



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 28 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Eddy J. Inzana, President/CEO
Guardian Elder Care at Mountain Top I, LLC
8796 Route 219, VSI Building
Brockway, Pennsylvania 15824-6010

RE: Mountain Top Senior Care and Rehabilitation Center
185 S. Mountain Boulevard
Mountain Top, Pennsylvania 18707

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on May 19, 2010 of the above personal care home, we have found that your personal care home 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.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

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

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

May, 25, 2010 5:37PM

| | | | |
|---|--|--|--|
| NAME AND ADDRESS OF PERSONAL CARE HOME Mountain Top Senior Care and Rehabilitation Center, 185 South Mountain Boulevard, Mountain Top, Pennsylvania 18707 | | CURRENT LICENSE NUMBER 221670 | |
| INSPECTION DATE(S) (Include all dates of the inspection) May 19, 2010 | | REGIONAL REPRESENTATIVE Michael Palermo and Denny Granahan | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Director of Operations</i> <i>Residential Care Services</i> | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>ANA KOCH MHA</i> | | DATE <i>5/25/2010</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i> |
| | | | DATE <i>5/24/10</i> |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|---|---|--|---|---|
| 130e If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire. | When interviewed, resident # 1 reported that he/she cannot hear the fire alarm while in his/her bedroom. The home does not have a signaling device to alert this resident in the event of an emergency. | <i>5/26/2010</i> | <i>The [redacted] #1 will have a strobe light installed on 5/26/2010 by C-K Alaynis of Mountain Top Co. a visual alert sign and one that will flash with the fire alarm system and will be hard wired into the system. This will be our pleasure and expense.</i> | Steps have been taken to correct violation; full compliance is not verifiable <i>5/26/10 BE</i> Date Initials (DPW) |

PCH Division
 Central Region Field Office

MAY 26 2010

RECEIVED

No. 8350 P. 2/4