

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

July 11, 2024

[REDACTED], ADMINISTRATOR
HILLSIDE REST HOME, INC.
[REDACTED]

RE: HILLSIDE PERSONAL CARE
1175 OLD WAYNESBORO PIKE
FAIRFIELD, PA, 17320
LICENSE/COC#: 34875

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2024, 05/02/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HILLSIDE PERSONAL CARE* License #: *34875* License Expiration: *04/17/2024*
 Address: *1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320*
 County: *ADAMS* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HILLSIDE REST HOME, INC.*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/08/1978* Issued By: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *05/02/2024*

Inspection Dates and Department Representative

05/01/2024 - On-Site: [REDACTED]
 05/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *38*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *16*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/01/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2024*

05/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/04/2024*

Inspections / Reviews *(continued)*

06/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/03/2024

07/11/2024 - Document Submission

Submitted By: [REDACTED] an

Date Submitted: 07/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/4/2024, a staff-to-resident abuse incident was reported to the Department by the home. However, the Act 13 Mandatory Abuse Reporting form was not completed and submitted to AAA as of 5/2/2024.

Plan of Correction

Accept () - 06/05/2024)

* The Administrator and/or Supervisory Staff will complete reports to AAA using the form that is required per the Older Adult Protective Services Act.

* Administrator and Supervisory Staff will review the policy and procedures for all Abuse Reporting, and which forms to use for each agency. to be reviewed by 06/06/24

* All Incidents will be discussed with the Administrator and Supervisory Staff within 24 hours of being alerted of a reportable incident. At least two office staff will review the paperwork and submissions in accordance with the reportable incident policy and procedures. This will begin immediately and all incidents will be reviewed with Supervisory Staff within 24 hours of any reports being made.

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

Implemented () - 07/10/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/4/2024, an incident was reported to the home's Administrator that Staff Member A had pushed Resident #1 to seat during med pass. Staff Member A also called residents names that were offensive to them, including calling Resident #4 "Bubble Butt" and Resident #6 " ". Staff Member A also called Resident #4 a "narc" when Resident #4 spoke to staff about concerns.

Plan of Correction

Directed () - 06/05/2024)

* The Administrator has counseled Staff Member A on proper redirection techniques for Resident #1 to keep from lingering near the medication table when other residents are receiving their medications. completed on 4/5/24

* The Administrator has counseled Staff Member A that nicknames are not permitted. Residents will be addressed with dignity and respect completed on 4/5/24

* The Administrator interviewed on 4/5/24 Resident #1, Resident #4 and Resident #6 and several other residents that witnessed Staff Member A's interactions.

* The Administrator re-educated Staff Member A on the resident rights on 4/5/24

* The Administrator continues to seek out input from residents on Staff Members interactions with residents daily from 4/5/24 till 4/19/24, then weekly from 4/20/24 till 5/4/24 now and on-going randomly. The Administrator will continue to seek input from residents on all areas that may lead to a culture of behaviors that might have the potential to put residents at risk for any abuse. The Administrator will continue to strive toward improving

42b - Abuse (continued)

communications and train and guide staff and residents to treat each other with dignity and respect. The Administrator will seek this information by interviewing with residents and encouraging residents to bring concerns to Office Staff and Administrator as they may notice things that may lead to a culture that could result in abuse. The Administrator will seek information weekly and as needed.

Proposed Overall Completion Date: 06/03/2024

(Directed)

- In addition to the above steps, the home will provide education to all current staff on resident rights, positive intervention techniques and abuse/neglect. Training will be completed by the Administrator or designee no later than 6/15/24
- Beginning no later than 6/10/24, the Administrator or designee will complete weekly interviews with 25% of residents in the home each week to ensure residents remain free from abuse/neglect.
- Documentation of resident interviews and education will be kept by the home and available for review by the Department.

Directed Completion Date: 06/15/2024

Implemented () - 07/10/2024)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 5/1/2024, the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted by the telephone in the kitchen which has an outside line.

Plan of Correction

Accept () - 06/05/2024)

- * The phone numbers were posted by the phone (only one phone line) on 5/1/24 by the Building Manager.
- * The Maintenance Supervisor will add to the monthly inspection checklist and correct posting as needed starting June 1, 2024 and monthly on-going.
- * Facilities Manager was reeducated by re-reading regulation 2600.91 on 5/30/24

Proposed Overall Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented () - 07/10/2024)

93a - Handrails

4. Requirements

2600.

