

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

February 13, 2026

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2025 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: *04/17/2026*
 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 & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Complaint* Exit Conference Date: *12/30/2025*

Inspection Dates and Department Representative

12/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *35*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *29* Diagnosed with Intellectual Disability: *12*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/30/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2026*

01/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/11/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/27/2026*

Inspections / Reviews *(continued)*

01/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/09/2026

02/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

183e Storing Medications

1. 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 [redacted] the [redacted] belonging to Resident [redacted], was not dated with when it was opened.

Plan of Correction

Accept [redacted] - 01/20/2026)

Immediate action was taken on 12/30/2025 when the Administrator dated Resident [redacted]'s [redacted] with the date it was opened.

To prevent recurrence, on 12/30/2025 the Administrator instructed all medication technicians to verify that insulin and other applicable medications are dated upon opening. Medication technicians were instructed to immediately notify the Administrator if a medication is found without an open date so it can be corrected promptly.

Effective 12/30/2025, the Administrator will conduct weekly medication storage audits through 03/30/2026 to ensure all prescription medications, over-the-counter medications, and complementary and alternative medications are properly labeled and stored in accordance with manufacturer's instructions and regulatory requirements. Any deficiencies identified will be corrected immediately and documented for internal review.

Licensee's Proposed Overall Completion Date: 01/18/2026

Implemented [redacted] - 02/13/2026)

225c Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted]'s current medical evaluation, dated [redacted], includes the following diagnoses: [redacted], [redacted] and [redacted]. However, the resident's current assessment, dated [redacted], does not include these diagnoses.

Resident [redacted] has had increased toileting needs, including utilizing briefs and needing to have 2-hour incontinence checks by staff. However, resident's current assessment, dated [redacted], states "Not Applicable" for toileting and states "Prompting/Cueing" for [redacted].

Plan of Correction

Accept [redacted] 01/30/2026)

Immediate action was taken on 01/16/2026 when the Medical Care Coordinator updated Resident #1's Resident Assessment Support Plan (RASP) to accurately reflect all current diagnoses listed on the resident's medical evaluation dated 08/01/2025, including Asthma, COPD, Depression, GERD, Hyperlipidemia, and IBS.

225c - Additional Assessment (continued)

The Medical Care Coordinator also updated Resident [REDACTED] RASP on 01/16/2026 to reflect the resident's current toileting and bladder needs, including the use of briefs and the provision of two-hour incontinence checks by staff.

To prevent recurrence, effective 01/18/2026 the Medical Care Coordinator will conduct a review of all residents' RASPs to ensure assessments accurately reflect current medical evaluations and functional needs. This review will be completed by 02/03/2026.

To prevent reoccurrence, on 12/30/2025, the Administrator reviewed with the Medical Care Coordinator the need to update the Residents Assessments to reflect current medical evaluations and functional needs.

Effective 01/18/2026, the Administrator will conduct weekly audits of resident assessments through 03/30/2026 to ensure ongoing compliance with 2600.225(c). Any identified discrepancies will be corrected immediately and documented for internal review and quality improvement.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented [REDACTED] - 02/13/2026)

227d - Support Plan Medical/Dental

3. 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 [REDACTED] has had increased toileting and [REDACTED] needs, including utilizing briefs and needing to have 2-hour incontinence checks by staff. However, resident's current support plan, does not include a description of service need and how the home plans to meet that service need for toileting and bladder.

Plan of Correction

Accept [REDACTED] - 01/30/2026)

Immediate action was taken on 01/16/2026 when the Medical Care Coordinator updated Resident [REDACTED] s RASP to include a description of the resident's toileting and bladder service needs. The support plan was revised to reflect the use of briefs and the provision of staff assistance with two-hour incontinence checks to meet the resident's identified needs.

To prevent recurrence, effective 01/18/2026 the Medical Care Coordinator will review all residents' RASPs to ensure that medical, mental health, and related service needs are clearly documented along with how the home will meet those needs. This review will be completed by 02/03/2026.

To prevent reoccurrence, on 12/30/2025, the Administrator reviewed with the Medical Care Coordinator the need

227d Support Plan Medical/Dental (continued)

to update the RASP to ensure that medical, mental health and related services are clearly documents and how the home will meet those needs. evaluations and functional needs.

Effective 01/18/2026, the Administrator and Medical Care Coordinator will conduct monthly audits of resident support plans through 03/30/2026 to ensure ongoing compliance with 2600.227(d). Any deficiencies identified will be corrected immediately, documented, and reviewed internally for quality improvement purposes.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented [REDACTED] - 02/13/2026)