

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

February 19, 2025

[REDACTED], ADMINISTRATOR/OWNER
HILLSIDE MANOR PERSONAL CARE HOME INC
177 OLIVER ROAD
UNIONTOWN, PA, 15401

RE: HILLSIDE MANOR PERSONAL CARE
HOME
177 OLIVER ROAD
UNIONTOWN, PA, 15401
LICENSE/COC#: 46799

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2025, 01/08/2025 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 MANOR PERSONAL CARE HOME* License #: *46799* License Expiration: *04/16/2025*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/17/1996* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *01/08/2025*

Inspection Dates and Department Representative

01/07/2025 - On-Site: [REDACTED]
 01/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *76* Residents Served: *34*

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

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

01/07/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2025*

02/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2025*

Inspections / Reviews (*continued*)

02/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/19/2025
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

02/19/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 02/19/2025
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/7/25 at 11:06 a.m., there were no paper towels, mechanical air blower or other safe means of safe hand drying in the common bathroom in the dining room area.

Plan of Correction

Accept (█ - 02/10/2025)

In response to the violation on 01/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken: on 01/07/2025 by housekeeping staff to refill the paper towel dispenser.

To enhance the currently compliant operations, on 02/05/2025 the facility supervisor will re-educate the housekeeping staff to check paper towel dispensers on daily rounds to ensure paper towel dispensers are filled with a completion date of 02/10/2025. Documentation of re-education will be kept.

Effective 02/10/2025, the Facility Supervisor will perform weekly checks through 5/10/2025 to maintain ongoing compliance with ensuring paper towel dispensers are filled. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/10/2025

Implemented (█ - 02/19/2025)

101o - Walls, Floors, Ceilings

2. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 1/7/25, the plaster was in disrepair on two walls in bedroom 310 as follows:

- The plaster on the wall parallel to head of the bed measured approximately 13" by approximately 2" with 7 indentations into the plaster
- The plaster on the wall parallel to length of the bed measured approximately 13" by approximately 2" with 3 indentations into the plaster

Plan of Correction

Accept (█ - 02/10/2025)

In response to the violation on 01/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/19/2025 by the Maintenance Supervisor to repair the plaster on the wall in room 310.

To enhance the currently compliant operations, on 02/05/2025 the facility supervisor will re-educate the housekeeping staff to asses the building during daily rounds for any needed repairs during daily rounds and notify maintenance staff in writing with a completion date of 2/10/2025. Documentation of re-education will be kept.

101o - Walls, Floors, Ceilings (continued)

Effective 02/10/2025, the Facility Supervisor will perform weekly checks through 5/10/2025 to maintain ongoing compliance with bedroom walls, floors and ceiling are clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/10/2025

Implemented () - 02/19/2025

101r - Bedroom - shades/drapes/window covering

3. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 1/7/25, the 3rd & 4th slats of the blinds from the bottom up from the windowsill were broken 5" on the right side and the 8th slat of the blind from the bottom up from the windowsill was broken approximately 21" from the right side in bedroom 201.

Repeat Violation: 2/22/23.

Plan of Correction

Accept () - 02/10/2025

In response to the violation on 01/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/19/2025 by the Maintenance Supervisor to replace the blind in room 201.

To enhance the currently compliant operations, on 02/05/2025 the facility supervisor will re-educate the housekeeping staff to asses the blinds during daily rounds for any broken slats and notify maintenance staff in writing with a completion date of 2/10/2025. Documentation of re-education will be kept.

Effective 02/10/2025, the Facility Supervisor will perform monthly checks through 5/10/2025 to maintain ongoing compliance with window blinds in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/10/2025

Implemented () - 02/19/2025

103d - Storing Food Off Floor

4. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 1/8/25, there was a case of ketchup on the floor in the dry storage area.

Plan of Correction

Accept () - 02/10/2025

In response to the violation on 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate

103d - Storing Food Off Floor (continued)

action was taken: on 01/08/2025 by dietary staff to remove the case of ketchup from the floor and store on shelf.

To enhance the currently compliant operations, on 02/05/2025 the facility supervisor will re-educate the dietary staff that all food must be stored on a shelf with a completion date of 02/10/2025. Documentation of re-education will be kept.

Effective 02/10/2025, the Facility Supervisor will perform weekly checks through 5/10/2025 to maintain ongoing compliance with storing food off of the floor. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/10/2025

Implemented (█) - 02/19/2025

107c - Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 1/7/25 and 1/8/25, the home served 34 residents requiring 102 gallons of drinking water for a 3-day emergency supply. However, there was no emergency water onsite and the contractual agreement, dated 1/1/21, with J and K Inc. Water on Wheels does not indicate the following:

- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day.
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Additionally, the letter indicates the home must supply the water buffalo tank, however, the buffalo tank was not available at the home until 1/8/25 at approximately 2:00 p.m.

Plan of Correction

Accept (█) - 02/19/2025

In response to the violation on 01/07/2025 and 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/15/2025 by the Administrator to obtain a updated emergency water letter (see attached).

The water letter states "in the event of a regional emergency, Aqua Filter Fresh, Inc./Tyler Mountain Water is prepared to meet your special needs to be in accordance with title 55 (Public Welfare 2600.107)".

As a back up plan, we will also keep the emergency water letter from J and K Inc. Water on Wheels on file and the water holding tank will be kept at Hillside Manor PCH 177 Oliver Road Uniontown, PA 15401.

Emergency water letter will be kept on file.

Licensee's Proposed Overall Completion Date: 02/16/2025

107c - Food/Water 3 Day Supply (continued)

Implemented () - 02/19/2025)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 1/8/25 at 12:44 p.m., the medication cart was unlocked and unattended in the dining room.

Plan of Correction

Accept () - 02/10/2025)

In response to the violation on 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken: on 01/08/2025 by Facility Supervisor to re-educate Med Tech on locking the medication cart at all times when unattended.

To enhance the currently compliant operations, on 02/05/2025 the facility supervisor will re-educate Med Techs that medication cart must be locked at all times with a completion date of 02/10/2025. Documentation of re-education will be kept.

Effective 02/10/2025, the Facility Supervisor will perform weekly checks through 5/10/2025 to maintain ongoing compliance with ensuring the medication cart is locked when unattended. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/10/2025

Implemented () - 02/19/2025)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is ordered Clozapine 100mg, 3 tablets at bedtime. However, there was no label on blister card indicating the resident's name, date the medication was issued, instructions for administration, and name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

Repeat Violation: 2/22/23 et al

Plan of Correction**Accept (█ - 02/10/2025)**

In response to the violation on 01/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/08/2025 by the Facility Supervisor to add a directions changed refer to chart sticker.

Resident's name was on the blister pack (see attached).

To enhance the currently compliant operations, on 02/05/2025 the Facility Supervisor will audit all medications and ensure all labels contain the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber, with a completion date of 02/10/2025.

Effective 02/10/2025 the Facility Supervisor will perform weekly audits through 05/10/2025 to maintain ongoing compliance with ensuring the original container for prescription medications is labeled with a pharmacy label including the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/10/2025

Implemented (█ - 02/19/2025)