

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

May 20, 2025

[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 04/16/2025, 04/17/2025 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 PERSONAL CARE* License #: *34875* License Expiration: *04/17/2025*
 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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/17/2025*

Inspection Dates and Department Representative

04/16/2025 - On-Site: [REDACTED]
 04/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *37*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *31* Diagnosed with Intellectual Disability: *12*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

04/16/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2025*

05/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/19/2025*

Inspections / Reviews *(continued)*

05/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home has held money for resident 1 from [REDACTED] through current, during this time, the balance of those funds has not fallen below \$496.66. The home has not offered assistance in establishing an interest-bearing account in the resident's name or obtained a statement waiving this option.

Repeated Violation - 1/14/25

Plan of Correction

Accept ([REDACTED] - 05/05/2025)

Resident 1's Rep-Payee will be contacted by the Administrator by 5/7/25 and suggest an interest-bearing account. The Administrator will ask the Rep-Payee to sign a statement of understanding of the regulation.

The Administrator will audit all files including residents with Rep-Payee's and will contact all Rep-Payee's and suggest an interest-bearing account. The Administrator will ask the Rep-Payee's to sign a statement of understanding of the regulation

On-going the Administrator will monitor the accounts monthly and will offer assistance with establishing an interest-bearing account as appropriate and documentation will be added in the residents' records or contact the Rep-Payee as appropriate starting on 5/14/25

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented ([REDACTED] - 05/20/2025)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home is holding \$763.49 for resident 1. The home has provided copies of financial transactions conducted on the resident's behalf to the resident's designated person, however, the copies do not include the balance of the resident's funds or the dates when the statements were provided or signed for by the resident's designated person.

Repeated Violation - 1/14/25

Plan of Correction

Accept ([REDACTED] - 05/05/2025)

The Office Manager has updated the quarterly itemized accounting of financial transactions to include the

20b8 - Quarterly Account (continued)

balance(s) and the date that the resident's designated person is given the quarterly statement. The Office Manager will review all residents' quarterly transactions and update them to include the balance(s) and the date that the quarterly statement by 6/1/25. On-going thereafter

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented () - 05/20/2025

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The bathroom on the first floor in the back hallway has no door. The left stall has a door fashioned from a piece of corrugated plastic with an improvised lock. No privacy is afforded because the metal hook on the frame of the stall doesn't engage with the plastic eyelet so that whenever any pressure is applied to the door, it flexes and opens.

Repeated Violation, 1/14/25

Plan of Correction

Accept () - 05/12/2025

The Maintenance Staff will replace the bathroom door with a wood door and a secure lock be 5/21/25

On-going the Building Manager will monitor weekly all doors in bathing, dressing, changing and medical procedure areas for compliance with Regulation 42s and will direct repairs as needed promptly starting on 4/18/25

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented () - 05/20/2025

65d - Initial Direct Care Training

4. Requirements

2600.

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

Description of Violation

Staff Member A occasionally provides assistance to residents with bathing and hygiene. Staff Member A has not complete and passed the Department-approved direct care training course.

Plan of Correction

Accept () - 05/12/2025

The Administrator had previously educated Staff Member A, at the time the Administrator learned that Staff Member A provided ADL's for a resident, that Staff Member A cannot provide ADL's. On 4/17/25 the Administrator had reeducated Staff Member A that they cannot provide ADL's. Staff Member A stated that they have not continued to provide ADL's after the initial education.

On-going the Administrator will supervise all staff members that they will not be providing ADL's without completing and passing the Department-approved direct care training course.

65d - Initial Direct Care Training (continued)

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented () - 05/20/2025

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/16/25 at 9:12 AM, there was a ring of wetness around the base of the toilet in bathroom 1 and an odor of urine.

Plan of Correction

Accept () - 05/12/2025

The ring of wetness was cleaned and sanitized immediately by the housekeeping staff on 4/16/25

The Building Manager will educate the staff on Regulation 85a by 5/16/25. The staff will monitor the bathrooms more frequently.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented () - 05/20/2025

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is a soft spot that runs across the entrance of the second floor bathroom in the main hallway that sinks when weight is applied. The soft floor poses a tripping hazard to anyone who uses the bathroom.

Plan of Correction

Accept () - 05/12/2025

The Building Manager will get quotes and schedule the work to be completed by 6/15/25 or sooner if the contractor is available.

The Building Manger will continue to monitor areas monthly and schedule repairs as needed.

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented () - 05/20/2025

101j2 - Bedroom Chairs

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom 8 is occupied by 2 residents; however, there was only 1 chair in this room.

101j2 - Bedroom Chairs (continued)

Plan of Correction

Accept (█) - 05/12/2025)

The chair was put back in the room by the Building Manager on 4/17/25. The resident's in bedroom 8 were educated on the need for 2 chairs to remain in the room by Building Manager on 4/17/25. Building Manager will re-educate staff on 101j2 by 5/16/25

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (█) - 05/20/2025)

101j7 - Lighting/Operable Lamp

8. 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 2 does not have access to a source of light that can be turned on/off at bedside.

Repeated Violation, 5/1/24, et al.

Plan of Correction

Accept (█) - 05/12/2025)

A wall mounted light will be installed by Building Maintenance by 5/9/25. The Building Manager will monitor all rooms for compliance with 101j7 monthly starting on 5/16/25. The Building Manager will re-educate the staff on 101j7 by 5/16/25

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (█) - 05/20/2025)

141a - Medical Evaluation

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.

Description of Violation

Resident 3 was admitted █, however, the resident's medical evaluation was completed █

Repeated Violation - 5/1/24, et al.

Plan of Correction

Accept (█) - 05/12/2025)

The Administrator will contact the caseworker again by 5/15/25 requesting that Resident 3's medical evaluation be corrected.

On-going the Medical Care Coordinator will review all medical evaluations for compliance with Regulation 141a before admission. Admission will be delayed until form(s) are complete and correct.

Licensee's Proposed Overall Completion Date: 05/15/2025

141a - Medical Evaluation (continued)

Implemented (█ - 05/20/2025)

141a 1-10 Medical Evaluation Information

10. 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

The medical evaluation for resident 1, dated █ does not include body positioning and movement, section 8; health status and cognitive functioning, section 9; or a mobility needs assessment, section 10.

The medical evaluation for resident 4, dated █ does not include a general physical examination, section 1, including height, weight, pulse, temperature, and blood pressure.

The medical evaluation for resident 5, dated █, does not include immunizations, section 6; body positioning and movement, section 8; health status and cognitive functioning, section 9; or a mobility needs assessment, section 10.

Repeated Violation - 5/1/24, et al.

Plan of Correction

Accept (█ - 05/12/2025)

The Medical Care Coordinator will have the DME's for Resident 1, 4, and 5 corrected by the Medical Professional(s) by 5/16/25

The Medical Care Coordinator will review all DMEs for compliance with Regulation 141a 1-10 by 5/30/25

On-going the Medical Care Coordinator will highlight the forms to assist the Medical Professional to complete all areas on the DME. The Medical Care Coordinator will also provide a copy of the previous years DME to assist the Medical Professional with completing the DME.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█ - 05/20/2025)