93a - Handrails (continued)

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 5/1/2024, the right descending handrail on the exterior steps by Exit #3 was observed to be loose and wobbly.

Plan of Correction

Accept () - 06/05/2024)

- * The handrail was reinforced to the steps on 5/25/24
- * The Maintenance Supervisor will add to the monthly inspection checklist starting June 1, 2024 and complete repairs as needed.
- * The Maintenance Supervisor re-read regulation 2600.93.a. on 5/30/24
- * The Maintenance Supervisor will complete an audit of all ramps, stairways and outside by 6/7/25

Proposed Overall Completion Date: 06/30/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/10/2024)

100a - Exterior - Free of Hazards

5. 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 5/1/2024, a hole was observed in the grass area in front of the dumpsters measuring approximately 20 inches X 23 inches and approximately 3 inches deep. This poses a hazard as this area is the designated meeting place for fire drills.

On 5/1/2024, a pothole was observed in the paved driveway measuring approximately 61 inches X 71 inches, and approximately 2 inches deep. This poses a hazard as this area is in the path for residents to evacuate to the designated meeting place during fire drills.

On 5/1/2024 at approximately 10:46 AM, the bottom part of Exit 3's wooden exterior stair railing had nails exposed where the third stair plank had been removed, posing a safety hazard.

Repeated Violation - 5/30/2023, et al

Plan of Correction

Accept () - 06/05/2024)

- * The hole in front of the dumpster will be filled by Maintenance on 5/25/24
- * The pothole in the driveway will be filled with black top patch by Maintenance by 6/15/24 weather permitting
- * The Administrator will provide training on regulation 2600.100(a) to Maintenance Supervisor by 6/15/24
- * The exposed nails were hammered into the wood on 5/2/24 by Maintenance. The step repair was completed on 5/24/24 by Maintenance Staff
- * The initial review of all exterior areas of the home will be complete by Maintenance Supervisor by 6/15/24
- * The Maintenance Supervisor will add to the monthly inspection checklist and complete repairs as needed starting June 1, 2024,

Proposed Overall Completion Date: 06/15/2024

Licensee's Proposed Overall Completion Date: 06/15/2024

100a - Exterior - Free of Hazards (continued)

Implemented () - 07/10/2024)

101j7 - Lighting/Operable Lamp

6. 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 room #10 does not have a source of light within reach that can be turned on/off at bedside at two of the resident beds closest to the door

Plan of Correction

Accept () - 06/05/2024)

* The light was replaced on 5/2/24 by Maintenance

* An audit was completed by Maintenance Supervisor by 6/7/24

* The cleaning staff will be retrained by the Maintenance Supervisor on making sure that an operable light is available at each bedside during the weekly cleaning per the cleaning schedule by 5/31/24

* The Maintenance Supervisor will monitor daily until 6/21/24 the cleaning checks and if compliance is found the checks will continue weekly on-going

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/10/2024)

103g - Storing Food

7. Requirements

2600.

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

Description of Violation

On 5/1/2024, the refrigerator in the dining area had an unsealed, unlabeled container of red Jell-O with two small pieces of white debris floating on top.

Plan of Correction

Accept () - 06/05/2024)

* The food was discarded on 5/1/24 by kitchen staff.

* The kitchen staff will be re-educated by the Kitchen Manager by 5/31/24

* The Kitchen Manager began daily audits on 6/3/24. The daily audits will continue until 6/17/24 if significant compliance is found the audits will be weekly beginning on 6/18/24 and will be on-going weekly.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/10/2024)

141a - Medical Evaluation

8. Requirements

141a - Medical Evaluation (continued)

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

On 5/1/2024, Resident #2, admitted on [REDACTED], did not have a medical evaluation completed within 60 days prior to admission or within 30 days after admission.

Repeated Violation - 5/30/2023, et al.

Plan of Correction

Accept [REDACTED] - 06/05/2024)

* The Administrator and Medical Care Coordinator will review all medical evaluations when a new resident is being admitted and request all needed corrections within the 60 days prior to admission or within 30 days after admission this will begin for all new admissions after 5/30/24

* The Administrator provided education on regulation 1600.141(a) to Medical Care Coordinator on 5/30/24

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented [REDACTED] - 07/10/2024)

141a 1-10 Medical Evaluation Information

9. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluation, dated [REDACTED], did not include the immunization history, special diet, nor medical professional license number.

