



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

**MAILING DATE: June 18, 2015**

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 January 21, 2015 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 black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

**2a. DESCRIPTION OF VIOLATION**  
 On 1/11/15, there were 28 of residents in the home, including 6 residents with mobility needs, requiring a total minimum of 34hours of direct care. On this date, only 21 hours of direct care staffing was provided.

**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 attachment*

Repeat Violation: Yes	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
<i>James S. Krewicz</i>	<i>2-22-15</i>

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

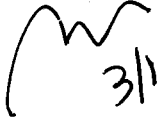
The above plan of correction is approved as of <u>3/10/15</u> (Date)	Plan of correction implementation status as of <u>3/17/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

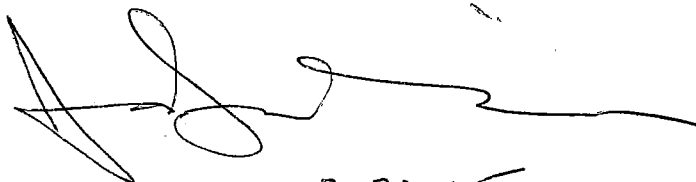
Payroll records for 1-11-15 indicate that direct care staffing totaled 37.75 hours.

In relation to the six residents enumerated with mobility needs, only one, resident #4 is documented as needing minimum assistance with transferring and evacuation. The other residents, #1,2,3,5 and 6 have no documented mobility needs as per pre-admission assessment, documentation of medical evaluation, or resident assessment and support plan. Therefore, they have not been considered as having such needs. Additionally, resident #1 has since been discharged from Mountain Top Senior Care.

That being said, an additional direct care staff person will be added to the schedule and will be available to work times which comply with resident's direct care needs. It is expected that this will occur by 3-1-15.

Administrator will monitor work schedules on a weekly basis to assure compliance with this regulation.

  
3/10/15

  
2-22-15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**  
 There are currently 28 residents living in the home, 6 of which have mobility needs. Based on staff interviews, it was determined that residents #1, #2, #3 and #4 require physical assistance out of bed and into their wheel chair. Resident #5 and resident #6 require constant verbal queuing due to a diagnosis of dementia. The home has 2 separate fire safe areas and regularly schedules only one staff person on the 11:00pm-7:00am shift. This is not a sufficient amount of staff to safely evacuate, account for and supervise the residents in the event of an emergency 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.

*See attachment*

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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) <i>Tomas J. Kewicz</i>	Date <i>2-22-15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/10/15</u> (Date)  The above plan of correction was approved by <u><i>M</i></u> (Initials)	Plan of correction implementation status as of <u>3/17/15</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Commencing on 3-1-15 Mountain Top Senior Care will regularly schedule two staff persons for the 11:00pm to 7:00am schedule.

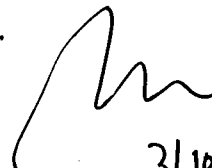
Relative to the named residents with mobility needs, only one, #4, has documented as needing minimum assistance with transferring and evaluation. Resident #1 has been discharged from Mountain Top Senior Care. Residents #2, 3, 5 and 6 have no documented mobility needs as per pre-admission assessment, documentations of medical evaluation, or resident assessment and support plan. As a result, they have not been considered as having such needs.

→ Each of the enumerated residents will be re-evaluated by PCH and medical staff and their RASP's will be updated as appropriate.

Periodic assessments of all residents relative to mobility will be performed periodically irrespective of annual RASP review.

↻ Administrator will monitor work schedules weekly to assure compliance with this regulation.

↻ Administrator will review the aforementioned re-assessment.

  
3/10/15

  
2-22-15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**2a. DESCRIPTION OF VIOLATION**  
 On 1/21/15, at 11:30am a patch of ice measuring approximately 3 feet in length, was noted on the sidewalk at the top of the ramp leading from the home's patio/smoking area to the front of the building, posing a fall risk.

**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 attachment*

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES SAMERWICZ	2-22-15


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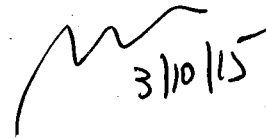
During periods of foul weather, staff will continuously monitor walkways and patio areas to assure that hazardous conditions do not exist.

Ice-melt materials have been stationed at egress and exit points and will be used to ameliorate any fall risks caused by weather-related occurrences.

Administrator will be responsible to assure that safety activities are carried out.



2-22-15



3/10/15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
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 submitted a letter to the local fire department indicating names and/or location of the 6 immobile residents currently residing 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.

