

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

July 1, 2026

[REDACTED] PRESIDENT
HILLSIDE ESTATES SUITES INC
[REDACTED]

RE: HILLSIDE ESTATES SUITES
1526 INDEPENDENCE AVENUE
CONNELLSVILLE, PA, 15425
LICENSE/COC#: 44704

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2026 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 ESTATES SUITES License #: 44704 License Expiration: 02/01/2027
 Address: 1526 INDEPENDENCE AVENUE, CONNELLSVILLE, PA 15425
 County: FAYETTE Region: WESTERN

Administrator

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

Legal Entity

Name: HILLSIDE ESTATES SUITES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/15/1987 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 06/03/2026

Inspection Dates and Department Representative

06/02/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 20 Residents Served: 7
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

06/02/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2026

06/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/29/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/19/2026

Inspections / Reviews *(continued)*

06/23/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/29/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/29/2026

07/01/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/29/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance." However, at approximately 9:38 a.m., there was a hard-wired carbon monoxide detector mounted to the ceiling of the kitchen area in the home's basement that was approximately three feet from the fossil fuel burning Southbend 6-burner stove and oven.

Plan of Correction

Accept () - 06/17/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the supervisor to call [REDACTED] and requested service call to move hard-wired carbon monoxide detector.

To enhance the currently compliant operations, on 6/4/2026, [REDACTED] technician moved hard-wired carbon monoxide detector. (See attached work order documentation)

Effective 6/4/2026 the carbon monoxide detector was moved and is hard-wired.

Licensee's Proposed Overall Completion Date: 06/14/2026

Implemented () - 07/01/2026

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for resident #1, dated [REDACTED], was not signed by the resident and did not document why the resident was unable to sign.

Plan of Correction

Accept () - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the supervisor to document on Resident #1 contract why they were unable to sign.

To enhance the currently compliant operations, on 6/15 /2026 the facility supervisor will review all current resident contracts with a completion date of 6/19/2026 to ensure contracts are signed by the administrator or designee, the resident and the payer if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. If the resident is unable to sign, documentation will be provided.

25b - Contract Signatures (continued)

Effective 6/20/2026 the facility supervisor will perform monthly audits of new admission contracts to ensure they are properly signed x 3 months to maintain ongoing compliance with 2600.25.b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented () - 07/01/2026

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

There was no signed statement in resident #1's resident record acknowledging the receipt of a copy of the resident's rights and complaint procedures.

Plan of Correction

Accept () - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the supervisor to document on Resident #1 contract why they were unable to sign.

To enhance the currently compliant operations, on 6/15 /2026 the facility supervisor will review all current resident contracts with a completion date of 6/19/2026 to ensure contracts are signed by the administrator or designee, the resident and the payer if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. If the resident is unable to sign, documentation will be provided.

Effective 6/20/2026 the facility supervisor will perform monthly audits of new admission contracts to ensure they are properly signed x 3 months to maintain ongoing compliance with 2600.41.e. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented () - 07/01/2026

89b - Hot Water Temperature

4. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 10:09 a.m. the water temperature at the hand sink in the half bathroom located between resident room #102 and resident room #103 measured 125.4 degrees Fahrenheit.

89b Hot Water Temperature (continued)

At approximately 2:49 p.m. the water temperature at the left hand sink in the full bathroom located at the end of the hallway next to the back emergency exit measured 124.1 degrees Fahrenheit.

Plan of Correction

Accept () - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the Maintenance Department to turn down the hot water temperature.

To enhance the currently compliant operations, on 06/15/2026 the administrator will educate the facility supervisor on regulation 89.b and notify maintenance department if hot water temperature is above 120F with a completion date of 6/16/2026.

Effective 6/16/2026, the facility supervisor will perform and record daily hot water temp checks x 1 week then weekly x 4 weeks to maintain ongoing compliance with 2600.89.b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Hot water temperatures will be reviewed at quality management meeting and documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented () - 07/01/2026

102h - Toilet Paper

5. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

At approximately 9:10 a.m. there was no toilet paper in the full bathroom next to the home's back emergency exit.

Plan of Correction

Accept () - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the facility supervisor to restock the toilet paper in the full bathroom next to the home's back emergency exit.

To enhance the currently compliant operations, on 6/15/2026 the administrator will educate all staff on regulation 2600.102.h with a completion date of 6/19/2026.

Effective 6/19/2026 the facility supervisor will perform checks of all bathrooms for toilet paper daily x 1 week then weekly x 1 month to maintain ongoing compliance with 2600.102.h. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented () - 07/01/2026

132f - Alternate Exit Routes

6. Requirements

132f Alternate Exit Routes (continued)

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home used the front and back emergency exit route four consecutive times for monthly fire drills to include:

- 2/17/26 at 8:38 a.m.
- 3/26/26 at 7:45 p.m.
- 4/29/26 at 11:13 p.m.
- 5/10/26 at 10:32 p.m.

Plan of Correction

Accept (█) - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the administrator to educate the facility supervisor on regulation 2600.132.f. Since fire drill records can not be corrected education was provided.

To enhance the currently compliant operations, on 6/15/2026 the administrator will provide education on regulation 2600.132.f with a completion date of 6/19/2026.

