

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

February 21, 2024

[REDACTED]  
THE VILLAGES OF HILLTOP HEIGHTS, LLC  
[REDACTED]

RE: THE VILLAGES OF HILLTOP HEIGHTS  
100 WOODMONT ROAD  
JOHNSTON, PA, 15905  
LICENSE/COC#: 33866

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2024 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: *THE VILLAGES OF HILLTOP HEIGHTS* License #: 33866 License Expiration: 07/01/2024  
 Address: 100 WOODMONT ROAD, JOHNSTON, PA 15905  
 County: CAMBRIA Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *THE VILLAGES OF HILLTOP HEIGHTS, LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1	Date: 06/28/1995	Issued By: Department of Health
Type: C-1	Date: 11/08/1989	Issued By: Department of Health
Type: C-2 LP	Date: 11/01/1987	Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: 01/10/2024

**Inspection Dates and Department Representative**

01/10/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 106 Residents Served: 61

Special Care Unit  
 In Home: No Area: Capacity: Residents Served:

Hospice  
 Current Residents: 1

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 9 Have Physical Disability: 2

**Inspections / Reviews**

01/10/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/03/2024

Inspections / Reviews (*continued*)

02/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/12/2024

02/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/16/2024

02/21/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

The home was aware of an allegation of sexual abuse involving Resident [redacted] that occurred on [redacted] at [redacted]. This allegation was not reported to the Pennsylvania Department of Aging in accordance with the mandatory abuse reporting law.

On [redacted] at [redacted] Staff Person A observed Resident [redacted] calling Resident [redacted] a [redacted] and that [redacted] didn't belong here. This incident was not reported to the Department or the local area agency on aging.

On [redacted] at [redacted] Staff Person A reported alleged verbal abuse to Staff Person B who accosted Resident [redacted] and called [redacted] a [redacted] and displayed obscene hand gestures at [redacted]. This incident was not reported to the Department until [redacted].

Repeated Violation - 5/5/2023

Plan of Correction

Accept [redacted] - 02/09/2024)

At the time that the abuse was reported on [redacted] at [redacted] to the Administrator, the Administrator contacted the following in the presence of the HR/Payroll Coordinator: [redacted]: verbal report was called to the local AAA at [redacted] the local police at [redacted] and Department of Aging [redacted]. An education will provided to all staff responsible for reporting abuse on the proper reporting procedures to comply with regulation guidelines on [redacted] by Administrator and/or designee. Pa Department of Aging was contacted on [redacted] regarding the alleged sexual abuse and was redirected to call the Mandatory Abuse hotline for a report of Serious Abuse. The Mandatory Abuse Hotline was contacted on that date and a report was filed with them. Pa Department of Aging was contacted by the Administrator on [redacted] regarding the allegation of sexual abuse at [redacted] and a message was left on the voice-mail system. Moving forward, a flow sheet will be made by the Administrator and/or designee by [redacted] and kept in the front of the incident report binder with whom to call in regards whether it is serious or not serious. This flow sheet will have resident name, date, time and whom Administrator and/or designee spoke to. Administrator or designee will follow the Abuse Reporting flowchart in the RCG to report any abuse allegations. Incident reports will be reviewed daily by Administrator and/or designee to determine the reporting procedures are met when there is an incident.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [redacted] 02/20/2024)

42b Abuse/Neglect

2. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at [redacted], Staff Person A observed Resident [redacted] call Resident [redacted] a [redacted] and stated that "[redacted] kind" didn't belong here.

On [redacted] at [redacted], Staff Person A witnessed Staff Person B call Resident [redacted] a [redacted] and display obscene hand gestures at [redacted].

Repeated Violation- 7/19/23 et al. , 11/14/23

Plan of Correction

Accept [redacted] - 02/09/2024)

The administrator or designee will hold a whole house abuse education and will include all direct care staff, licensed staff and ancillary staff specific to the ALF. All staff will be educated by [redacted]. Moving forward the administrator or designee will interview 5 residents per month to ensure these residents are free from abuse and neglect. These audits will run from [redacted] through [redacted]. Staff member B was immediately suspended on [redacted] pending an internal investigation. After investigations Staff member B was terminated on [redacted] per guidance from HR Generalist due to critical offenses per company handbook. Resident [redacted] is being seen by psych nurse to address [redacted] behaviors and [redacted] medications are being adjusted to account for these behaviors.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [redacted] 02/20/2024)

141b1 Annual medical evaluation

3. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on 7/8/2022.

Repeated Violation- 7/19/23 et al.

Plan of Correction

Accept [redacted] - 02/09/2024)

Resident [redacted] ADME was updated and new one obtained and signed by the doctor on [redacted]. Staff responsible for completing ADME's will be educated on when they are due by [redacted]. Administrator or designee will make a spreadsheet in order to keep track of when all ADME's are due. A baseline was completed by [redacted] and all residents without a current ADME was updated. Monthly audits will be completed by the Administrator and/or designee of 5 random residents to ensure they are up-to-date and current starting [redacted]. Administrator and/or designee will be responsible for checking the spreadsheet to see when ADME's are due. New ones will be filled out by Administrator and/or designee and left for the doctor to sign during the month they are due to ensure timely completion of ADME's and to comply with the regulations.

141b1 Annual medical evaluation (continued)

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented [redacted] - 02/20/2024)

182c Medication administration

4. Requirements

2800.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [redacted] at [redacted] Staff Person C administered medications to Resident [redacted] and failed to watch [redacted] ingest them.

The medications included: [redacted]

Plan of Correction

Accept [redacted] - 02/09/2024)

On-the spot education was completed with the staff on duty on [redacted] by the Administrator. Remainder of staff was provided education on medication administration and storage by [redacted] by the Administrator. 5 random resident rooms will be audited weekly by Administrator or designee beginning [redacted] x 4 weeks and then monthly thereafter to ensure compliance. A checklist/audit sheet will be used to document the weekly and monthly room audits which will be completed by the Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented [redacted] - 02/20/2024)

183b Medications and syringes locked

5. Requirements

2800.

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 living unit.

Description of Violation

Resident [redacted] is not assessed to be able to self-administer medications. On [redacted], at [redacted], the following medications were unlocked, unattended, and accessible in Resident [redacted] bedroom: [redacted]

Repeated Violation - 5/5/2023

Plan of Correction

Accept [redacted] 02/09/2024)

On-the spot education was completed with the staff on duty on [redacted] by the Administrator. Remainder of staff was provided education on medication administration and storage by [redacted] by the Administrator. 5 random resident rooms will be audited weekly by Administrator or designee beginning [redacted] x 4 weeks and then monthly thereafter to ensure compliance. A checklist/audit sheet will be used to document the weekly and monthly room audits which will be completed by the Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 02/06/2024

183b Medications and syringes locked (*continued*)

*Implemented* [REDACTED] - 02/20/2024)