See Attachment

The administrator shall monitor and assure that the local fire department is notified in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of same shall be kept and available for review by the Department. M 3/10/15

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 2-22-15

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

4/28/15

The above plan of correction is approved as of 3/10/15 (Date)

Plan of correction implementation status as of 3/11/15 (Date)

- Fully Implemented
Partially Implemented - Adequate Progress MM
Partially Implemented - Inadequate Progress
Not Implemented VP Error MM

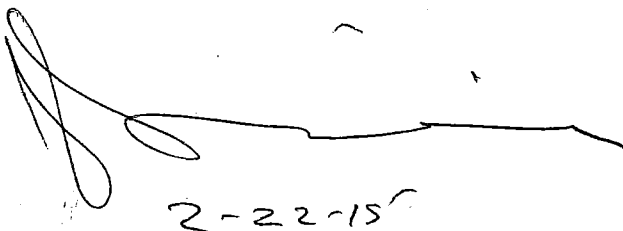
The above plan of correction was approved by (Initials)

During the week of 2-23-15 Administrator and Maintenance staff will meet with representative of the Wright Township Fire Department to update documentation of the names and locations of the "immobile" residents residing in the home.

Annual safety inspection will be conducted by the fire department at that time. Any and all recommendations will be implemented immediately.

Records of the appropriate letters and inspection reports will be available to the DPW following that activity.

  
3/10/15

  
2-22-15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 On 1/21/15, at 11:30am, approximately 6 patio furniture cushions, not labeled as flame retardant, were noted on the patio which is also the home's designated smoking area. A cigarette butt was also noted on one of the chairs, under the cushion.

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 Attachment

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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
James Sackiewicz	2-22-15

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

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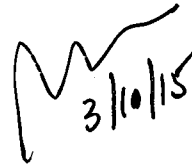
All furniture cushions have been removed from patio furniture in the designated smoking area.

Residents are advised continuously no to smoke in non-smoking areas as per house rules. Staff has been advised to enforce this prohibition without exception.

Any and all outdoor furnishings to be obtained in the future will be certified non-flammable/flame retardant.

Administrator will inspect area in question at least weekly.

  
2-22-15

  
3/10/15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The home's fire drill logs do not indicate what exit or exits were used to evacuate residents during the 5:00am drill conducted on 7/30/14.

**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 Attachment*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/29/2014	
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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
<i>James Jakewicz</i>	<i>2-22-15</i>

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 (Date)

Plan of correction implementation status as of 3/17/15  
 (Date)

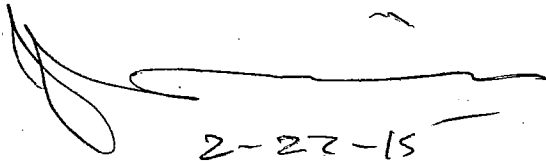
The above plan of correction was approved by *m*  
 (Initials)

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

Commencing immediately all written fire drill records will include a description of which exit or exits were used during evacuation.

Comparing such records will assure that exit points are rotated from drill to drill.

Administrator will review each report to assure that this regulation is followed.



2-27-15



3/10/15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 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 most recent letter from a fire safety expert dated 3/20/14 indicates an evacuation time of 3 minutes based on the buildings construction. The home's fire drill logs indicate that the residents were not evacuated within 3 minutes on the following dates and times: 5/7/14 (3min.55sec.), 6/25/14 (3min. 35 sec.), 7/30/14 (3 min. 55 sec.), 8/5/14 3 min. 45 sec.), 9/29/14 (4 min. 50 sec.), 10/28/14 (4 min. 50 sec. ), 11/26/14 (4min.32 sec. ), 12/24/14 (3 min. 49 sec. ) and 1/7/15 (4 min. 37 sec.).

The home's fire drill logs indicate that on 4/30/14 at 4:50 am, residents were evacuated through the South exit to the patio and on 5/7/14 at 10:31 pm residents were evacuated to the dining area. The home has 2 designated exterior meeting places. One is located outside the door located directly across from the nurses' station. The other is located outside in the parking lot near the home's dumpster. The resident's did not evacuate to the designated exterior meeting place(s) as identified by the fire safety expert.

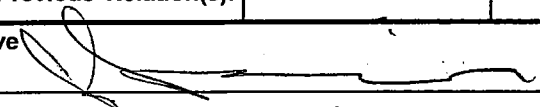
Staff person "A" works alone on the overnight shift (11-7am) and indicated that in early January 2015, the fire alarm was set off in the adjoining Skilled Nursing Facility and he/she evacuated all of the residents to the TV area near the dining room which is not a designated internal fire safe area. According to a letter from the Fire Safety Inspector dated 3/20/14, the only internal fire safe area that the residents can evacuate to is into the hallway leading to the adjoining skilled nursing facility.

**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 Attachment*

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
JAMES JACKIEWICZ	2-22-15

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

The above plan of correction is approved as of 3/10/15  
 (Date)

Plan of correction implementation status as of 4/28/15  
3/17/15  
 (Date)

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

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

During the week of 2-23-15 Administrator and Maintenance staff will meet with representatives of the Wright Township Fire Department to conduct an annual fire safety inspection.

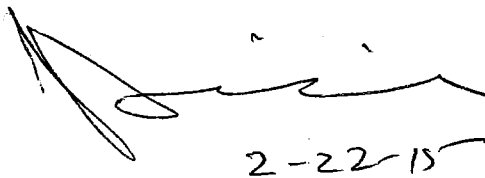
As part of the inspection, time-line for evacuation will be examined, together with evaluation of designated interior fire safe-area.

Any and all recommendations by the fire safety expert will be implemented immediately.

