

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 20, 2012 until June 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 221671

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 20 2012

Mr. Eddy J. Inzana, President
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 (Department) licensing inspection on September 11, 2012 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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 Human Services Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
183b	II	27	\$5	\$135	5 calendar days from mailing date of this letter
91	III	27	\$3	\$81	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

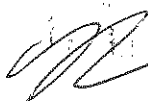
Once you receive your invoice from the Bureau of Human Services Licensing, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Human Services Licensing.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The most current violation reports, dated 12/1/11 and 7/17/12, were not posted in the home.

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.

Violation reports will be available in an area accessible to all residents & guests & (A) from staff.
 PCHA will ensure compliance.

Date of compliance: 10/15/12

PCA will monitor Q month to ensure all violation reports are posted as necessary

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Patricia Shutt BA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patricia Shutt BA PCHA Date 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PGH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2606
 2606.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 9/11/12, the record of Resident #1 was not available for review by the Department Representatives.

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.

Resident records will be available to Agents of the Department, upon request.

Date of Compliance: 10/15/12

AU staff was unserved by PCHA to make them aware that they need to make records available to Agents of the Department. All new staff will be unserved by PCHA during orientation

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 9-30-12

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

The above plan of correction is approved as of <u>12-03-12</u> (Date)	Plan of correction implementation status as of <u>12-03-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 9-11-12, at 2:17pm, the Medication Administration Record was on top of the medication cart and accessible to residents and the public.

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.

Staff will be educated by PCHA or designee in re: to confidentiality of records. PCHA or designee to ensure compliance.

Date of compliance: 10/15/12

Staff will be unserviced by PCHA or designee on a yearly & as needed basis and as well as during orientation. This training will be

documented for review by the Dept. Employees will sign in on sign in sheets that will be retained by the home. *[Signature]* 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of 12-3-12 (Date)

Plan of correction implementation status as of 12-3-12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #2, who receives SSI, dated 8-3-12, stated the resident will retain a minimum of \$60 personal needs allowance instead of the required current amount of \$85.

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.

PCHA or designee will review all current SSI res records to ensure the correct personal needs allowance is specified on the contract.

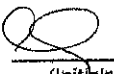
Date of compliance: 10/15/12

PCHA will complete an audit of SSI res charts after completion of contract to ensure the correct amount for personal needs allowance is in place

The audit will be documented and provided to the Dept. upon request. EQ 12-3-12

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Patrice Shutt, BA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patrice Shutt, BA PCHA</i>		Date <i>9-30-12</i>

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yelleno, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home does not have a Quality Management plan or procedures established and could not provide documentation for the 2011 - 2012 calendar years.

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.

The home will implement a quality management plan. On a monthly basis the home will review all incidents from the previous month, res or family concerns, licensing violations & staff training if necessary. PCHA will ensure compliance. Documentation of the monthly reviews performed by the home will be maintained and presented to the Dept. upon request. *PS* 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of 12-3-12
 (Date)

The above plan of correction was approved by *PS*
 (Initials)

Plan of correction implementation status as of 12-3-12
 (Date)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 (1) An orientation program approved and administered by the Department.
 (2) A 100-hour standardized Department-approved administrator training course.
 (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION
 Staff Person A, who is the home's administrator, did not have any certificate or proof of taking the required 100-hour administrator training course.

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.

Prior to employment as PCHA, the current PCHA received the 100-hour standardized DPW-approved administrator training course at Penn State Abington
 Date of compliance 10/15/12
 PCHA will keep all orientation & training material on site in facility.
 Adm will fax this documentation to the NE Regional office for review. 570-963-3018

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - 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 location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe 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.

2a. DESCRIPTION OF VIOLATION
 Staff Person B, whose first day of work was 6-27-12, does not have a record of receiving orientation in:

- Evacuation Procedures
- Staff duties and responsibilities during fire drills as well as during emergency evacuation, transportation and at an emergency location if applicable.
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- The location and use of fire extinguishers.
- Smoke detectors and fire alarms.
- Telephone use and notification of emergency services.

