

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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.

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

and shall remain in effect from July 5, 2013 until July 5, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

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 (Department) licensing inspection on May 2, 2013, 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.

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 read "Ronald Melusky".

Ronald Melusky
Director

Enclosure
License
Violation Report

Violation Report: 22167 - 05/02/2013 - Rushin, Jullenne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract of resident #1 (contract dated 3/27/2013) did not contain a fee schedule for provided services.
 The contract of resident #2 (contract dated 3/7/2013) did not contain a fee schedule for provided services.
 The contract of resident #3 (contract dated 3/19/2012) did not contain a fee schedule for provided 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.

See Attached

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* Date *5-20-13*

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

The above plan of correction is approved as of *6/12/13* (Date) Plan of correction implementation status as of *6/12/13* (Date)

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

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

Regulation Number:

2600.25(c)(2)

What is the reason for the regulation?

Contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

What is the root cause of the violation?

The contract of resident #1 (contract dated 3/27/2013) did not contain a fee schedule for provided services.

The contract of resident #2 (contract dated 3/7/2013) did not contain a fee schedule for provided services.

The contract of resident #3 (contract dated 3/19/2012) did not contain a fee schedule for provided services.

How can we fix the immediate problem?

All resident home contracts will be amended and reviewed with res and/or responsible parties. The amendment will include the current fee schedule.

Once corrected, how can we make sure the problem does not happen again?

PCHA will insure that a current fee schedule is included in all admission packets for new admissions to sign. PCHA will review all new contracts 72 hours after admission to ensure fee schedule was reviewed with resident and/or responsible party. An audit tool will be developed to ensure completion.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

PCHA will review audit tool monthly and sign and date the reverse side of the audit tool. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be provided to DPW upon their request.

*Patrice Shutt
Patrice Shutt, Esq.
5-20-13*

*M
6/12/13*

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600.
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Records for Direct Care Staff person A, hired 4/9/2013, indicate they received a high school diploma from Jefferson Online High School which is not accepted or certified by the United States Dept. of Education or the PA Dept. of Education.

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.

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Regulation Number:

2600.54(a)

What is the reason for the regulation?

DCS will have a H.S. diploma, G.E.D. diploma or active registry status on the PA nurse aide registry

What is the root cause of the violation?

Records for Direct Care Staff person A, hired 4/9/2013, indicate they received a high school diploma from Jefferson Online High School which is not accepted or certified by the United States Dept. of Education or the PA Dept. of Education.

How can we fix the immediate problem?

Staff member "A" was removed from the schedule and terminated because she was unable to provide a diploma/transcripts from an accredited high school

Once corrected, how can we make sure the problem does not happen again?

Once a staff member is hired, PCHA will review all transcripts, diploma, etc to ensure it was received from an accredited educational system. PCHA will review all DCS information prior to "start date" to ensure all employees meet required regulations. All employee files will be audited for compliance with regulation.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

* PCHA will monitor compliance with an audit tool. PCHA will monitor, review, and sign audit tool prior to/or on start date of employee. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be available to DPW upon their request.

Patricia Shurt, BA 5-20-13

6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne
 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

Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not receive orientation in general fire safety and emergency preparedness.

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.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patrice Shult, BA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICE SHULT</i>	Date <i>5-2013</i>
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Regulation Number:

2600.65(a)

What is the reason for the regulation?

Staff members need to receive proper orientation prior to start date and annually.

What is the root cause of the violation?

Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not receive orientation in general fire safety and emergency preparedness.

How can we fix the immediate problem?

Staff person B will be in-serviced in relation to regulation 2600.65 (a)
All employee files will be reviewed by PCHA to ensure compliance of 2600.65 (a)

Once corrected, how can we make sure the problem does not happen again?

PCHA will ensure that prior to "start date" all DCS employees complete the proper orientation occurs as related to regulation.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

* PCHA will monitor compliance with an audit tool. PCHA will monitor, review, and sign audit tool prior to/or on start date of employee's file. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be made available to DPW upon their request.

Patricia Rhoads, BA 5-20-13

6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 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
 Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reportable incidents.

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.

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 (Required on EVERY Page) *PATRICE SHULT* Date *5-20-13*

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 (Date)

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 (Initials)

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- Not Implemented

Regulation Number:

2600.65 (b)

What is the reason for the regulation?

Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: Resident rights, emergency medical plan, mandatory reporting of abuse and neglect, and reporting of reportable incidents

What is the root cause of the violation?

Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reportable incidents.

How can we fix the immediate problem?

Staff person B will be in-serviced in relation to regulation 2600.65 (b)
All employee files will be reviewed by PCHA to ensure compliance of 2600.65 (b)

Once corrected, how can we make sure the problem does not happen again?

PCHA will ensure that prior to "start date" all DCS employees complete the proper orientation occurs as related to regulation.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23rd, 2013

How will we monitor to be sure the plan is followed?

* PCHA will monitor compliance with an audit tool. PCHA will monitor, review, and sign audit tool prior to/or on start date of employee's file. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be made available to DPW upon their request.

Patrice Phunt, BA 5-20-13

6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct-care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not complete supervised training of job duties, the Department approved direct care training course on-line, and the initial direct care staff training.

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.

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Regulation Number:

2600.65 (d)

What is the reason for the regulation?

To insure that staff members receive proper in-servicing prior to providing unsupervised ADL services

What is the root cause of the violation?

Records for Direct Care Staff person B, hired 8/27/2012, indicate they did not complete supervised training of job duties, the Department approved direct care training course on-line, and the initial direct care staff training.

How can we fix the immediate problem?

Staff person B completed the on-line training as required by regulation

Once corrected, how can we make sure the problem does not happen again?

1. PCHA will ensure that prior to "start date" all DCS employees complete the DPW online DSC training.
2. PCHA will audit all current employee files to insure that all employees are compliant with regulation.

Who is responsible to fix the problem?

PCHA


By what dates can each step in the plan be completed?.

May 23rd, 2013

How will we monitor to be sure the plan is follow is followed?

PCHA will monitor compliance with an audit tool. PCHA will monitor, review, and sign audit tool prior to/or on start date of employee's file. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be made available to DPW upon their request.

Patrice ~~Shust~~ BA 5-20-13


6/12/13

Violation Report: 22187 - 05/02/2013 - Rushin, Julianne
 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
 Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not complete 12 hours of annual training related to his/her/ job duties for 2012.
 Records for Direct Care Staff person C, hired 2/4/2011, indicate they did not complete 12 hours of annual training related to his/her/ job duties for 2012.

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.

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2012
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Regulation Number:

2600.65 (e)

What is the reason for the regulation?

Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

What is the root cause of the violation?

Records for Direct Care Staff person B, hired 6/27/2012, indicate they did not complete 12 hours of annual training related to his/her job duties for 2012.

Records for Direct Care Staff person C, hired 2/4/2011, indicate they did not complete 12 hours of annual training related to his/her job duties for 2012.

How can we fix the immediate problem?

Staff will maintain current monthly training schedule set by PCHA in order to ensure appropriate training is received throughout the year.

Once corrected, how can we make sure the problem does not happen again?

PCHA will maintain current monthly training schedule to ensure appropriate hours are completed.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23rd, 2013

How will we monitor to be sure the plan is followed?

PCHA will cont to utilize monthly schedule for annual training related to their job duties. Biannual audits will be completed to ensure staff has received the appropriate amount of training as required by regulation. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. Staff trainings, information, and sign-in sheets will be made available to DPW upon their request.

Patrice ~~Shu~~ BA 5-20-13

6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The window in the home's Day Room located on ground level and used by residents, was opened and did not have a screen posing a risk for insect and rodent infestation.

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.

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 - Not Implemented

Regulation Number:

2600.92

What is the reason for the regulation?

All windows will have screens in them if they are able to be open

What is the root cause of the violation?

The window in the home's Day Room located on ground level and used by residents, was opened and did not have a screen posing a risk for insect and rodent infestation.

How can we fix the immediate problem?

The screen was replaced by the maintenance department upon DPW notifying the PCHA.

Once corrected, how can we make sure the problem does not happen again?

PCHA will have the maintenance department observe all windows in the home to ensure all windows have screens in them.

Who is responsible to fix the problem?

Maintenance Department/PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

PCHA will add "monitoring windows" to the current monthly audit tool. If a window or screen is in need of repair, the maintenance department will be made aware. The maintenance department will also complete a monthly maintenance audit. Any issues of non-compliance will be fixed immediately. Audit tool will be made available to DPW upon their request.

