

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 \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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 3, 2011 until December 3, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 221670

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 24 2012

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 December 1, 2011 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.

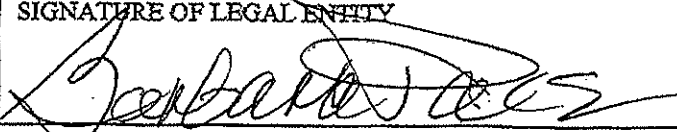
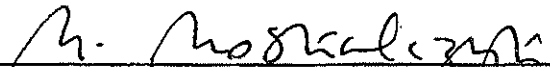
Sincerely,

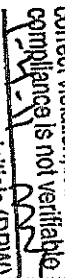
A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky  
Director

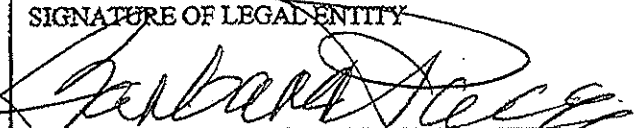

Enclosures  
License  
Violation Report


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 <del>MOUNTAIN TOP, PA 18707</del>		CURRENT LICENSE NUMBER 221670	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Barbara Pace Administrator			
SIGNATURE OF LEGAL ENTITY 	DATE 12/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-4-12

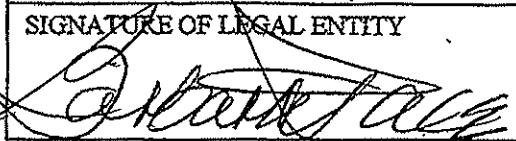

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	During the time of inspection the home was utilizing a portable steam table that measured 124 degrees Fahrenheit. This table will need a protector to prevent accidental burns.  <b>RECEIVED</b>  JAN 03 2012	Estimated time of delivery 02/18/12	Guard has been ordered by Maintenance Supervisor and will be installed at time of delivery. Residents will be monitored during meal times by direct care staff while steam table is on. Guard will be permanent. Administrator and Designee to monitor for ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable  Date  Initials (DPW)
	SCRANTON FIELD OFFICE Adult Residential Licensing			

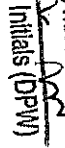
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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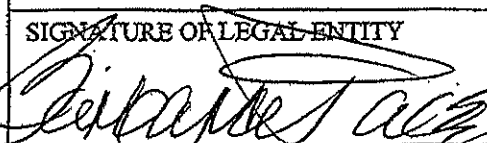
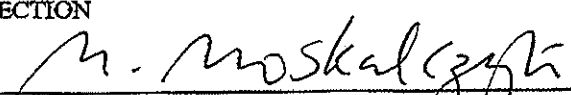
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hot line shall be posted on or by each telephone with an outside line.	Phones located in Resident #1 Room #18 and resident # 2 Room # 26 did not have the required emergency numbers located on or near the residents' phones.	At time of inspection and on-going	Emergency numbers placed by phones at time of inspection. Residents educated to the importance of listing emergency numbers at each phone.  All staff will monitor daily for placement of emergency numbers,	 1-4-12

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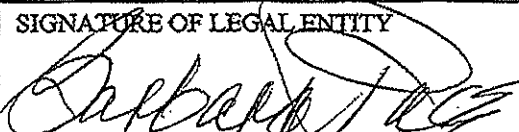
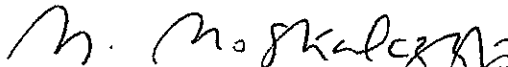
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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The home had an industrial gas dryer located in the basement that had a collection of lint that was blocking the duct work. The duct work opening was a 2 inch diameter.	At time of inspection and on-going	Opening of duct work was fixed the day of inspection. Direct care staff and Maintenance Supervisor will monitor daily for compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date:  Initials (DPN)

