



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 21, 2012

Mr. Eddy J. Inzana, President/CEO
Guardian Elder Care of Mountain Top I, LLC
8796 Route 219, VSI Building
Brockway, Pennsylvania 15814

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 (Department) licensing inspection on July 17, 2012 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 Human Services Licensing so that compliance can be verified.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 22167 - 07/17/2012 - Babiarz, Florence
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

The home had an infestation of bed bugs in resident rooms 201, 202, 204, 109, 107, and 105. The home failed to submit proper financial documentation they paid for extermination of bed bugs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary.- Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Patrice Shutt, BA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

PATRICE SHUTT, BA PCHA

Date 8-23-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The facility contacted Ehrlich on 7-17-2012 (Date of complaint inspection). Ehrlich indicated that they would not supply the financial documentation to the facility until they had completed the series of recommended treatments. Ehrlich supplied the documents to the facility on 08-16-2012. The facility then faxed over the documents to DPW on 08-16-2012. Attached are financial documentation r/t billing for commercial bed bug corrective service.

Date of compliance is August 23, 2012

Patrice Shutt, BA PCHA 8-23-12

QH 9-20-12