



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]

MAILING DATE: May 1, 2014

Mr. Eddy J. Inzana, President/CFO
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
License #221670**

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER | | License Number: 22167 |
| Address: 185 SOUTH MOUNTAIN BOULEVARD, MOUNTAIN TOP, PA 18707 | | County: Luzerne |
| Administrator: JACKIE LEVRING | | Region: NORTHEAST |
| Legal Entity Name: GUARDIAN ELDER CARE AT MOUNTAIN TOP I LLC | | |
| Legal Entity Address: 8796 ROUTE 219 VSI BUILDING, BROCKWAY, PA 15824 | | |
| Certificate(s) of Occupancy C-2 LP 06/17/1997 PA L&I | | |
| Staffing Hours Resident Support: 0 | | Total Dally Staff: 28 Waking Staff: 21 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site 03/13/2014: OHaire, Anne; Patton, Leslle | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details Partial or Full Triggers: _____ Random Indicators: _____ | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 34 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Moblity Need: 0 Have a Physical Disability: 1 | |

Violation Report: 22167 - 03/13/2014 - O'Haire, Anne
PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 The training for 7 med techs was reviewed and it was determined that 6 of the 7 staff members are not properly trained to administer medication. Documentation indicates staff persons "B", "C", "D" and "E" completed the initial medication administration training in 2011 but have yet to complete an Annual Practicum. An Annual Practicum for 2013 was initiated for all 4 staff persons but was not completed. Staff person "A" received the initial medication administration training on 10/25/13. Documentation indicates the staff person passed the training, but multiple sections of the test did not indicate the staff person's results and a test score were not documented. As a result of insufficient information, it could not be determined if the staff person did in fact pass the training. An Annual Practicum for 2013 was initiated for staff person "F" but was not completed.

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.

Due to the inconsistencies with the staff's medication administration training, all med techs have been re-trained/re-tested on 4-11-14.

- Quarterly MAR reviews and observations to be completed by a certified trainer, Administrator/Designee to ensure ongoing compliance.

Attachment A

| | | |
|----------------------|-----------------------------------|--|
| 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) | Date |
| Melanie Duggan | 4-22-14 |

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| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>4/29/14</u> (Date) | Plan of correction implementation status as of <u>4/29/14</u> (Date) |
| The above plan of correction was approved by <u>M</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 - 03/13/2014 - O'Haire, Anne
 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 following residents did not have a diagnosis or purpose listed with their medications.

Resident #1's

1. Daliresp 500 mg. tab. to be taken 1 time daily at 8:00am.
2. Sucraifate 1 gm. Tab to be taken by mouth before meals and at bed time.

Resident #2's

1. Ranitidine 150 mg tab, to be taken by mouth at 8:00pm

Resident #3's

1. Exelon Dis. 9.5m/24 hr patch
2. Meclizine 12.5 mg tab. take 1 tab by mouth daily.
3. Sertraline 100mg tab. take 1 ½ tabs. by mouth daily.

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 spoke with physicians about ensuring diagnosis's are written on physician orders. Guardian pharmacy will assist in compliance by monitoring all physician orders for each resident reviewed. Pharmacy will ensure diagnosis are placed on MARs accordingly. MARs/med cart to be audited on a monthly basis by med techs.

Cont! →

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 07/25/2013 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative
 (Required on EVERY Page)

| | |
|---------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melanie Duggan | Date 4-22-14 |
|---------------------------------------------------------------------------------------------------------|---------------------|

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Violation Report: 22167 - 03/13/2014 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

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- (3) Name of medication.
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- (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.

The above plan of correction is approved as of

4/29/14
(Date)

Plan of correction implementation status as of

4/29/14
(Date)

The above plan of correction was approved by

Am
(Initials)

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

Cont'

All med tech's will ensure diagnosis are present on MARS.

Attached are the MARS for resident #1, 2 and 3 with proper diagnosis.

• Administrator/Designee to ensure ongoing compliance.

Attachment
B

Violation Report: 22167 - 03/13/2014 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION

Through interviews with the resident's and staff, the home was not offering adequate opportunities for recreational activities for its residents. The residents & staff reported they have bingo activity on occasion. Residents did relate that activities are conducted at the skilled setting and they were not included in those activities.

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.

Monthly activities calendar has been reviewed with all staff and residents. A copy of the monthly calendar will be given to each resident. Staff will offer and encourage residents to participate.

• Administrator / Designee to ensure ongoing compliance

Attachment
C

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Melanie Duggan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melanie Duggan* Date *4/22/14*

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 (Date)

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 (Date)

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

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Violation Report: 22167 - 03/13/2014 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

1. Resident # 4's annual assessment and annual support plan were not completed timely. Resident #4's assessment and support plan were completed 8/16/13. Resident #4's previous assessment and support plan was completed 7/19/12.
2. Resident #5's annual assessment and support plan was completed 9/18/12. No annual assessment or support plan was found to be completed for 2013.
3. Resident # 3's current annual assessment and support plan was completed 8/1/13. The home had no annual assessment and support plan completed for resident #3 for the year of 2012. It's not possible to determine if the Resident # 3's 2013 annual assessment and support plan were completed timely.

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.

Administrator/Designer will ensure support plans are being revised/updated within 30 days of the Annual Assessments or upon changes of residents needs.
 Resident #5's ~~POC~~ ^{Assessment} was completed for 2012.
 A tickle file has been created to indicate when each residents DME and RASP are due for completion.
 Administrator/Designer to ensure ongoing compliance.

Attachment
 D & E

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)

Date 4-02-14

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 (Date)

Plan of correction implementation status as of

4/29/14
 (Date)

The above plan of correction was approved by

M
 (Initials)

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Violation Report: 22167 - 03/13/2014 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
 Licensing reps attempted to obtain support plans to be reviewed as part of the investigative process. Staff members "G" and "A" stated they did not know if they had access to the resident support plans and also did not know their location. The support plans were stored in the administrator's office which was locked at the time of the on-site visit due to the administrator's absence.

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 copy of each resident's RASP have been placed in a binder in the nurses station so that they are accessible to the direct care staff.

Administrator/Designee will ensure RASP's are up to date in binder for staff.

Administrator/Designee to ensure ongoing compliance

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) Date

Melanie Duggan Admin 4/22/14

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 (Date)

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

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented