



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE VILLAGES OF HILLTOP HEIGHTS, LLC**

LEGAL ENTITY

To operate **THE VILLAGES OF HILLTOP HEIGHTS**

NAME OF FACILITY OR AGENCY

Located at **100 WOODMONT ROAD, JOHNSTON, PA 15905**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Assisted Living**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **106**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 22, 2024** until **July 22, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338660**

[Signature]
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

EMAILING DATE: AUGUST 28, 2024

[REDACTED], Administrator
The Villages of Hilltop Heights, LLC
[REDACTED]
[REDACTED]

RE: The Villages of Hilltop Heights
100 Woodmont Road
Johnstown, Pennsylvania 15905
License #: 33866

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on May 1, 2024, of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

Facility Information

Name: THE VILLAGES OF HILLTOP HEIGHTS

License #: 33866

License Expiration: 07/22/2024

Address: 100 WOODMONT ROAD, JOHNSTON, PA 15905

County: CAMBRIA

Region: CENTRAL

Administrator

Name:

Phone:

Email:

Legal Entity

Name: THE VILLAGES OF HILLTOP HEIGHTS, LLC

Address:

Certificate(s) of Occupancy

Type: C-1

Date: 06/28/1995

Issued By: Department of Health

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 65

Waking Staff: 49

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 05/02/2024

Inspection Dates and Department Representative

05/01/2024 - On-Site:

05/01/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106

Residents Served: 54

Special 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: 53

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 11

Have Physical Disability: 1

Inspections / Reviews

05/01/2024 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 05/23/2024

05/28/2024 - POC Submission

Submitted By:

Date Submitted: 06/13/2024

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 06/04/2024

Inspections / Reviews (*continued*)

06/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/13/2024

07/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Other laws, regs, ordins.

1. Requirements

2800.

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

Description of Violation

On 5/2/24, the commercial kitchen was observed having gas operated stoves but lacked a carbon monoxide detector in the kitchen.

Plan of Correction

Accept [REDACTED] - 05/23/2024)

5/10/24 Environmental Services Director affixed a carbon monoxide detector to the kitchen. Effective 5/17/24 Environmental Services Director and/or designee along with Assisted Living Administrator and/or designee will perform environmental rounds, to include the inspection of a carbon monoxide detector in the kitchen, 1x week for 4 weeks, for three months and 1x monthly thereafter.

Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [REDACTED] - 06/28/2024)

25b Contract signatures and renewal

2. Requirements

2800.

- 25b . 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. The contract must run month to month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The resident contracts for residents #2 and #3 were not signed by the residents.

Plan of Correction

Accept [REDACTED] - 05/23/2024)

The Administrator reviewed Contracts with Resident's #2 and #3 and both contracts were signed by the resident on [REDACTED]

Administrator and/or designee will perform a whole home audit beginning on 5/20/24 and to be completed by [REDACTED].

Resident signature's will be affixed to any Contracts who do not have the resident's signature by [REDACTED]

Administrator and/or designee will perform 1x month audit beginning with the month of May 2024 contracts effective 6/1/24 to include resident signatures on all new contracts for completion in its entirety.

Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/23/2024

Implemented [REDACTED] - 06/28/2024)

25c4 Payment responsibility

3. Requirements

2800.

- 25.c. At a minimum, the contract must specify the following:

4. The party responsible for payment.

25c4 Payment responsibility (continued)

Description of Violation

The resident contracts for residents #1 and #5 do not specify the party responsible for payment.

Plan of Correction

Accept - 05/23/2024)

The Administrator reviewed Contracts for Resident's #1 and #5 and both contracts were affixed with the party responsible for payment information required on all resident Contracts on [REDACTED] Administrator and/or designee will perform a whole home audit beginning on [REDACTED] and to be completed by [REDACTED] Responsible party information will be affixed to any Contracts who do not have the party responsible for payment on the Contract by [REDACTED]

Administrator and/or designee will perform 1x month audit beginning with the month of May 2024 Contracts, effective 6/1/24 to include the party responsible for payment on all new contracts for completion in its entirety. Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/23/2024

Implemented (- 06/28/2024)

66a Staff training plan

4. Requirements

2800.