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.

Staff will be unserviced prior to the first day of work by the PCHA or designee in the following areas:

- Evacuation procedures
- Staff duties & responsibilities during fire drills, emergency evac, transportation & at an emergency location if applicable.
- Designated meeting place outside of the building or within the firesafe area of the building
- Smoking safety procedures
- Location & use of fire extinguishers
- Smoke detectors & fire alarms
- Telephone use & notification of EMS

* Staff person B to receive education r/t general emergency preparedness & fire safety
 * Date of compliance 11/5/12

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date) Documentation of the above training will be provided to the Dept. upon request. <u>CS</u> The above plan of correction was approved by <u>CS</u> (Initials)	Plan of correction implementation status as of <u>12-3-12</u> (Date) <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 65 Pa.Code §2600
 2600.65(b) - 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 and conditions.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person B, whose date of hire was 6/27/12, has completed their 40th scheduled work hour, and there is no record of having orientation in the following:
 - Resident rights.
 - Emergency medical plan.
 - Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
 - Reporting of reportable incidents and conditions.

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.

Staff will be inserviced within the first 40 hours of work by Administrator or designee in the following areas
 (1) Res Rights, (2) Emergency med plan, (3) Abuse reporting & (4) reportable incidents.

Employee, Direct Care Staff Person B will be educated on above, by PCHA.

Date of compliance: 10/15/12

Adm will review all employees files to insure compliance is in place. EG 12-3-12

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 9-30-12

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

The above plan of correction is approved as of 12-3-12
 (Date) Plan of correction implementation status as of 12-3-12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
 - Direct Care Staff Person B, hired on 6/27/12, who is also an Ancillary Staff Person, did not receive a general orientation to their job functions in an ancillary capacity.
 - Direct Care Staff Person C, hired on 10/3/11, who is also an Ancillary Staff Person, did not receive a general orientation to their job functions in an ancillary capacity.
 - Direct Care Staff Person D, hired on 2/4/11, who is also an Ancillary Staff Person, did not receive a general orientation to their job functions in an ancillary capacity.


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.
 Direct care staff will be trained / in serviced by PCHA or designee in ancillary duties, i.e.: activities, social services, & housekeeping/laundry. within the first 40 hours of work.
 Direct care staff people B,C,D will all be trained by PCHA.
 Date of compliance: 10/15/12
 Adm will retain documentation all above training and present to Dept upon request. All current employees files will be audited to insure compliance. Written documentation of this comprehensive audit will also be retained and presented to Dept. upon request. Adm will develop an employee checklist of all required elements & retain & implement. 12-3-12

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER


1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person D has not completed 12 hours of annual training in the 2011 training year.

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.

Staff will be trained/ in-serviced monthly by PCHA or designee to ensure that all staff members receive the appropriate amount of annual training hours.

Date of compliance: 10/15/12.


Adm or designee will develop a system to track and record training, based on the regulations. This tool will be used to track training throughout the training year. This tool will be provided to reps from the Dept. upon request.  12-3-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)  BA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patrice Shutt, BA PCHA Date 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-03-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER


1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home does not have a staff training plan for the 2011 or the 2012 training year.


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.

Staff will be trained / un-serviced monthly by PCHA or designee to ensure that all staff members receive the appropriate amount of training hours.

