

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GUARDIAN ELDER CARE AT MOUNTAIN TOP I, LLC

LEGAL ENTITY

To operate MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

NAME OF FACILITY OR AGENCY

Located at 185 SOUTH MOUNTAIN BOULEVARD, MOUNTAIN TOP, PA 18707

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 December 2, 2010 until December 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **221670**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

DEC 09 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

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

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on September 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

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

NAME AND ADDRESS OF PERSONAL CARE HOME MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER, 185 SOUTH MOUNTAIN BOULEVARD MOUNTAIN TOP, PA 18707		CURRENT LICENSE NUMBER 221671	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Tom Shopay, Ryan Novak, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>BARBARA FACE Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>B. Face</i>	DATE <i>11-03-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE <i>11/23/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Employee "A", hired 5/19/10, did not receive orientation on the following topics prior to or during the first day of work: <ul style="list-style-type: none">• Evacuation procedures• Staff duties during fire drills, emergency evacuation and transportation• Designated meeting places and/or fire safe zones• Smoking safety procedures and smoking areas• Location of fire extinguishers and their use• Smoke detectors and fire alarms• Use of telephone and notifying emergency services PCH Division Central Region Field Office	<i>09-30-10</i> <i>ongoing</i>	<i>Violation cited ^{was} prior to change in ownership. Audited 100% of training records. All new hires will have orientation prior to or during the first work day. Compliance will be monitored and maintained by the Administrator.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11/23/10 BE</i> Date Initials (DPW)
	NOV 15 2010			


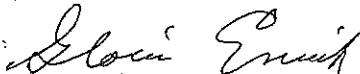
RECEIVED

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Employee "A"; hired 5/19/10, did not receive the trainings required including the following: <ul style="list-style-type: none">• Resident rights• Emergency medical plan• Mandatory reporting of abuse and neglect under OAPSA• Reportable incidents	09-30-10 ongoing	Violation not cited was prior to change of ownership. Audited 100% of TRAINING RECORDS. ALL NEW HIRES will have ORIENTATION completed PER REGULATIONS. Compliance will be monitored and maintained by Admin	Steps have been taken to correct violation; full compliance is not verifiable 11/23/10 SE Date Initials (DPW)

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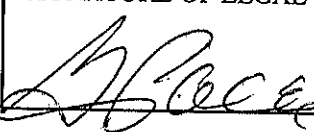

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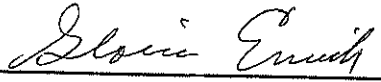
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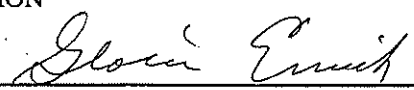
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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident # 1's bed was equipped with a grab assist bar that had spacing between the bars, approximately 18 inches, which would allow for the potential entrapment of the resident's limbs or head.	CORRECTED @ TIME OF INSPECTION 12/15/10- BE	DIRECT CARE STAFF will monitor daily for compliance re: covering PLACES OVER GRAB ASSIST BAR. All equipment will be audited to ensure that no hazards exist, by Administrator or designee. - SE	Steps have been taken to correct violation; full compliance is not verifiable 11/23/10 SE Date Initials (LPW)

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The lids of the home's two dumpsters located near the staff smoking area and adjacent to the skilled nursing facility's kitchen exit were open at the time of the inspection.	Corrected @ time of inspection	ALL STAFF IN SERVICED ON SANITATION PRACTICES. ALL STAFF and Admin will monitor dumpster lids daily.	11/23/10 SE

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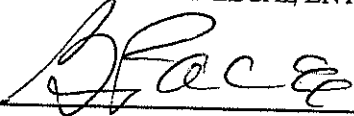
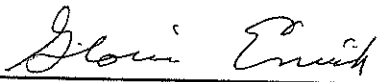
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation, dated 2/18/10, for resident # 1 stated, "see attached" for medications. An attachment was not found with the medical evaluation, that was signed and dated by the physician.	9-30-10	Administrator will monitor all medical evaluations for completeness before adding to residents record. Shift designers instructed on medical evals stating "see attached" ✓	Steps have been taken to correct violation; full compliance is not verifiable 11/23/10 BE Date Initials (DPW)

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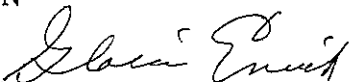
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident # 3, admitted 9/20/09, did not have a current medical evaluation. The last medical evaluation was completed on 8/18/09, more than twelve months prior.	10-1-10	Med eval obtained 10/1/10. Excel form in place for reminders of due dates. Administrator will utilize excel form and maintain compliance QA form also in place and done 4 month sig. All attached	11/23/10 BZ

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187d The home shall follow the directions of the prescriber.	A medication, Loperamide HCL 2mg, prescribed as a PRN for resident # 4, was listed on the resident's medication administration record. The medication was not on-hand in the home.	Corrected @ time of inspection	STAFF INSERVICED ON REORDERING MEDS. MedTechs will maintain compliance by ordering meds in a timely manner. Med cart will be audited weekly for med availability + expiration dates.	Steps have been taken to correct violation; full compliance is not verifiable 11/23/10 BE Date Initials (DPW)