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183b 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 room.	The home had an independent living resident #3 in room #111 who was maintaining his/her own medications in his/her room with no means to keep their medications locked and secured. This resident's door did not lock and the home did not have a locked box or drawer with a lock to safe guard these medications.	Completed at time of inspection and ongoing	Lock was placed on night stand to secure medications Independent Living resident instructed on the importance of maintaining medications in a safe manner. Direct care staff and Administrator will maintain compliance on a daily basis	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #7 did not have contained in their resident's rights page or in their resident's record that they had been educated in their right to refuse medications if they feel medications have been given in error.	Completed at time of inspection and ongoing	Resident right was added to list and signed by resident. Right has been added to all original new admission paperwork and will be monitored by Administrator for compliance at the time of each new admission. Audited all charts for compliance. Admin and Designee to monitor for ongoing compliance.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable                      Date: 1-4-12                      Initials (DPW): [unclear]                 </div>

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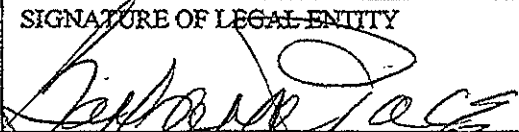
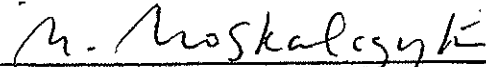
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The home did not have a diagnosis or purpose on the Residents' MAR's for the following resident medications: <ul style="list-style-type: none"> <li>Resident #4 Potassium-Chloride Micro Tab 20 mg tab , take 1 tab P.O</li> <li>Resident # 5 Glipizide ER (tab) 10mg, every am with breakfast.</li> <li>Resident #6 Albuterol 0.083% inhale solution via a nebulizer 4 times a day</li> </ul>	Completed at time of inspection and ongoing	MARs will be checked with new or changed orders by the Med Certified staff and Administrator. The MARs will also be checked for compliance at time of change over.  - MARs audited weekly by the administrator or designee	Steps have been taken to correct violation; full compliance is not verifiable Date Initials (DPW)

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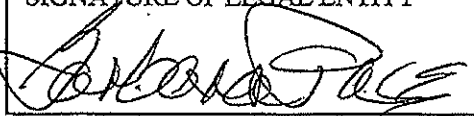
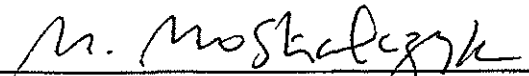
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			Cont. from previous page.	

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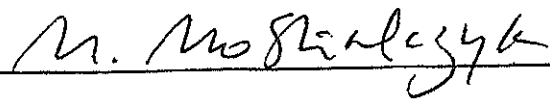
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252. Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	252(3) The home was found to have out dated and missing resident photos on the following residents: • Resident #8 did not have a resident photo located on the Resident's chart or MAR's. • Resident #4 photo was dated 7/24/09 • Resident #9 photo was dated 9/21/09	Photos up-dated at time of inspection	Residents pictures will be checked at time of Annual Medical Eval and RASP by Administrator to monitor compliance. Current records audited for compliance by Admin and Designee	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;">                     Steps have been taken to correct violation: full compliance is not verified                      Date _____                      Initials (DPW) _____                 </div>

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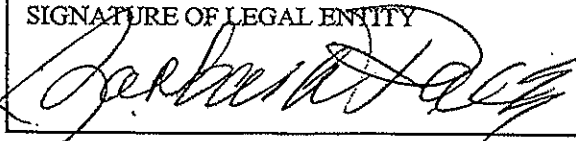
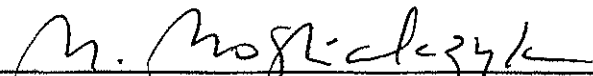
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary			- Cont. from previous page	

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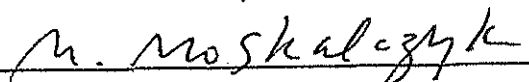
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.			- Cont from previous page -	

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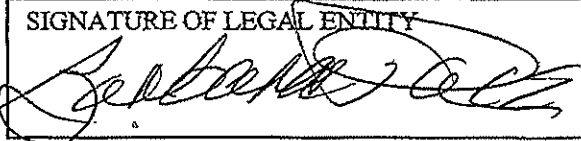
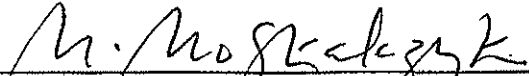
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents			- Cont. from previous page -	

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			- Cont. from Previous page:	

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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 221670	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12-23 2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-4-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	<p><b>RECEIVED</b></p> <p>JAN 03 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>		<p>- Cont. from previous page</p>	