Patrice Phutt, BA 5-20-13


6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 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 ceiling exhaust fan located between resident bedrooms 201 and 202 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.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2012
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 (Initials)

Regulation Number:

2600.95

What is the reason for the regulation?

Equipment must be in good repair

What is the root cause of the violation?

The ceiling exhaust fan located between resident bedrooms 201 and 202 is inoperable.

How can we fix the immediate problem?

The maintenance department was made aware of the problem and the exhaust fan was serviced and repaired immediately.

Once corrected, how can we make sure the problem does not happen again?

All exhaust fans were checked to ensure functionality. PCHA will add "check bathroom exhaust fans" to current monthly audit list.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

* PCHA will monitor monthly via monthly audit check list. The maintenance department will also complete a monthly maintenance audit. Any issues of non-compliance will be fixed immediately. Audit tool will be maintained by PCHA and made available to DPW upon their request.

Patrice Shutt, BA 5-20-13

M
6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's Fire Drill Records indicate that the residents were evacuated to the front porch on the following dates: 5/17/12, 7/27/2012, 11/20/2012 and 4/25/2013. Residents were not evacuated to the exterior meeting area (the Island in the parking lot near the main entrance to the nursing home) identified by the 3/28/13 letter written by the local fire safety inspector.

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

2600.132(d)

What is the reason for the regulation?

Residents shall be able to evacuate the entire building to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing in the past year by a fire safety expert,

What is the root cause of the violation?

The home's Fire Drill Records indicate that the residents were evacuated to the front porch on the following dates: 5/17/12, 7/27/2012, 11/20/2012 and 4/25/2013. Residents were not evacuated to the exterior meeting area (the island in the parking lot near the main entrance to the nursing home) identified by the 3/28/13 letter written by the local fire safety inspector.

How can we fix the immediate problem?

When evacuating the residents through fire exit located by front porch, staff will ensure complete evacuation of the porch by staff will evacuate residents to the exterior meeting area.

Once corrected, how can we make sure the problem does not happen again?

Education will be provided to the maintenance department and the DCS of the personal care home to ensure understanding of regulation.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23rd, 2013

How will we monitor to be sure the plan is followed?

PCHA will record fire drills on appropriate DPW forms and monitor/review for compliance in evacuating fire area completely. Log will be made available to DPW upon their request.

M
6/12/13

Patrice Akut, BA 5-20-13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER	
1. REGULATION 55 Pa.Code §2600 2600.132(f) - Alternate exit routes shall be used during fire drills.	
2a. DESCRIPTION OF VIOLATION The letter from the local fire safety expert, dated 3/28/2013, identified the home as having 7 exits in addition to 2 fire safe areas. The home's Fire Drill Records indicate that the "fire safe area" outside of rooms 201 & 202 was used as an exit on the following dates: 6/22/12, 8/23/12, 9/19/12, 10/19/12, 12/18/12, 1/29/13, 2/13/13 and 3/18/13.	
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.	
See Attached.	
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</i>	Date: <i>5-20-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>6/12/13</i> (Date)	Plan of correction implementation status as of <i>6/12/13</i> (Date)
The above plan of correction was approved by <i>M</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

Regulation Number:

2600.132(f)

What is the reason for the regulation?

Alternate routes will be utilized by residents during fire drills

What is the root cause of the violation?

The letter from the local fire safety expert, dated 3/28/2013, identified the home as having 7 exits in addition to 2 fire safe areas. The home's Fire Drill Records indicate that the "fire safe area" outside of rooms 201 & 202 was used as an exit on the following dates: 6/22/12, 8/23/12, 9/19/12, 10/19/12, 12/18/12, 1/29/13, 2/13/13 and 3/18/13.

How can we fix the immediate problem?

The maintenance department will be educated that fire exit routes need to be alternated monthly during fire drills. Alternating schedule was developed and reviewed with the Maintenance Department in order to ensure that the regulation is followed in completion.

Once corrected, how can we make sure the problem does not happen again?

The maintenance department will ensure that fire exit routes are alternated monthly during fire drills by utilizing the newly developed schedule.

Who is responsible to fix the problem?

PCHA and The Maintenance Department.

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

* PCHA will record fire drills on appropriate DPW forms and monitor/review for compliance in utilizing alternate routes. Log will be made available to DPW upon their request.

