

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

June 15, 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 04/21/2026 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 and Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *04/21/2026*

Inspection Dates and Department Representative

04/21/2026 - 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: *9* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *28* Diagnosed with Intellectual Disability: *11*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/21/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2026*

05/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/12/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2026*

Inspections / Reviews *(continued)*

06/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/12/2026

06/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 3. Care for residents with dementia and cognitive impairments.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff Member C did not receive training in the following topics during the 2025 training year:

- 3. Care for residents with dementia and cognitive impairments.
 - 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.
- There are residents with intellectual disabilities residing at the home.

Plan of Correction

Accept [redacted] - 05/27/2026)

- Staff Member C training record was updated on 4/28/2026 to reflect required training on dementia care and care for residents with mental illness/intellectual disabilities by Staff Trainer
- Training records and certificates will be maintained in the employee training file. Training records will be reviewed by the Staff Trainer after any outside agency audits to see that documents are filed in the proper employee file.
- The Administrator/Trainer will audit all staff training records quarterly for a year to ensure all required annual training topics are completed timely starting on 5/27/2026
- A training tracking log has been implemented to monitor annual training requirements and due dates for all direct care staff by Staff Trainer

Responsible Person: Administrator/Trainer

Proposed Overall Completion Date: 05/27/2026

Licensee's Proposed Overall Completion Date: 05/27/2026

Implemented [redacted] 06/15/2026)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff Member C's training record did not include the hours of training received during 2025 training year.

Plan of Correction

Accept [redacted] - 05/27/2026)

- Staff Member C's training record was updated on 4/28/2026 by Staff Trainer to include the total number of

65i Training Record (continued)

training hours completed during the 2025 training year.

- All employee training records were reviewed for completeness including date, source, topic, training length, and certificates by Staff Trainer. Training records will be reviewed by Staff Trainer after any outside agency audits to assure that documents are filed in the proper employee file.
- The Administrator/Trainer will conduct quarterly audits of training files to ensure compliance with documentation requirements starting on 5/27/2026

Responsible Person: Administrator/Trainer

Licensee's Proposed Overall Completion Date: 05/27/2026

Implemented [REDACTED] 06/15/2026)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 9:15 AM, the bathrooms located on the second floor smelled of feces. The bathroom on the second floor that had the door replaced had feces in the toilet bowl with pieces of brown toilet paper on the bathroom floor. The bathroom around the corner also had feces in the toilet bowl and on the toilet seat. There was also trash on all the floor in all three bathrooms.

On [REDACTED] at 2:00 PM, the bathrooms on the second floor still had an odor. Trash remained on the floor and toilets had feces.

Repeated Violation [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 05/27/2026)

- All bathrooms were immediately cleaned and sanitized on 4/21/2026.
- Housekeeping staff were re educated regarding bathroom sanitation expectations, infection control, and frequency of cleaning on 04/28/2026
- A revised housekeeping schedule will be implemented requiring documented bathroom checks and cleaning throughout each shift starting on 5/27/2026. Pictures are being sent of bathrooms to the Building Supervisor at end of each shift starting on 05/08/26.
- Housekeeping Supervisor will conduct daily environmental rounds for 90 days to verify sanitary conditions are maintained starting on 5/27/2026
- Housekeeping documentation logs will be reviewed weekly by the Administrator/ Housekeeping Supervisor for ongoing compliance starting on 5/27/2026

85a - Sanitary Conditions (continued)

Responsible Person: Administrator/Housekeeping Supervisor

Licensee's Proposed Overall Completion Date: 05/27/2026

Implemented [redacted] - 06/15/2026)

125b - Combustible Restrictions

4. Requirements

2600. 125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [redacted], several oxygen tanks were located in common areas of the home including at the back door near exit #2, the first floor common area near the bookshelves and the second floor common area near the bathroom with stalls

Plan of Correction

Accept [redacted] - 05/27/2026)

- All oxygen tanks were immediately removed from common areas and placed in secured designated storage areas inaccessible to residents by Building Supervisor on 4/21/2026
- Staff and residents that use oxygen were re-educated on proper oxygen storage and combustible material safety requirements by Building Supervisor on 5/15/2026
- Environmental safety rounds will be conducted weekly by Building Supervisor to ensure oxygen tanks and combustible materials remain properly secured starting on 5/27/2026 for 90 days
- The Administrator/Building Supervisor will monitor compliance through weekly safety audits starting 05/27/2026 for 90 days

Responsible Person: Administrator/Building Supervisor

Proposed Overall Completion Date: 05/27/2026

Licensee's Proposed Overall Completion Date: 05/27/2026

Implemented [redacted] - 06/15/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent annual medical evaluation, dated [redacted], does not include if the resident's needs can be met safely at the Personal Care Home, the medical professional's name, medical professional license number, or medical professional's signature.

Plan of Correction

Accept [redacted] - 06/04/2026)

- An updated annual medical evaluation was obtained for Resident [redacted] containing all required elements on 4/22/2026
- Resident records were reviewed starting on by Medical Care Coordinator to ensure annual medical evaluations

141b1 - Annual Medical Evaluation (continued)

are complete and properly signed by 5/01/2026

- The Administrator reviewed the regulation with the Medical Care Coordinator on 4/23/2026
- The Administrator/Medical Care Coordinator will review all annual medical evaluations upon receipt for completeness starting on 5/01/2026

Responsible Person: Administrator/Medical Care Coordinator

Completion Date: 05/23/2026

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented [REDACTED] - 06/15/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed the following medications routinely:

- [REDACTED] with orders to take one tablet by mouth at bedtime. This medication is administered at 8:00 PM.
- [REDACTED] with orders to take 1 tablet by mouth daily. This medication is administered at 6:00 AM.

However, these medications were not administered to Resident [REDACTED] from [REDACTED] because the medications were not available in the home:

Plan of Correction

Accept [REDACTED] - 06/04/2026)

- Medications were removed by pharmacy from eMAR as there was no active prescription. Medication refills had been requested for refill in a timely manner however doctor declined a refill.
- A review was completed by the Medical Care Coordinator of all resident medications to ensure availability and continuity of administration on 4/23/2026. Pharmacy will be contacted on 5/27/2026 to audit eMARs for any medications that doctors may have declined refills.
- Staff responsible for medication administration will be re-educated on medication reorder procedures and timely pharmacy follow-up by the Administrator on 5/27/2026
- A medication reorder tracking system will be implemented to monitor medication supply and prevent future lapses by Medical Care Coordinator on 5/27/2026
- The Administrator/Medical Care Coordinator will conduct weekly medication cart audits to ensure all ordered medications are available. Starting on 5/27/2026 for 90 days.

Responsible Person: Administrator/Medication Care Coordinator

Completion Date: 05/27/2026

Licensee's Proposed Overall Completion Date: 06/03/2026

187d - Follow Prescriber's Orders (*continued*)

Implemented ([REDACTED] *06/15/2026)*