

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

March 3, 2025

[REDACTED]
MON-VALE NON ACUTE CARE SERVICES INC
[REDACTED]

RE: THE RESIDENCE AT HILLTOP
210 ROUTE 837
MONONGAHELA, PA, 15063
LICENSE/COC#: 47488

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/27/2025 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: THE RESIDENCE AT HILLTOP License #: 47488 License Expiration: 04/01/2025
 Address: 210 ROUTE 837, MONONGAHELA, PA 15063
 County: WASHINGTON Region: WESTERN

Administrator

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

Legal Entity

Name: MON-VALE NON ACUTE CARE SERVICES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/01/1998 Issued By: L&I
 Type: I-1 Date: 05/12/2017 Issued By: Carroll Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/27/2025

Inspection Dates and Department Representative

01/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 84 Residents Served: 72

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

Hospice
 Current Residents: 12

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

01/27/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/07/2025

02/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/28/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/28/2025

Inspections / Reviews *(continued)*

03/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] support plan, dated [REDACTED], indicated the resident has an assessed need for total physical assistance with transferring in/out of bed/chair with a support plan that indicated "Resident [REDACTED] is totally dependent for all transfer needs" and "staff will provide full assistance with 2 person assist when transferring resident [REDACTED] to ensure complete safety." On [REDACTED] at approximately 1:00 p.m., direct care staff person A transferred resident [REDACTED] from [REDACTED] Broda chair to [REDACTED] bed to receive incontinence care, and then mechanically restrained the resident by tying [REDACTED] wrists together with a long sleeve white t-shirt and transferred resident [REDACTED] back into the Broda chair from the resident's bed and did not have the assistance of another staff person during either transfer.

Plan of Correction

Accept [REDACTED] - 02/11/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the Administrator/DON sent Staff person A home until further notice. The Administrator then who had in services with the daylight/evening nursing staff on 2600.23 (a)The importance of following the residents support plan- Resident [REDACTED] is a 2 person assist for all transfers always.

All the other direct care staff not present were in serviced on 1/23/25,1/24/25 and 2/3/25.

Also going over P & P of immediate suspension and up to termination if not following 2 person assist transfers at all times for resident and staff safety. This in-service staff training and all staff trainings are kept in the 2025 yearly training staff development book -kept in the DON office. As per 2600.65 (i)

The Administrator did purchase arm protectors for nursing staff to wear to protect their arms when giving care to Resident 1 due to [REDACTED] hitting and striking out during care and transfers. 3 separate pair were purchased a different color for each shift, Blue for the daylight shift, grey for the evening shift and black for the night shift. They were marked with the shift coordinating to their color and are to be kept in a white container marked with Residents 1 name/and arm protectors to be kept on top of [REDACTED] dresser at all times.

Direct care staff are being in serviced on this on 02/3/2025 and 2/4/25 and this procedure and it was added to [REDACTED] support plan.

This in-service staff training and all staff trainings are kept in the 2025 yearly training staff development book -kept in the DON office. As per 2600.65 (i)

Effective 2/1/2025 the Administrator/DON/designee will perform unannounced rounding On 3 residents a week for 4 weeks then 3 residents a month for 2 months during the care of our two person assist residents to assure 2600,23 (a) and 2600.42(p) is being upheld) -through May 1, 2025, to maintain ongoing compliance with support plan as to following the support plan for appropriate care and transfers and also, not restraining residents. Any deficiencies will be corrected immediately and reported if if rights are neglected, also findings will be documented and reviewed internally for continuous improvement purposes. We will discuss our rounding and findings at our quality management monthly meetings as per 2600.26(a) (b) (c)- that are held the last Thursday of every month, at 3pm adding this inspection on the next quality management meeting - that is attended by the DON and Administrator and Support Plan Coordinator on 2/27/25. And continue to review this monthly at the quality management meeting. Notes on all quality management meetings are kept in the QA meeting book in the Administrators office.