Patrice Phut, BA 5-20-13

M
6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Based upon interviews with residents #'s 5, 6 and 7, during fire drills that use the front door exit; residents are only being evacuated to the home's front porch. The homes fire drill records indicate that the home used the front door exit to evacuate during fire drills on 5/17/12, 7/27/2012, 11/20/2012 and 4/25/2013.

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.

See Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *5-20-13*

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

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The above plan of correction was approved by <u><i>MS</i></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

Regulation Number:

2600.132(h)

What is the reason for the regulation?

Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

What is the root cause of the violation?

Based upon interviews with residents' #'s 5, 6 and 7, during fire drills that use the front door exit; residents are only being evacuated to the home's front porch. The home's fire drill records indicate that the home used the front door exit to evacuate during fire drills on 5/17/12, 7/27/2012, 11/20/2012 and 4/25/2013.

How can we fix the immediate problem?

When evacuating the residents through fire exit located by front porch, staff will ensure complete evacuation of the porch by staff will evacuate residents to the exterior meeting area.

Once corrected, how can we make sure the problem does not happen again?

Education will be provided to the maintenance department and the DCS of the personal care home to ensure understanding of regulation.

Who is responsible to fix the problem?

* PCHA

By what dates can each step in the plan be completed?

May 23rd, 2013

How will we monitor to be sure the plan is followed?

* PCHA will record fire drills on appropriate DPW forms and monitor/review for compliance in evacuating fire area completely. Log will be made available to DPW upon their request.

M
6/12/13

Patricia Shutt BA 5-20-13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #4 admitted to the home on 3/15/12 did not have medical evaluation completed within 30 days after admission; the initial medical evaluation was completed on 7/16/2012.

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.

See Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patrice Shutt, BA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patrice Shutt</i>	Date <i>5-20-13</i>
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Regulation Number:

2600.141(a)(1)

What is the reason for the regulation?

Resident shall receive a medical eval from a physician 60 days prior to or 30 days after an admission

What is the root cause of the violation?

Resident #4 admitted to the home on 3/15/12 did not have medical evaluation completed within 30 days after admission; the initial medical evaluation was completed on 7/16/2012.

How can we fix the immediate problem?

PCHA corrected the documentation errors in July, 2012.

Once corrected, how can we make sure the problem does not happen again?

* PCHA will cont to monitor all new resident charts and utilize current log to ensure all new admits have proper documentation as required by DPW.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is follow is followed?

* PCHA will maintain log and review log monthly to ensure compliance. Log will be provided to DPW upon their request.

MW
6/12/13

Patrice Pruitt, BA 5-20-13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION
 Resident #3 did not have an annual medical evaluation completed; the lasted medical evaluation was completed on 4/13/2012.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *5-20-13*

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The above plan of correction was approved by <u><i>MS</i></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

Regulation Number:

2600.141(b)(2)

What is the reason for the regulation?

Resident shall have DME completed at least annually.

What is the root cause of the violation?

Resident #3 did not have an annual medical evaluation completed; the lasted medical evaluation was completed on 4/13/2012.

How can we fix the immediate problem?

The VA Medical Center was contacted immediately related to DME and reminded them of importance of completing the appropriate medical evals as requested by the home.

Once corrected, how can we make sure the problem does not happen again?

PCHA will send all DME's of resident's that utilize the VA physicians to the VA medical center 2 months prior to required date of completion to ensure timely completion.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is follow is followed?

* PCHA will review log monthly to ensure completion. Log will be maintained by PCHA and made available to DPW upon their request.

M
6/12/13

Patrice Phutt, BA 5-20-13

Violation Report: 22167 - 05/02/2013 - Rushin, Julianne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The staff designated smoking located next to the medication room outside of exit door number 9 contained a folding chair with a cotton towel covering the seat and a garbage can with a plastic liner.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *5-20-13*

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The above plan of correction is approved as of *6/12/13*
 (Date)

Plan of correction implementation status as of *6/12/13*
 (Date)

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

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

Regulation Number:

144c1

What is the reason for the regulation?

Proper safe guards need to be maintained in order to prevent fire hazards.

What is the root cause of the violation?

The staff designated smoking located next to the medication room outside of exit door number 9 contained a folding chair with a cotton towel covering the seat and a garbage can with a plastic liner.