66.a. A staff training plan shall be developed annually.

Description of Violation

The residence does not have a staff training plan for the training year 2024.

Plan of Correction

Accept (- 05/23/2024)

5/8/24 Administrator and or designee has initiated a staff training plan for the training year 2024 for surveyor review.

5/8/24 Administrator and/or designee has initiated a calendar of events for January/2025 to have the staff training plan on hand.

Results will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented - 06/28/2024)

87 Lighting

5. Requirements

2800.

87. Lighting - The residence's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 5/3/24 at approximately 10:30 AM the bathroom light for room #221, being utilized by resident #3, was observed not working correctly causing insufficient lighting in the bathroom.

Repeat Violation- 11/14/23

87 Lighting (*continued*)**Plan of Correction****Accept** [REDACTED] - 05/23/2024)

5/3/24 Environmental Services Director's and/or designee affixed a new light fixture to room [REDACTED] that is utilized by resident #3.

Effective 5/17/24 Environmental Services Director and/or designee along with Assisted Living Administrator and/or designee will perform weekly environmental rounds, to include the inspection of lighting, 1x week, x4 weeks for each month x 3 months and 1x a month thereafter. Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [REDACTED] 06/28/2024)

88a Floors, walls, ceilings, windows, doors

6. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/2/24 at 10:34 AM, the water catch/stopper rubber assembly installed on the floor in the 2nd floor shower room was not sealed to floor and found to be a possible tripping hazard.

Plan of Correction**Accept** [REDACTED] - 05/23/2024)

5/17/24 Environmental Services Director and/or designee sealed the water catch/stopper assembly on the floor in the 2nd floor shower to correct a possible tripping hazard.

Effective 5/17/24 Environmental Services Director and/or designee along with Assisted Living Administrator and/or designee will perform weekly environmental rounds, to include the inspection of the 2nd floor shower room, weekly x4 for each month x 3 months and 1x a month thereafter. Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [REDACTED] - 06/28/2024)

101b3 Telephone jack/thermostats

7. Requirements

2800.

101.b. The following conditions apply to a residence:

3. Each living unit must have a telephone jack and individually controlled thermostats for heating and cooling.

Description of Violation

The living unit for resident #4, room #206, lacked a thermostat to control the room temperature. Rooms 113 and 206, which are currently vacant, also lack thermostats in the living units.

Plan of Correction**Accept** (AS - 06/06/2024)

5/22/24 Administrator applied for Waiver to continue to maintain an environment that is comfortable for all residents with the current heating and cooling units with temperatures, at least 70 degrees Fahrenheit, that continues to reduce the likelihood that older residents and residents with special medical needs will not be medically compromised by temperature extremes.

A Feasibility Assessment will be completed by 6/4/25 to provide a plan for renovations that will meet the

101b3 Telephone jack/thermostats (continued)

requirements of each living unit to have a telephone jack and individually controlled thermostats for heating and cooling. Approval of the Waiver will supersede the Plan of Correction.

Results will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented (AS - 07/29/2024)

187b Date/time of med admin**8. Requirements**

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #6 is prescribed [REDACTED] every 6 hours, as needed. The controlled medication accountability sheet for resident #6 was incorrectly documented at [REDACTED]. The controlled medication accountability sheet recorded resident #6 had received the medication on [REDACTED] at [REDACTED] and identified 7 pills in the blister pack. However, resident #6 had refused the medication and 8 pills were observed in the blister pack.

Plan of Correction

Accept ([REDACTED] - 05/23/2024)

[REDACTED] Resident #6 refused [REDACTED] Tramadol and it was not administered. The med tech signed the medication out before resident refusal, but, did not remove the medication from the packaging. The med tech corrected the count on the narcotic sheet and amended the documentation on the medication record. 5/2/24 Clinical Coordinator immediately educated med tech on the spot regarding the proper documentation of medication and removal of narcotic medication. 5/22/24 Clinical Coordinator will complete a medication administration observation with the Med Tech involved and will complete 5 additional medication observations within 30 days.