Effective 6/20/2026, the administrator will perform monthly reviews x 3 months of fire drill records to ensure alternate exit routes are used to maintain ongoing compliance with regulation 2600.132.f. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented (█) - 07/01/2026

183b Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:20 a.m., the home's office and medication room had a split door with a keypad lock, the top portion of the split door was open, and the keypad lock could be deactivated by turning the accessible manual lock within. The home's medication cart was stored within, the medication cart key was inserted in the locking mechanism, and the cart was unlocked, unattended, accessible and contained medication for all of the personal care home's seven residents.

Plan of Correction

Accept (█) - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the facility supervisor to lock the split door and remove the med cart key.

To enhance the currently compliant operations, on 6/15/2026 the administrator will educate the staff on regulation 2600.183.b. with a completion date of 6/19/2026.

183b - Meds and Syringes Locked (continued)

Effective 6/19 /2026, the facility supervisor will perform daily checks x 1 week then weekly checks x 4 weeks to maintain ongoing compliance with regulation 2600.183.b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented () - 07/01/2026

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #2's [redacted] was missing the prescribed dosage [redacted]

The pharmacy label for resident #3's [redacted] [redacted] However, resident #3's prescription [redacted] was discontinued on 4/13/26.

The pharmacy label for resident #3's [redacted], however, resident #3 is prescribed [redacted]

Plan of Correction

Accept () - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the Facility Supervisor to attach "directions changed refer to chart" sticker to medications and called the pharmacy and spoke to med tech. On 6/6/2026, also emailed general manager of the pharmacy to notify of issues (see attached).

To enhance the currently compliant operations, on 6/15/2026 the CRNP will re-educate facility supervisor on regulation 2600.184.a with a completion date of 6/19/2026. Re-educated staff when a current medication order is changed but still administering out of the same container, a directions changed refer to chart label must be attached to the pharmacy label. Re-education also included ensuring that the label includes the prescribed dosage and instructions for administration.

CRNP reviewed all current medications on 6/6/2026 to ensure all resident's medication labels include the prescribed dosage and instructions for administration.

Effective 6/19/2026 the facility supervisor will perform weekly checks x 4 and monthly checks x 3 to maintain ongoing compliance with 2600.184.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

184a - Resident's Meds Labeled (continued)

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented () - 07/01/2026

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed [redacted]. The home has been [redacted].
[redacted]
The home's staff, the resident's healthcare providers and agents of the Department did not have access to [redacted].

Plan of Correction

Accept () - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/05/2026 by the CRNP to educate the staff [redacted].

To enhance the currently compliant operations, on 6/15/2026 the CRNP will re-educate the staff and have each staff member demonstrate [redacted] with a completion date of 6/19/2026.

Effective 6/19/2026 the facility supervisor will perform daily checks x 1 week then weekly checks x 1 month to ensure all staff are [redacted] to maintain ongoing compliance with regulation 2600.185.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented () - 07/01/2026

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted]. However, the resident's June 2026 medication administration record did not indicate the diagnosis or purpose of the medication.

Resident #1 is prescribed [redacted]. However, the resident's June 2026 medication administration record did not indicate the diagnosis or purpose of the medication.

187a - Medication Record (continued)

Resident #1 is prescribed [REDACTED]. However, the resident's June 2026 medication administration record did not indicate the diagnosis or purpose of the medication.

Resident #2 is prescribed [REDACTED]. However, resident #2's June 2026 medication administration record indicated [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 06/02/2026 by CRNP contacted the pharmacy and spoke with med tech so medication administration administration record could be updated to include diagnoses and update generic name for above medication. Also emailed general manager of pharmacy on 6/6/2026 (see attached documentation).

To enhance the currently compliant operations, on 6/15/2026 the CRNP will review all medication administration records to ensure all medications have a diagnosis and the proper generic name with a completion date of 6/19/2026.

Effective 7/1/2026, the CRNP will perform monthly audits x 3 months of medication administration records to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including name of medication, and diagnosis or purpose for the medication, including pro re nata (PRN). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented [REDACTED] - 07/01/2026

227d - Support Plan Medical/Dental

11. 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 #3's significant change support plan, dated [REDACTED], indicated in the Summary and Determination section "Refer to MAR for [REDACTED]." However, the resident's support plan did not indicate the [REDACTED], [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/23/2026

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the CRNP to update Resident #3 support plan to include [REDACTED], [REDACTED]. (See attached documentation).

227d - Support Plan Medical/Dental (continued)

To enhance the currently compliant operations, on 6/15/26 the CPNP will review all residents support plans to ensure all resident's with [redacted] with a completion date of 6/19/2026.

Effective 7/1/2026 the CRNP will perform monthly audits x 3 months of all resident's support plans to maintain ongoing compliance with 2600.227.d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented ([redacted]) - 07/01/2026)

254a - Records Discharge/Active

12. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

At approximately 9:20 a.m., the home's office and medication room had a split door with a keypad lock, the top portion of the split door was open and the keypad lock could be deactivated by turning the accessible manual lock within, and all records for all of the personal care home's seven residents were stored in a 6-tier shelving unit that was unlocked, unattended and accessible.

Plan of Correction

Accept ([redacted]) - 06/23/2026)

In response to the violation on 06/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2026 by the facility supervisor to close and lock the top and bottom door of the nurses station.

To enhance the currently compliant operations, on 6/15/2026 the administrator will educate the staff on regulation 2600.254.a. with a completion date of 6/19/2026.

Effective 6/19 /2026, the facility supervisor will perform daily checks x 1 week then weekly checks x 4 weeks to maintain ongoing compliance with regulation 2600.254.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented ([redacted]) - 07/01/2026)