Licensee's Proposed Overall Completion Date: 02/27/2025

23a Activities of Daily Living Assistance (continued)

Implemented [REDACTED] - 03/03/2025)

42p Restraints

2. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On 1/22/25 at approximately 1:00 p.m., direct care staff person A mechanically restrained resident [REDACTED] after transferring the resident from [REDACTED] bed to [REDACTED] Broda chair, by tying [REDACTED] wrists together with a long sleeve white t-shirt, then left the resident restrained in the Broda chair until [REDACTED] was discovered near the second-floor elevator bank by direct care staff person B at approximately 1:30 p.m. Direct care staff person C (administrator) and direct care staff person D (director of nursing) reported to the second-floor and both saw the resident's hands mechanically restrained. Direct care staff person D (director of nursing) examined the resident for any bruising or injury. Direct care staff person C (administrator) covered the resident's hands, and the resident was removed from the area, however, resident [REDACTED] remained mechanically restrained until approximately 1:45 p.m. after direct care staff person A was questioned about the mechanical restraint.

Plan of Correction

Accept [REDACTED] - 02/11/2025)

In response to the violation on 01/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the Administrator/ DON sent Staff person A home until further notice. The Administrator then who had in services with the daylight/evening nursing staff on 2600.42(p) and 2600.42 (a-y) Also going over P & P of immediate suspension and up to termination if not following 2600.42(a-y) Residents Rights,

To enhance the currently compliant operations, on 1/22/2025 the Administrator will in service all staff on 2600.42 (p) 2600.42 (a-y) with a completion date of 2/3/2025.

This in-service staff training and all staff trainings are kept in the 2025 yearly training staff development book -kept in the DON office. As per 2600.65 (i)- Yearly in-services on 2600.42 (a-y)

Scheduled at our next Resident Council Meeting 2/27/2025 at 12 noon The Administrator and DON will go over the Residence Rights with the Residents to ensure that they know their rights and feel comfortable coming to the management team when they feel there is a problem. We will pass out the Residents Rights on paper and remind them of where they are posted in the facility, and they will be given paper and pens to also write down any questions if they feel uncomfortable asking in public. This will immediately be reviewed after the meeting as to see if there are any problems. if there are any problems they will be addressed immediately. We will then continue to mention resident's rights at each monthly-Resident Council meeting going forward and document that on our minuetts. We are ALSO placing a Resident Concern/ Idea box in the downstairs Atrium area on the round table, starting 2/27/2025,

Any negative findings as they are presented will be reviewed at the quality management meetings as per 2600.26(a-c) on the last Thursdays of every month, documentation and resolutions will be kept in the QA meeting book in the Administrators office.

42p Restraints (continued)

Effective 2/1/2025 the Administrator/DON/designee will perform unannounced rounding On 3 residents a week for 4 weeks then 3 residents a month for 2 months during the care of our two person assist residents to assure 2600.42(p) is being upheld) through May 1, 2025, to maintain ongoing compliance with support plan not restraining residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. We will discuss our rounding and findings at our quality management monthly meetings as per 2600.26(a) (b) (c) that are held the last Thursday of every month, at 3pm adding this inspection on the next quality management meeting that is attended by the DON and Administrator and Support Plan Coordinator on 2/27/25. And continue to review this monthly at the quality management meeting. Notes on all quality management meetings are kept in the QA meeting book in the Administrators office.

***The Administrator will definitely if this ever happens again, immediately will remove the physical restraints when assessing the resident for any injury there were none. this was the first time I have ever come across this and wanted to question the perpetrator and get pictures, I did check for residents' safety and, injury. I took pictures and then removed the restraints after the fact, I do see how that was not the priority.) (Staff Member A never did return to work and was terminated on 1/23/2025, due restraining resident, not following residents support plan, and P & P and also putting resident in danger.)*

Licensee's Proposed Overall Completion Date: 02/27/2025

Implemented [REDACTED] - 03/03/2025)