5/2/24 the facility completed a full house narcotic reconciliation and found no additional documentation concerns. 5/21/24 thru 5/23/24 The Administrator/designee will educate nurses and med techs on the proper procedure for documentation when signing out and administering medication. Starting 5/21/24 the Administrator/designee will perform three medication administration observations weekly for 8 weeks, then 1x monthly on an ongoing basis to monitor compliance with medication administration and documentation.

Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/23/2024

Implemented ([REDACTED] - 06/28/2024)

187d Follow prescriber's orders**9. Requirements**

2800.

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

Description of Violation

Resident #6 is prescribed Tramadol 50 MG Tablet every 6 hours as needed. However, on 4/1/24 resident #6 was administered 150 MG of Tramadol at 2:00 PM.

187d Follow prescriber's orders (continued)

Resident #7 is prescribed Percocet (Oxycodone-Acetaminophen) Tablet 7.5-3.25, give one tab mouth twice daily for pain at 8:00 AM and 8:00 PM. On 4/1/24, resident #8 was incorrectly administered the medication 3 times, at 8:00 am, 4:00 pm and 8:00 pm.

Plan of Correction**Accept () - 05/23/2024)**

Resident #6 did not have an adverse reaction from [REDACTED] that was received on April 1, 2022. The resident's physician and family were notified of the administration. 4/1/24 The Clinical Director provided education to the med tech involved and a reportable was sent to DHS per regulation.

Resident #7 did not have an adverse reaction from the Percocet [REDACTED] received on [REDACTED]. The resident's physician and family were notified of the administration. The event was identified through the facility's medication reconciliation review. 4/1/24 The Clinical Director provided education to the med tech involved and a reportable was sent to DHS per regulation.

5/21/24 thru 5/23/24 The Administrator/designee will re-educate nurses and med techs on the proper procedure for documentation when signing out and administering medication. Effective 5/21/24 the Administrator/designee will perform three medication administration observations weekly for 8 weeks, then monthly on an ongoing basis to monitor compliance with medication administration and documentation. The Administrator/designee will continue audits on an ongoing basis to conduct a weekly narcotic reconciliation audit.

Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/23/2024

Implemented () - 06/28/2024)**190a Completion of course—meds****10. Requirements**

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A, who is a current Medication Technician, has not completed the initial training for the Department-approved medication administration course. Staff Member A administered medications to residents to include the following: on [REDACTED], [REDACTED] tablet was administered to resident #7.

Repeat Violation- 7/19/23, et al

Plan of Correction**Accept () /23/2024)**

5/28/24 thru 5/31/24 Staff Member A will have completed the Department-approved Medications administration course that includes the passing of the Department's performance-based competency test.

5/2/24 Administrator completed a whole house audit of all Med-Techs to be sure all obtain the Department approved Medications administration training course that includes the passing of the Department's performance-based competency test. Administrator/designee will review all new hires and/or newly scheduled med-techs to verify they hold the Department approved medications administration training course that includes the passing of the

190a Completion of course—meds (continued)

department's performance-based competency test. Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [REDACTED] - 06/28/2024)

224c1 Initial SP-30 days prior/adm**11. Requirements**

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident #1 was admitted on [REDACTED]; however, the resident's written preliminary support plan was not completed until [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/23/2024)

5/20/24 Administrator and/or designee will perform a house review on all residents to ensure the completion of a preliminary support plan for each resident to be completed by 5/23/24. A complete preliminary support plan will be completed for all residents by 5/23/24.

Administrator and/or designee will complete a designated calendar/chart of events on all residents prior to admission to ensure the timeliness of completion for all preliminary support plans by 5/23/24. Results of the auditing will be reviewed monthly with the facility's Quality Management Review Meetings.

Licensee's Proposed Overall Completion Date: 05/23/2024

Implemented [REDACTED] - 06/28/2024)