



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: August 15, 2014

Mr. Eddy 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
License: #221670

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on June 19, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Commonwealth of Pennsylvania
Department of Public Welfare
Bureau of Human Services Licensing

6 Easy Steps to Develop a Plan of Correction

1. Why is the regulation important?
2. How was the regulation violated?
3. What caused the violation?
4. What can be done right away to fix the violation?
5. What can we do to prevent future violations?
6. Who will be responsible for preventing future violations?

Tips

- An acceptable plan of correction must be submitted to the Department before a license can be issued to the residence.
- If your plan of correction does not fit on the page you may attach additional pages; additional pages must be signed and dated.
- A plan to request a waiver of the regulation cannot be accepted as a plan of correction, although you may indicate in the plan of correction that you intend to apply.
- It is important to attach supporting documentation to your plan of correction to verify compliance of any violation that has been corrected.
- If you need help with your plan of correction call your regional office or the operator support hotline at 1(866) 503-3926.

Violation Report: 22167 - 06/19/2014 - Harvey, Jason
 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
 On 6/19/14, at 12:30pm, the shower stall in the shower room across from the TV/lounge/library area had a golden brown colored, slimy mold like substance in the corner of the shower where the shower curtain bunches and the shower curtain had mold like spores growing on it. The fabric of the curtain had a pink and green discoloration to the bottom 12 inches.

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.

Shower curtain disposed of / replaced at time of inspection. Shower stall also disinfected at time of inspection.

Administrator met with all staff in regards to maintaining sanitary conditions and housekeeping.

Administrator / Designee to complete weekly audit of sanitary conditions and keep on file at the facility.

Admin / Designee to monitor/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 7/29/14

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

<p>The above plan of correction is approved as of <u>8-14-14</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>8-14-14</u> (Date)</p> <p> <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 </p>
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Violation Report: 22167 - 06/19/2014 - Harvey, Jason
 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
 The home submitted a recent fire drill log to support documentation for a prior violations regarding fire safety. For the drill conducted on 04/30/14 at 4:50 am, of the 25 residents in the home at the time the alarm sounded, only 23 residents evacuated to the designated meeting place or an approved fire safe area.

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 service with all staff/maintenance supervisors to review evacuation procedures. Maintenance Supervisors described each step of the procedure and indicated that all residents must evacuate. Residents were reminded about evacuation procedure and refusing to evacuate is a violation of the home rules and would result in a 30 day notice.
 Administrator/Maintenance Supervisors will schedule annual fire safety in service/evacuation yearly.
 Admin/Designee to monitor/ensure ongoing compliance monthly.

ATTACHMENT
A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Melanie Deegan/Admin</u>	Date <u>7/29/14</u>
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Violation Report: 22167 - 06/19/2014 - Harvey, Jason
 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 medical evaluation for resident #1 dated 5/8/2104 did not indicate immunization history or ability to self-administer medication.
 The medical evaluation for resident #2 dated 6/10/2104 did not indicate the resident's health status or cognitive functioning.

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.

Medical Records will be reviewed for completeness upon retrieval from the physicians by staff and the Administrator. DMÉ's for Resident #1 and #2 have been fully completed by physician.

Admin/Designee to monitor/ensure ongoing compliance. DMÉ's to be reviewed prior to placing in residents records.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Melanie Dorgan, RPLM	7/29/14

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Violation Report: 22167 - 06/19/2014 - Harvey, Jason
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

The home does not have a program of activities designed to promote the active involvement of residents with families and the community. The home has a calendar posted, however per resident and staff interviews the activities do not always occur.

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.

Activities Calendar reviewed with all staff and residents. Monthly calendar given to each resident. Staff will offer and encourage residents to participate in all activities due to residents declining to participate often. An array of activities are always available to the residents i.e. Puzzles, games, crafts, books/magazines. Local community organizations visit the facility and engage with the residents on a monthly basis. i.e. St. Jude's and St. Paul's Church. When this occurs, Administrator will ensure to update activities calendar to denote activity. Admin/Designee to monitor/ensure ongoing compliance. Admin/Designee will have a resident council meeting to survey residents about activities they prefer or would like to request.

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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 7/29/14

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