Date of Compliance: 10/15/12

Adm or designee will develop and utilize a system to plan, track, and record training based on the regulations. This tool will be used to track training throughout the training year. This tool will be provided to reps from the Dept upon request.  12-3-12

Repeat Violation: No Date(s) of Previous Violation(s):

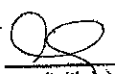
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Patrice Shutt, BA PCHA Date 9-30-12

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

The above plan of correction is approved as of 12-3-12
 (Date)

Plan of correction implementation status as of 12-3-12
 (Date)

The above plan of correction was approved by 
 (initials)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 - At 9:30am on 9/11/12, the "Linen Closet" adjacent to room #103 was unlocked and accessible to residents. (10) 4-fluid ounce bottles of "Evoke" Total Body Moisturizing Lotion were stored on the shelf. The manufacturer's label stated, "If swallowed, consult a physician or poison control center.". Residents of the home, have not been assessed capable of recognizing and using poisons safely.
 - The bathroom adjacent to Room 105 had a bottle of "Evoke" Total Body Moisturizing Lotion, on the counter. The manufacturer's label stated, "If swallowed, consult a physician or poison control center.". Residents of the home, have not been assessed capable of recognizing and using poisons safely.

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.
 All poisonous materials will be kept behind locked doors. Doors that have latches on them to store poisonous materials will be replaced with a handle that has a lock on it. These doors will remain locked at all times to ensure safety of all residents.
 All residents will be assessed to determine if they are able to safely use or avoid poisonous materials.
 Date of compliance: 10/18/12
 All new admissions will be screened upon admission to ensure safety with poisons.
 Adm or designee will develop a tool or checklist to measure compliance with this reg. Staff person who completes this task will initial and date the checklist. *OS* 12-3-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Patrice Shultz BA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patrice Shultz BA PCHA* Date *9-20-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <u><i>OS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

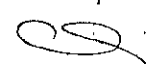
1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The red/white/blue quilt on the bed in room #107 had several yellow stains on it which measured up to approximately 5" x 7". There was a strong urine odor in the room. The room is occupied by one resident.

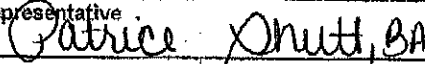
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The res' red/blue/white quilt was laundered by staff. [redacted] does not wish to dispose of it. [redacted] indicates it's a family heirloom & [redacted] wishes to keep it in [redacted] room.

Staff will monitor res belongings for items that need to be laundered. Staff will monitor for odors & address as found.

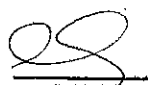
Adm will tour home at a minimum of once per week to monitor compliance. Documentation of this monitoring will be maintained by the home.  12-3-12

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy

PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The current personal care home complaint hotline phone number was not posted on or near the private phones in room #s102 and 205 and the two phones with outside lines located in the nurses' station. The one posted was 1-800-254-5184; the current phone number is 877-401-8835.

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.

A list of the correct phone # to the complaint hotline was posted.

It will be the PCHA's responsibility to maintain the correct phone #.


Date of Compliance: 10/15/12

Staff will Δ numbers in the future for any Δ's & then Δ #'s as necessary.

This task will be incorporated into a physical plant checklist that will include compliance issues. The staff person performing the task in order to measure compliance will initial & date the checklist. These documents will be maintained by the home.

 12-3-12


Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/01/2011
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Patrice Shutt, BA PCHA Date 9-30-12

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

The above plan of correction is approved as of 12-8-12
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 12-3-12
(Date)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - The freezer section of the "Haier" brand refrigerator located in the home's dining room was almost entirely caked with ice.
 - In bathroom window adjoining bedroom #s 202 and 204, the three slats on the right-hand lower section of the mini-blinds were dangling and not attached to the pull rope.

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.
 The fridge in the home's main dining room was defrosted. PCHA will check monthly to ensure that the freezer remains free from excess frost.
 The shade in the bathroom between rooms 202 & 204 was assessed by maintenance. The shade will be replaced.

Date of compliance: 10/15/12

Maintenance will monitor for any equipment or furniture that needs to be repaired. Staff will also alert maintenance if items need repair.

These items of compliance will be incorporated into a tool or checklist in order to demonstrate compliance. The staff person measuring compliance will initial & date the checklist. These lists will maintain these documents for review by the Dept. 12-3-12

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 At 10:45 am, the refrigerator section of the "Haier" brand refrigerator located in the home's dining room measured 49.5° F. Residents keep personal food/drink items in this refrigerator.

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.

The maintenance dept has serviced the small refrigerator located in the dining room to ensure that it ~~requtt~~ maintains adequate temps.
 Direct care staff are responsible for maintaining temp logs of the small refrigerator in both the AM & PM. They will notify the maintenance staff when temps are not adequate

Date of compliance : 10/15/12

Steps will use a tool to measure compliance w/ this reg. Steps will initial & date upon completion of their monitoring of this regulation. The home will maintain these checklists for review by the Dept. The adm or designee will perform a walk through of the home on a weekly basis to insure compliance w/ this reg. as well. *eg* 12-03-12

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: *9-30-12*

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

The above plan of correction is approved as of 12-03-12
 (Date)

Plan of correction implementation status as of 12-03-12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home did not have at a minimum 3-day supply of drinking water for residents or a contract with a water company to deliver water to the home immediately in the event of an emergency.
 The census was 25 residents on the day of this inspection. A minimum of 75 gallons of drinking water was required to be on-hand in the event of an emergency; the home had 59 gallons on-hand of which 36 gallons had an expiration date of 8/9/12 on them. An additional 52 gallons was required to be maintained in the home.

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.

The home will have a contract with a water company to deliver to the home immediately in the event of an emergency
 The home will maintain 1 gallon/res on hand per res.
 Date of compliance: 10/15/12

Dietary staff will be responsible for monitoring expiration of H₂O to ensure that no H₂O that is expired & kept on hand in home.

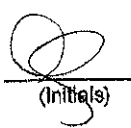
There is no evidence of a contract with a water company submitted with this Plan of Correction. The home must execute such a contract and submit via fax to the NE Regional Office for review and approval. The Admor designee will keep a tool or folder file for future review and compliance regarding annual contract dates if appropriate. 12-03-12

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 9-30-12

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

The above plan of correction is approved as of <u>12-03-12</u> (Date)	Plan of correction implementation status as of <u>12-03-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 22187 - 09/11/2012 - Yelleno, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in the home; the only copy was maintained in the administrator's office, which is locked and staff are the only ones able to access when the administrator is not present.

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.

The home will keep a copy of the emergency procedure binder in a public area. PCHA will maintain.

Date of compliance: 10-15-12

PCHA will monitor for compliance to ensure that the emergency plan/binder is in a public area.


Admin or designee will incorporate compliance w/ this req in a tool or checklist to be completed by staff. Staff that measure compliance will initial date on checklist. The home will maintain these checklists for review by reps from the Dept. OR 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellonic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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.

PCHA notified Wright Twp Fire Dept in writing w/ address of home, location of res bed room & that no res currently reg. @
 PCHA will be responsible for providing the fire dept. w an updated letter if mobility needs Δ's or c census Δ's.

Date of compliance: Oct 15th, 2012

Adm or designee will fax such letter to NE Regional office for Review and Approval. Home will maintain documents related to compliance in the home and provide to the Dept. upon request. Q 12-03-12

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>12-3-12</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 22157 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.

In the event that there is a malfunctioning smoke detector in the home, the staff will initiate a "Fire Watch". The fire watch will include staff members initiating & maintaining q15 min checks on all res until such time that the smoke detectors are functioning properly.

All current staff will be unserviced r/t the fire watch.
 Date of compliance: 10/15/12

All new staff will be unserviced during orientation r/t the Fire Watch.

The home will document training documentation regarding this policy and retain copies in the home for review by the Department. *EQ* 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of 12-3-12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 12-3-12
 (Date)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The initial medical evaluation for Resident #2 (dated 8/3/12) did not address the "Communicable Disease" section of the form.


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.

All res records will be reviewed by PCHA or designee to ensure that all DMEs have been completed entirely.

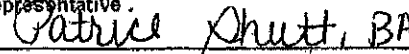
Doctors will be notified if there are any records that have incomplete DMEs. Those DMEs will then be updated by the doctor if necessary.