Records of the appropriate letters and inspection reports will be available to the DPW following their completion.

All staff will be trained on existing fire safety protocols and on any new protocols which may be instituted by the afore-mentioned inspections. Such training is expected to be completed by 4-1-15.

Documentation of training will be retained.



2-22-15



MR  
3/10/15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.


**2a. DESCRIPTION OF VIOLATION**  
 The home's fire drill logs indicate that in a 10 month period, from April 2014 to January 2015, drills were conducted on a Wednesday 7 times.

**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 Attachment

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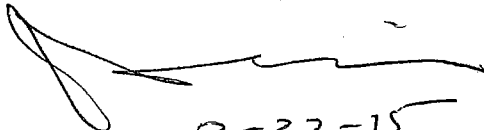
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES JAKUBOWICZ	2-22-15


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Fire drills will no longer be conducted on the same day of the week each month. Days including weekend days will be rotated randomly (Wednesday will be selected only once a year).

Administrator will review fire drill records monthly to assure compliance.

  
2-22-15

  
3/10/15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

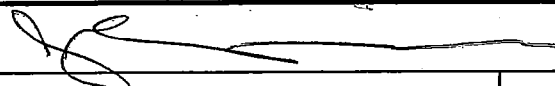
**1. REGULATION 55 Pa.Code §2600**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 The home's fire drill logs indicate that during the drill conducted on 4/30/14 "(2) residents refused to participate" and during the drill conducted on 5/7/14 one resident "refused to be evacuated".

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JAMES JAKOWICZ</i>	Date <i>2-22-15</i>
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 (Date)

Plan of correction implementation status as of 3/17/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

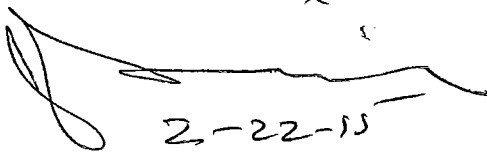
- Fully Implemented
- Partially Implemented - Adequate Progress *LP*
- Partially Implemented - Inadequate Progress
- Not Implemented

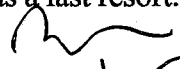
Residents who refuse to participate in fire drills can become a hazard to themselves and others in the event of an actual fire.

Recalcitrant residents will be reminded that participation in fire drills is part of home rules.

Attempts will be made to ascertain reason for refusal to evacuate and staff will attempt to alleviate/overcome these reasons.

Chronic refusal is a violation of house rules and discharge will be pursued as a last resort.

  
2-22-15

  
3/10/15

Violation Report: 22167 - 01/21/2015 - Rushin, Julienne  
 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

Approximately 20 cigarette butts were noted on the ground off the home's patio which is also the designated smoking 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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES D. KREWICZ	2-22-15

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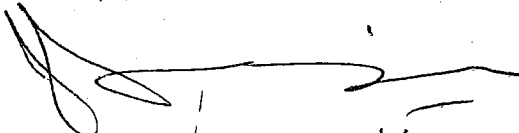
- Fully Implemented
- Partially Implemented - Adequate Progress LP
- Partially Implemented - Inadequate Progress
- Not Implemented

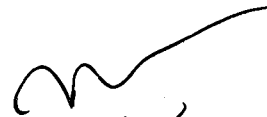
The above plan of correction was approved by [Signature]  
 (Initials)

Residents will continue to be advised that throwing cigarette butts off the deck is unacceptable. Self-extinguishing butt receptacles have been provided and are expected to be used.

Staff will endeavor to undertake a patrol of the area in question every two hours and will clean up any butts encountered.

Ongoing resident and staff training on the hazards inherent to butts will be conducted by Administrator or designee.

  
2-22-15

  
3/10/15

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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

On 1/12/15 at 5:30 am, resident #7 exited the home without staff being aware and fell in the snow. Resident #7's initial RASP dated 8/20/14 was not updated to indicate that the resident requires increased supervision and sustained a fractured hip from the fall.

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 Attachment

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

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

The above plan of correction is approved as of 3/17/15  
(Date)

Plan of correction implementation status as of 3/17/15  
(Date)

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

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

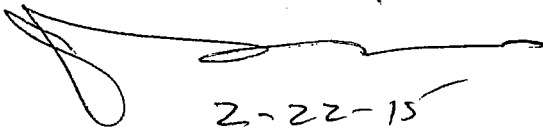
Subject returned from an ER visit on 1-12-15 around 1:00am. The fall event described herein occurred @ 5:30am that same morning. Discharge notes from the hospital did not contain any recommendations for "increased supervision." Subject had no history of wandering or flight while at Mountain Top Senior Care.

The RASP was not updated because there was no documentation or observation warranting increased supervision other than that afforded any resident returning from hospital.

RASP's, as per regulation, are updated and amended relative to changes in resident needs. In this instance there was no such indication.

Additionally, the time frame between her return from the hospital and her absconding was less than four hours, thereby limiting ability to thoroughly assess needs changes.

- Administrator will continue to review all RASPs and assure that updates/revisions are complete as appropriate.



2-22-15