Plan of Correction

Accept [REDACTED] - 06/05/2024)

* The Medical Care Coordinator will contact the Doctor for the missing information and will attach a corrected DME to Resident #1's file.

* The Medical Care Coordinator and the Administrator will review all medical evaluations for compliance with regulation 2600.141.a. by 6/15/24

The Medical Care Coordinator will audit all DME's for accuracy and completeness and request doctors to update information as needed by 6/8/24.

* The Administrator provided education to the Medical Care Coordinator on regulation 2600.141a 1-10 on 5/30/24

141a 1-10 Medical Evaluation Information (continued)

* The Medical Care Coordinator will review all DME's while at the Doctor's appointment and request corrections at the time of the evaluation appointment starting on 5/30/24 and on-going.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented () - 07/10/2024)

144c1 - Smoking Area Guidelines

10. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

On 5/1/2024, at approximately 10:57 AM, the ground around the designated smoking area was observed to have 14+ cigarette butts.

Plan of Correction

Accept () - 06/05/2024)

- * The cigarette butts were removed on 5/1/24 by Maintenance Staff
- * All Staff were retrained on Smoking Policy by Maintenance Supervisor on 5/1/24
- * The resident that was discarding the cigarette butts improperly was re-educated on the smoking policy on 5/2/24 by the Administrator
- * The Maintenance Supervisor will monitor daily for 2 weeks then weekly thereafter the Smoking Area for compliance with regulation 2600.144.c. starting on 5/2/24

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented () - 07/10/2024)

183e - Storing Medications

11. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 5/2/2024, blister #2 on a blister pack containing a Loperamide 2mg tablet for Resident #3 was previously punctured and the tablet was placed back into the blister and taped.

Plan of Correction

Accept () - 06/05/2024)

- * The medication was discarded and destroyed per regulation by the Administrator on 5/2/24
- * The Medication Trainer re-educated the Med Tech's about regulation 2600.183.e. on 5/4/24
- * The Medication Trainer will monitor weekly the med cart for compliance of regulation 2600.183.e. for 2 months and educate as needed starting on 5/4/24 On-going the Medication Trainer and the Medical Care Coordinator will monitor the med cart for compliance during the quarterly full med cart review starting on 06/07/24

183e - Storing Medications (continued)

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

Implemented () - 07/10/2024

185a - Implement Storage Procedures

12. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4 is prescribed Albuterol inhaler 90mcg – 2 puffs every 4-6 hours PRN. On 5/2/2024, Resident #4's medication was not available in the home.

Plan of Correction

Accept () - 06/05/2024

* The prescription was referred to the doctor for possible discontinuation on 4/26/24 because Resident #4 had not used the PRN medication in longer than 12 months.

* The doctor discontinued the PRN medication on 5/2/24

* The Medical Care Coordinator will review PRN usages every 6 months and we will communicate with the doctors as needed to possibly discontinue prescriptions for unused PRN medications starting on 6/17/24

* The Medical Care Coordinator will complete an initial medication cart audit for compliance with regulation 2600.185a on 6/4/24 and monthly thereafter.

* The Med Tech's were re-trained on reordering items that are to expire at least 5 days prior to expiration on 5/4/24

Licensee's Proposed Overall Completion Date: 06/17/2024

Implemented () - 07/10/2024

185b - Medication Procedures

13. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.

Description of Violation

The home's policy for accountability of controlled substances reads, "Controlled substances will be logged the MAR and on the controlled substance count sheet and double locked in the controlled substance box."

On 5/2/2024 at approximately 11:30AM, blister packs containing Clonazepam prescribed for Residents #1 and #2 and Phenyloid prescribed for Resident #5 were observed in the medication cart with the other medications that are secured using a single lock. Administrator confirmed that count sheets are not used for Clonazepam.

185b - Medication Procedures (continued)

Plan of Correction

Accept () - 06/05/2024

* The home's policy will be updated to reflect that all PRN controlled substances will have a controlled substance tracking sheet and locked. Routine Schedule IV controlled substances that are prescribed for behavioral health diagnosis will be counted and logged upon receipt and will be stored locked under single lock and recorded on tracking sheet for each administration. All Schedule II drugs and Schedule 3 drugs will be counted & recorded upon receipt; and administrations will be tracked on tracking sheet and counted and count recorded at shift change. The Medication Trainer will monitor weekly for compliance for 4 weeks then monthly on-going if there's compliance found.