Date of compliance: 10/16/12

PCHA will maintain a log of when DMEs are to be completed & then ensure all areas are completed in entirety.

Adm will review this log at least monthly to insure compliance.  12-3-12

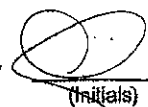
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)  BA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Patrice Shutt, BA PCHA Date 9-30-12

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

The above plan of correction is approved as of 12-3-12
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12-3-12
 (Date)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #3 did not have an annual medical evaluation form completed for 2012. The most current medical evaluation in the resident's record was dated 7/26/11. The resident was admitted to the home on 7/2/10.

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.

All res records will be reviewed by PCHA or designee to ensure that all DME's have been completed annually.
 The PCHA will keep a log of all res & when their DME's are required to be completed.

Date of compliance: Oct 15, 2012

~~10/15~~ This log will be reviewed and updated at least monthly by the ADM to insure compliance. *QJ* 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 The stone border of the south-side lawn, adjacent to the outside south patio and facing Route 309, had several cigarette butts on it. The designated smoking location is on the north-side of the outside patio facing Route 309.

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.

To ensure a reduced risk of fire, the PCHA identified current residents that smoke. Education was provided to those residents re: proper placement of cigarettes once they have been extinguished. Those res were educated that all extinguished cigarettes must be placed in the fireproof receptacle that is located in the designated smoke smoking areas. All residents acknowledged & communicated verbal understanding of same.
 It will be the responsibility of the PCHA to educate all new residents that come in to the home.


Date of compliance: 10/15/12
 Written documentation of these inservices will be maintained by the home. The staff person conducting the training will note dates and attendance.

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 *9-30-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION
 On September 11, 2012 at 8:15am, the following medications for several of the residents were on top of the medicine cart, unlocked and accessible to residents in the nurses station. The gate to the nurses' station was unlocked, open and there were no staff in the vicinity.

- Lisinopril, 20 mg.
- Rivastigmine, 4.5mg.
- QC Multi-Vite 50
- Vit. D3, 1000iu
- Glipizide XL, 10 mg.
- Vit. B-12, 1000 mcg.
- Megestrol A, 40 mg.
- (3) Polyeth Glyc POW 3350nf
- Nystatin, 100,000units
- Constulose
- Tamsulosin HCL, 4mg.
- Metformin HCL, 1000mg.
- Omeprazole 20 mg.
- Ferrous Sulfate, 325 mg.
- Vite Tab
- Loetadine, 10mg.
- Vesicare, 10mg.
- Metformin HCL, 1000 mg.
- (2) Multi-Vite 50
- Carvedilol, 3.125mg.
- K-Dur, 20mg.
- Calcium, 600mg.

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.

Staff will be provided education r/t'd proper storage of medication. All prescription meds, otc meds, CAM & syringes will be kept in an area or container that is locked. PCHA will monitor for compliance.

Date of Compliance: 10/15/12
 Staff will be inserviced on a quarterly basis to ensure compliance/understanding.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/01/2011
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) Patrice Shutt, BA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Patrice Shutt, BA PCHA</u>	Date <u>9-30-12</u>
---	---------------------

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

The above plan of correction is approved as of <u>12-3-12</u> (Date) * Home will retain all records related to staff training in this regulation. <u>CS</u> The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>12-3-12</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- On September 11, 2012, Resident #3 was prescribed Polyethylene Glycol 3350 - Use 1 capful (17gm.) daily in juice or water. The medication was in the medication cart, however it was not on the Resident's Medication Administration Record.
- The first aid kit located in the home's 2002 Black Ford Triton van contained the following expired medications in it:
 - (2) 1.0g packages of "Ultra Seal" Bacitracin Ointment, USP - manufacturer's expiration date 11/08
 - (1) 1/8 ounce package of "Afassco" Burnaid - manufacturer's expiration date 7/05
 - (1) 4 fluid ounce bottle of "Afassco" Boroptol Emergency Eyewash - manufacturer's expiration date 3/04

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.