How can we fix the immediate problem?

The garbage can was removed immediately from the area upon DPW notifying PCHA of same.

Once corrected, how can we make sure the problem does not happen again?

PCHA to educate staff related to proper safe guards in order to prevent fire hazards. Environmental audit will be completed in order to ensure no further fire hazards are present.

Who is responsible to fix the problem?

PCHA is responsible for education. DCS is responsible to ensure flammable items are a safe distance from the employee smoking area.

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

* PCHA will add above to weekly audits that are currently in place. Audits will be maintained by PCHA and will be made available to DPW upon their request.

Patrice Smith, BA 5-20-13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 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
 The first aid kit located in the home's Ford black van contained 3 packs of Bacitracin ointment that expired on 11/2008.

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.

See Attached.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/11/2012

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* Date *5-20-13*

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

The above plan of correction is approved as of *6/12/13*
 (Date) Plan of correction implementation status as of *6/12/13*
 (Date)

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

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

Regulation Number:

2600.183(d)

What is the reason for the regulation?

Current OTC's for individuals in the home may be kept

What is the root cause of the violation?

The first aid kit located in the home's Ford black van contained 3 packs of Bacitracin ointment that expired on 11/2008.

How can we fix the immediate problem?

Expired triple antibiotic ointment was disposed of immediately.

Once corrected, how can we make sure the problem does not happen again?

* The home will no longer utilize the home's van for transportation. If residents are unable to acquire transportation, the staff will assist in setting up transportation through a local transport company.

Who is responsible to fix the problem?

* PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

Monitoring not needed due to the home no longer utilizing the home's van.

Patrice Pruitt, BA 5-20-13

MW
6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident # 3 was not initialed by staff on 5/2/13 at 12:00 pm to indicate that Topiramate 25 mg 3xs daily was administered as directed.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Patrice Shutt, BA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Patrice Shutt</i>	<i>5-20-13</i>

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The above plan of correction is approved as of <u><i>6/12/13</i></u> (Date)	Plan of correction implementation status as of <u><i>6/12/13</i></u> (Date)
The above plan of correction was approved by <u><i>m</i></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

Regulation Number:

2600.187(a)

What is the reason for the regulation?

MAR must keep proper info, as regulated by DPW.

What is the root cause of the violation?

The Medication Administration Record for resident # 3 was not initiated by staff on 5/2/13 at 12:00 pm to indicate that Topiramate 25 mg 3xs daily was administered as directed.

How can we fix the immediate problem?

Med Tech immediately fixed upon DPW's notification.

Once corrected, how can we make sure the problem does not happen again?

1. Med-techs's will be in serviced related to appropriate documentation in MAR.
2. PCHA will monitor MAR for 5 days/week for 2 weeks, then 2x's/week for 2 weeks, then weekly for 4 weeks to monitor for compliance.
3. Med-techs will cont to utilize shift MAR audit tool to monitor for MAR omissions.

Who is responsible to fix the problem?

PCHA, Med-techs

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is follow is followed?

1. Once initial audits are completed, PCHA will review MAR's on a monthly basis for accuracy/completion.
2. Med-techs will continue to utilize shift MAR audit tool.
3. PCHA will educate Med-techs on appropriate MAR documentation annually and on an as needed basis.

In-servicing/training will be made available to DPW upon their request.

Patrice Phutt, BA 5-20-13

Mr
6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Juliette
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident # 3 indicates that Haloperidol 2mg. (1 tablet every 6 hours PRN) is prescribed for agitation.

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.

See Attached

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Patrice Shutt, EA</i>
--	--------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Patrice Shutt</i>	<i>5-20-13</i>

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

The above plan of correction is approved as of <u>6/12/13</u> (Date)	Plan of correction implementation status as of <u>6/12/13</u> (Date)
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- | | |
|--|---|
| The above plan of correction was approved by <u><i>m</i></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 |
|--|---|

Regulation Number:

2600.202

What is the reason for the regulation?

Chemical restraint, as defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.

What is the root cause of the violation?

The Medication Administration Record for resident # 3 indicates that Haloperidol 2mg. (1 tablet every 6 hours PRN) is prescribed for agitation.

How can we fix the immediate problem?

VA Medical Center to be contacted by med-techs to ensure appropriate diagnosis for Haldol is received.

Once corrected, how can we make sure the problem does not happen again?

1. Current MAR will be reviewed by PCHA to ensure appropriate diagnoses are utilized for all psychotropic medications.
2. Med-techs will be in-serviced by PCHA related to appropriate diagnoses for psychotropic medication, so they can inform the physician if inappropriate diagnoses are given for psychotropic medications.
3. PCHA will review all new admission scripts/medication orders to ensure appropriate diagnoses are utilized.

Who is responsible to fix the problem?

PCHA, Resident Physician

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

- * Upon reviewing MAR monthly, PCHA will also review psychotropic medication for appropriate diagnosis. The audit tool will be monitored for noncompliance. Audits will be reviewed at QA meeting. PCHA will maintain documentation of audit and make it available to DWP upon their request.

Patrice Shutt, BA 5-20-13

6/12/13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4 admitted to the home on 3/15/12 did not have an initial assessment completed within 15 days after admission; the initial assessment was completed on 7/19/2012.

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.

See Attached.

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* Date *5-20-13.*

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

The above plan of correction is approved as of *6/12/13* (Date) Plan of correction implementation status as of *6/12/13* (Date)

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

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

Regulation Number:

2600.225(a)

What is the reason for the regulation?

A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

What is the root cause of the violation?

Resident #4 admitted to the home on 3/15/12 did not have an initial assessment completed within 15 days after admission; the initial assessment was completed on 7/19/2012.

How can we fix the immediate problem?

The problem was corrected in July, 2012

Once corrected, how can we make sure the problem does not happen again?

PCHA will cont to monitor all new resident charts and utilize current log to ensure all new admits have proper documentation as required by DPW.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

* PCHA will maintain log and review log monthly to ensure compliance. Log will be provided to DPW upon their request.

M
6/12/13

Patrice Shutt, BA 5-20-13

Violation Report: 22167 - 05/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #4 admitted to the home on 3/15/12 did not have an initial support plan completed within 30 days after admission; the initial support was completed on 7/19/2012.

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.

See Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patrice Shutt, BA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patrice Shutt</i>	Date <i>5-20-13</i>
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The above plan of correction is approved as of 6/12/13
 (Date)

Plan of correction implementation status as of 6/12/13
 (Date)

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

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

Regulation Number:

2600.227(a)

What is the reason for the regulation?

A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

What is the root cause of the violation?

Resident #4 admitted to the home on 3/15/12 did not have an initial support plan completed within 30 days after admission; the initial support was completed on 7/19/2012.

How can we fix the immediate problem?

PCHA corrected the documentation errors in July, 2012.

Once corrected, how can we make sure the problem does not happen again?

* PCHA will cont to monitor all new resident charts and utilize current log to ensure all new admits have proper documentation as required by DPW.

Who is responsible to fix the problem?

* PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is follow is followed?

* PCHA will maintain log and review log monthly to ensure compliance. Log will be provided to DPW upon their request:

M
6/12/13

Patricia Phutt, BA 5-20-13

Violation Report: 22167 - 06/02/2013 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan dated 4/10/2013 does not address the resident's order from Bayada Nursing for the home to provide wound care to the resident's affected areas of Cellulitis.

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.

See Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *5-20-13*

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

The above plan of correction is approved as of 6/12/13
 (Date)

Plan of correction implementation status as of 6/12/13
 (Date)

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

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

Regulation Number:

2600.227d

What is the reason for the regulation?

Documentation of services provided by outside agencies are to be documented on in the respective resident's support plan.

What is the root cause of the violation?

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

How can we fix the immediate problem?

The above resident support plan will be updated with a supplementary sheet to ensure all problems have adequate interventions in place.

Once corrected, how can we make sure the problem does not happen again?

All resident charts will be reviewed to ensure the support plan shows adequate documentation/intervention to make sure that all residents function at their maximum potential

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

May 23, 2013

How will we monitor to be sure the plan is followed?

- * 1. PCHA will update the support plans when additional services are put into place by an outside agency.
- 2. PCHA will update a support plan as applicable with an ancillary/supplementary sheet as necessary.
- 3. PCHA to make contact with home health representative to see if they have electronic files available to PCHA in order to review and update support plans as necessary.

Patrice Shutt, BA 5-20-13