the exterior door located near the kitchen and rear basement steps.

Plan of Correction

Accept () - 04/24/2024)

Maintenance was responsible for placing an exit sign on the door in question. This was completed on 4/15/24.

On 4/16/24 Maintenance audited all facility doors to ensure they were labeled properly. Any corrections needed were made on 4/16/24

It will be the responsibility of maintenance to audit all doors weekly for the next three months to ensure continued compliance.

The administrator will be responsible for checking at least three doors monthly for compliance, and signing the audit sheet confirming that they were completed.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented () - 05/01/2024)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's Preadmission Screening Form, dated (), did not verify that the needs of the applicant can be

224a - Preadmission Screen Form (continued)

met by the personal care home. Additionally, the cognitive screening did not note the title of the person completing the screen or the resident's diagnosis.

Plan of Correction

Accept [REDACTED] - 04/24/2024)

On 3/2/24 the Resident Care Coordinator completed an audit of all preadmission screening forms as well as all cognitive screening forms for all current residents ensuring they were filled out correctly.

Starting 3/2/24, the audit sheet will be used by the Resident Care Coordinator for all new resident's charts. After auditing the new chart, the Resident Care Coordinator will give the chart and the audit sheet to the administrator.

The administrator will be responsible for checking the chart and signing the audit sheet to confirm compliance.

Plan of Correction will continue through 9/30/24. Use of the audit sheet will be ongoing and the responsibility of the Resident Care Coordinator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 05/01/2024)