Designated staff will monitor the MAR & medication cart to ensure accuracy in documentation & follow through on the administration of care & services for residents to include accurate medication administration.

The transportation van's first aid kit was reviewed. All expired meds were disposed of & new ones were put in it's place. The van driver will monitor 6 months to ensure no expired meds will be maintained. Upon discovery of an expired med, the van driver will replace the item.

Date of compliance: 10/15/12

The home will develop a tool to measure compliance w/ this regulation. Staff who completes this task will initial and date their review. These reviews will be retained by the home for review by reps from the Dept. 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of 12-3-12 (Date)

Plan of correction implementation status as of 12-3-12 (Date)

The above plan of correction was approved by *PS* (Initials)

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

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 - Resident #2 was prescribed Phillips colon Health - Probiotic Digestive Health - Take 1 cap by mouth once daily. It was not marked on the Medication Administration Record on 9/10/12, that the medication had been given to the resident.
 - The following medications were not available for Resident #2 on 9/11/12 in the medication cart:
 - Omeprazole, 40mg. - straight order
 Albuterol Neb. 0.83% - PRN
 Glucagon Inj. Hypo Kit - PRN
 Milk of Magnesia Sus. - PRN
 APAP 325 mg. - PRN

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.

- Designated staff will ensure that the MAR will be marked in accordance as the medication is administered.

- Designated staff will ensure that all prescribed medication is kept in the medication cart as ordered.
 - Res #2 will have all prescribed meds available as ordered.

Date of Compliance: 10/15/12

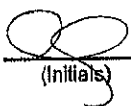
Adm or designee will perform periodic (weekly) audits of the MARs to order to insure compliance. These reviews will be documented & retained for review by reps from the Dept. *ES* 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 A pre-admission screening form was not completed for Resident #2, who was admitted to the home on 8/3/12.

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.

PCHA will ensure compliance of all new admission preadmission screening forms are completed prior to admission to ensure the home can meet the needs of the potential res.

Date of compliance: 10/15/12

Adm or designee will review all current resident files to insure compliance for existing residents. A tool will be developed that incorporates the elements of compliance w/ the regulations related to resident records. This will be checked at a minimum of a monthly basis - worker who reviews will initial and date check list - documents will be retained by the home for review by Dept. 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <u><i>PS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 56 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The record of Resident #3 did not contain a 2011 annual assessment form. The only assessment in the resident's record was dated 8/19/12. Resident #3 was admitted to the home on 7/2/10. It could not be determined if the annual assessment was completed within the required timeframe of the previous one.

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.

All res records will be audited by PCHA to ensure timely compliance of residents annual assessments. PCHA will maintain a log of when residents annual assessment are required to be completed to ensure compliance of same.

Date of compliance: 10/15/12

The log will be reviewed at minimum once/month, initialed & dated by the person conducting the review. Logs will be retained by the home for review by the Dept. QQ 12-3-12

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 9-30-12

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 09/11/2012 - Yellenic, Cindy
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 - The initial support plan for Resident #2 (dated 8/10/12) was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.
 - The annual support plan for Resident #3 (dated 8/10/12) was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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.

The support plan will be signed & dated by all persons that participated in the development of same. This includes both staff & residents.
 All records were audited & all areas that require signature on support plans will be obtained.
 PCHA will monitor for accuracy of support plans.
 Date of compliance: 10/15/12

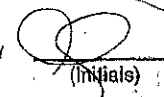
In order to monitor, home will implement the use of a log or checklist to measure & maintain compliance. Person conducting the review will initial & date same. records to be retained by the home for review by the Dept. 12-3-12

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 *9-30-12*

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

The above plan of correction is approved as of <u>12-3-12</u> (Date)	Plan of correction implementation status as of <u>12-3-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented