

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

June 10, 2025

[REDACTED] ADMINISTRATOR  
THE VILLAGES OF HILLTOP HEIGHTS, LLC  
[REDACTED]  
[REDACTED]

RE: THE VILLAGES OF HILLTOP HEIGHTS  
100 WOODMONT ROAD  
JOHNSTON, PA, 15905  
LICENSE/COC#: 33866

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2025, 04/24/2025 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE VILLAGES OF HILLTOP HEIGHTS* License #: 33866 License Expiration: 07/22/2025  
 Address: 100 WOODMONT ROAD, JOHNSTON, PA 15905  
 County: CAMBRIA Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *THE VILLAGES OF HILLTOP HEIGHTS, LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: 12/03/1987 Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: 04/24/2025

**Inspection Dates and Department Representative**

04/23/2025 - On-Site: [REDACTED]  
 04/24/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 106 Residents Served: 52  
 Special Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 51  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 16 Have Physical Disability: 2

**Inspections / Reviews**

04/23/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 05/30/2025

Inspections / Reviews (*continued*)

06/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/09/2025

06/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a First Aid/CPR 1:35

1. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 4/6/25 there were 52 residents in the home and there was only 1 staff working in the home during the 3:00 PM to 11:00 PM and 11:00 PM to 7:00 AM shifts who was certified in First Aid and CPR.

On 4/7/25 there were 52 residents in the home and there was only 1 staff working in the home during the 11:00 PM to 7:00 AM shift who was certified in First Aid and CPR.

On 4/11/25 there were 52 residents in the home and there was only 1 staff working in the home during the 3:00 PM to 11:00 PM and 11:00 PM to 7:00 AM shifts who was certified in First Aid and CPR.

On 4/12/25 there were 52 residents in the home and there was only 1 staff working in the home during the 11:00 PM to 7:00 AM shift who was certified in First Aid and CPR.

Plan of Correction

Accept (█) - 06/02/2025

- 1. The facility was unable to retroactively correct the dates cited.
- 2. The facility Executive Director completed a baseline audit on April 25, 2025 of CPR/First Aid certifications.
- 3. CPR/First Aid classes have been scheduled for May 23, 2025 and June 3, 2025 at which time all staff certifications will be current. The Executive Director or designee is reviewing the staffing schedules daily to ensure that the 1:35 ratio is maintained.
- 4. The Executive Director or designee will perform an on-going quarterly audit of CPR/First Aid certifications and continue to daily review the staffing schedules. Results of the auditing will be reviewed at the facility's Quality Management Meeting.

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

Implemented (█) - 06/10/2025

171b4 Transportation-staff training

2. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2800.65 (relating to direct care staff training and orientation).

171b4 Transportation-staff training (continued)

**Description of Violation**

Staff member A routinely transports residents for the home without any other staff present in the vehicle. Staff member A has not completed the initial new hire direct care staff person training.

**Plan of Correction**

Accept (█) - 06/02/2025)

1. At the time of inspection, the resident transported with the SNF van was attending a prescheduled appointment from their stay at the skilled nursing facility. The staff member cited in this violation is not an employee of the assisted living facility. Education was provided by the regional director of clinical services to the Executive Director and Resident Care Coordinator regarding the requirements of 2800.171b. Moving forward the residents at the assisted living will not utilize the SNF transport van for appointments.

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

Implemented (█) - 06/10/2025)

187a Medication record

**3. Requirements**

2800.

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 #1 is prescribed venlafaxine 75 mg, once daily. However, resident's medication administration record does not include the resident's diagnosis for this medication.

**Plan of Correction**

Accept (█) - 06/02/2025)

- 1. Diagnosis for Resident 1 was corrected during survey and presented to the survey team prior to exit.
- 2. The Resident Care Coordinator completed a baseline audit of medications and diagnosis. Baseline audit identified less than 1% of orders requiring diagnosis. Orders identified were corrected by 5/22/2025.
- 3. The facility Resident Care Coordinator or designee will now utilize a physician order report to monitor that new or changing orders include the diagnosis or purpose. The Regional Director of Clinical Services has educated the facility nurses on May 30, 2025, on regulation 2800.187a and their responsibility to include a diagnosis or purpose.
- 4. The Resident Care Coordinator or designee will audit new orders weekly for 4 weeks, then monthly ongoing. Results of auditing will be reviewed at the facility Quality Management Meeting.

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

Implemented (█) - 06/10/2025)