pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MOUNTAIN TOP REHABILITATION & HEALTHCARE CENTER, LLC**
LEGAL ENTITY

To operate **MOUNTAIN TOP REHABILITATION & HEALTHCARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **185 S.MOUNTAIN BLVD, MOUNTAIN TOP, PA 18707**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **34**
(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 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 15, 2024** until **October 15, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232550**

ISSUING OFFICER

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

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: October 18, 2024

[redacted]
Mountain Top Rehabilitation & Healthcare Center, LLC
[redacted]

RE: The Preserve at Mountain Top
185 South Mountain Boulevard
Mountain Top, Pennsylvania 18707
License #: 232550

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 17, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

October 2, 2024

[redacted]
Mountain Top Rehabilitation & Healthcare Center, LLC
[redacted]

RE: THE PRESERVE AT MOUNTAIN TOP
185 S. Mountain Blvd
Mountain Top, PA, 18707
LICENSE/COC#: 23255

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/17/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE PRESERVE AT MOUNTAIN TOP* **License #**: *23255* **License Expiration**:

Address: *185 S. Mountain Blvd, Mountain Top, PA 18707*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *Mountain Top Rehabilitation & Healthcare Center, LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/17/1997* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *31* **Waking Staff**: *23*

Inspection Information

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

Reason: *Change Legal Entity* **Exit Conference Date**: *09/17/2024*

Inspection Dates and Department Representative

09/17/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *31*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* **Are 60 Years of Age or Older**: *28*

Diagnosed with Mental Illness: *18* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *3*

Inspections / Reviews

09/17/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *Not Required*

NO DEFICIENCIES FOUND