*The policy will be updated by the Administrator by 06/7/24. All Med Tech's will be trained on the new policy by 6/8/24 and controlled substance reviews will begin on 6/9/24

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/10/2024

187a - Medication Record

14. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3 is prescribed Lactulose 10gm/15mL solution – take 10 mL by mouth once daily and Magnesium Citrate SOLN – take 296 mL by mouth once for 1 dose. However, Resident's #3's medication administration record does not indicate the diagnosis or purpose for these medications.

Resident #1 is prescribed Polyethelene Glycol – MiraLax 17gm/scoop oral powder – dissolve 17 grams scoop in 8 ounces of liquid every day as needed for constipation. However, the Medication Administration Record reads "Mix 17 grams in glass of fluid and drink daily."

Plan of Correction

Accept () - 06/05/2024

- * The Medical Care Coordinator updated Resident #3's and Resident #1's MARs to reflect the correct information on 5/24/24
- * The Medical Care Coordinator will review all new prescriptions within 48 hours of new medications being ordered and update MAR as needed starting on 5/31/24.
- * The Medical Care Coordinator will do an initial MAR audit of all residents by 6/7/24.
- * The pharmacy will conduct a monthly MAR audit for diagnoses starting in June of 2024.
- * All Med Tech's will receive training on regulation 2600.187(a) by 6/7/24. Med Tech's should print any eMAR and mark error(s) and forward to the pharmacy for correction beginning on 6/7/24

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented () - 07/10/2024

224a - Preadmission Screen Form

15. Requirements

224a - Preadmission Screen Form (continued)

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 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/05/2024)

* The Administrator will complete additional preadmission screenings to comply with regulation 2600.224.a. if the resident admission takes longer than 30 days after an initial preadmission interview starting on 5/15/24.

* The Administrator reviewed the RCG on regulation 2600.224.a. on 6/3/24

* The Medical Care Coordinator will review the Preadmission Screening within 2 days of admission when possible, to ensure the Screening is completed timely beginning on 5/15/24.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented [REDACTED] - 07/10/2024)

227d - Support Plan Medical/Dental

16. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 utilizes adaptive utensils during meals, is reported to stuff shower curtains in the toilet, and displays water-seeking behavior. The identified personal care and behavioral needs are not identified in Resident #1's current RASP, dated [REDACTED].

Resident #2's primary language is [REDACTED] and [REDACTED] ability to speak and understand the English language is limited. The resident displays inappropriate disrobing behavior that requires staff redirection and personal care support. Resident #2's current RASP, dated [REDACTED] does not reflect the resident's communication, behavioral/cognitive care needs.

Resident #4 is diagnosed with bipolar and mood disorder for which [REDACTED] is prescribed Trazadone and Risperidone; however, the resident's most current RASP, dated [REDACTED], does not mention any behavioral/cognitive needs aside from short-term memory loss. Additionally, Resident #4 has a history of cardiac arrest and has an implantable cardioverter-defibrillator (ICD) in place as per medical evaluation dated [REDACTED]; however, the RASP does not mention these needs nor support to be provided.

Plan of Correction

Accept [REDACTED] - 06/05/2024)

* Resident #1's personal care and behavioral needs have been updated on the RASP by Medical Care Coordinator on 5/24/24

*Resident #2's RASP has been updated to reflect the communication, behavioral/cognitive needs by the Medical Care Coordinator on 5/24/24

227d - Support Plan Medical/Dental (continued)

* Resident #4's RASP has been updated to reflect the recommendations to add additional information on [REDACTED] bipolar/mood disorder, no supports are needed as diagnoses are managed with medication. RASP was updated to reflect [REDACTED] ICD. Updates were completed by the Medical Care Coordinator on 5/24/24

* The Medical Care Coordinator was re-educated by the Administrator on regulation 2600.227.d. on 5/15/24

* A review by the Medical Care Coordinator, the Administrator and the Building Manager will be conducted 60 days after admission to follow-up with any supports that may need to be added starting on 6/4/24

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented ([REDACTED] - 07/10/2024)