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

August 7, 2026

[redacted]
2725 4 MILE DRIVE OPERATING COMPANY LLC
[redacted]

RE: THE HILLSIDE SENIOR LIVING COMMUNITY
2725 FOUR MILE DRIVE
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 23095

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE HILLSIDE SENIOR LIVING COMMUNITY* **License #**: *23095* **License Expiration**: *11/21/2026*

Address: *2725 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*

County: *LYCOMING* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *2725 4 MILE DRIVE OPERATING COMPANY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/01/1998* **Issued By**: *L&I*

Type: *I-1* **Date**: *04/22/2020* **Issued By**: *Loyalsock Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *69* **Waking Staff**: *52*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *07/01/2026*

Inspection Dates and Department Representative

07/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *NA* **Capacity**: *27* **Residents Served**: *21*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *45*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

07/01/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/24/2026*

07/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/26/2026*

Inspections / Reviews *(continued)*

08/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

187a Medication Record

1. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] has an order for blood pressure testing at 8:00a.m. and 8:00p.m., and the administration of [redacted] every 12 hours with administration based on a parameter. The parameter order states to hold the medication if SBP is less than [redacted] or HR is less than 60. The resident's medication administration record documents the medication was administered from [redacted] through the 8:00a.m. reading on [redacted] but does not document the resident's blood pressure or heart rate after each testing.

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
Description of Violation
Resident [redacted] has an order for blood pressure testing at 8:00a.m. and 8:00p.m., and the administration of [redacted] every 12 hours with administration based on a parameter. The parameter order states to hold the medication if SBP is less than 100 or HR is less than 60. The resident's medication administration record documents the medication was administered from 3/28/26 through the 8:00a.m. reading on 5/5/26 but does not document the resident's blood pressure or heart rate after each testing.

1) Resident [redacted] has been discharged.
2) All residents ordered BP medications will be reviewed to ensure all parameters are in place with appropriate documentation by July 28, 2026.
3) All medication technicians will be educated on BP medications with parameters to ensure documentation is in place and orders are followed by the DOW/designee by August 6, 2026.
4) Random audits will be completed monthly x2 to ensure compliance. Audits will be reviewed at the quarterly x1 Quality Assurance Meeting to ensure the medication record is kept for administered medications.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented ([redacted] 08/07/2026)

187d Follow Prescriber's Orders

2. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for blood pressure testing at 8:00a.m. and 8:00p.m., and the administration of [redacted] every 12 hours with administration based on a parameter. The parameter order states to hold the medication if SBP is less than [redacted] or HR is less than 60. The resident's medication administration record documents the medication was administered from [redacted] through the 8:00a.m. reading on [redacted] but does not document the

187d Follow Prescriber's Orders (continued)

resident's blood pressure or heart rate after each testing to know if the medication was given correctly.

Resident [redacted] has an order for blood pressure testing at 8:00a.m. and the administration of [redacted] once a day with administration based on a parameter. The parameter order states to hold the medication if SBP is less than or equal to [redacted] The resident's medication administration record documents the medication was administered on the following dates when the SBP was under the required parameter:

[redacted]

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

2600.
187.d.
The home shall follow the directions of the prescriber.

Description of Violation
Resident [redacted] has an order for blood pressure testing at 8:00a.m. and 8:00p.m., and the administration of [redacted] every 12 hours with administration based on a parameter. The parameter order states to hold the medication if SBP is less than 100 or HR is less than 60. The resident's medication administration record documents the medication was administered from 3/28/26 through the 8:00a.m. reading on 5/5/26 but does not document the resident's blood pressure or heart rate after each testing to know if the medication was given correctly.

Resident [redacted] has an order for blood pressure testing at 8:00a.m. and the administration of [redacted] once a day with administration based on a parameter. The parameter order states to hold the medication if SBP is less than or equal to110. The resident's medication administration record documents the medication was administered on the following dates when the SBP was under the required parameter:

6/1/26 SBP was documented as [redacted].
6/11/26 SBP was documented as [redacted].
6/15/26 SBP was documented as [redacted]
6/25/26 SBP was documented as [redacted]
6/29/26 SBP was documented as [redacted]

1) Resident [redacted] has been discharged. Resident #[redacted] was reviewed with the MD on 7/1/26.
Both were reported to DHS on 7/1/26.
2) All residents ordered BP medications will be audited to ensure parameters are followed the provider by July 28, 2026.
3) All medication technicians will be educated on BP medications with parameters to ensure documentation is in place and orders are followed by the DOW/designee by August 6, 2026.
4) Random audits will be completed monthly x2 to ensure compliance. Audits will be reviewed at the quarterly x1 Quality Assurance Meeting to ensure prescribers' directions are followed.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented [redacted] - 08/07/2026)

227g -Support Plan Signatures

3. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.
Description of Violation
Resident [redacted] participated in the development of [redacted] support plan on 4/3/26. However, the resident did not sign the support plan.

1) Resident [redacted] has been discharged.
2) All support plans will be reviewed (active and discharged) to ensure the resident signatures are in place by July 28, 2026.
3) The DOW/MCC will be educated on support plans to ensure all signatures and dates are in place by the PHCA by August 6, 2026.
4) Random audits will be completed monthly x2 to ensure compliance. Audits will be reviewed at the quarterly x1 Quality Assurance Meeting to ensure all individuals participate in the development of the support plan signs and dates the plan.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented [redacted] - 08/07/2026)