



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 16 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 Human Services' licensing inspection on April 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.

Your regular license for the period July 5, 2015 to July 5, 2016 was issued on May 7, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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

2a. DESCRIPTION OF VIOLATION
 Resident medical records contained in a cabinet located in an open area across from the lower level nurses office was found unlocked upon arrival at the home at 9AM. These unlocked resident records were accessible to anyone and did not ensure confidentiality and privacy of resident information.

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) *B. Marosky*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *B. Marosky* Date *5-25-15*

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

The above plan of correction is approved as of 6/8/15
 (Date)

Plan of correction implementation status as of 6/19/14
 (Date)

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

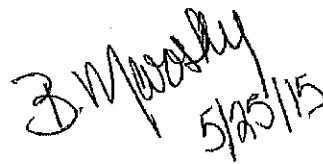
- Fully Implemented
- Partially Implemented - Adequate Progress *DV*
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.17

All staff members were educated on securing resident medical records, medication administration records, RASPs and continual security of the nurse's station when leaving the area.

Administrator/designee will ensure ongoing compliance.


6/8/15


5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 The administrator did not complete a written resident home contract for resident #1 who was admitted to the home on 3/9/2015. There was no completed and signed contract between the home and the resident.

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

See Attachment

The administrator shall monitor and assure ongoing compliance

[Signature]
 7/1/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *B. MAOSKY* Date *5-25-15*

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

The above plan of correction is approved as of *6/8/15*
 (Date)

Plan of correction implementation status as of *7/1/15*
 (Date)

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

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

2600.25(a)(1)

A written resident home contract for resident # 1 was completed on 04/22/15. The contract was completed and signed by both the home and the resident.

- 4 Administrator/designee will ensure that a completed resident-home contract is in place for all admissions, following ongoing compliance.

See Attachments (A)

m
6/8/15

B. Mawley 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
 (1) The reportable incident and condition reporting procedures.
 (2) Complaint procedures.
 (3) Staff person training.
 (4) Licensing violations and plans of correction, if applicable.
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home did not complete a Quality Management Plan for 2015. The home's Quality Management Plan was to be completed annually and the most current Quality Management Plan was completed 01-06-14.

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 Attachments

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anthony M. M... [Signature]* Date *5/25/15*

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

The above plan of correction is approved as of <u>6/8/15</u> (Date)	Plan of correction implementation status as of <u>6/9/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.26(b)

The home's quality management plan for 2015 was completed 04/27/15.

Administrator/designee will ensure a Quality Management Plan is completed annually for the home following ongoing compliance

See Attachments (B)

6/8/15

J. Manalby 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's file did not contain a signed statement acknowledging that a copy of the resident's rights and complaint procedures were given to the resident or their designee upon admission.

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 ongoing compliance.

M
7/1/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *B. Morosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brian Morosky* Date *5/20/15*

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

The above plan of correction is approved as of 6/8/15 (Date)

Plan of correction implementation status as of 7/1/15 (Date)

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

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

2600.41(e)

Documentation acknowledging resident's rights and complaint procedures were thoroughly discussed and gone over with resident #1 and signed on 04/22/15 .

Administrator/designee will ensure that completed documentation of resident's right and complaint procedures are implemented for all admissions, following ongoing compliance.

See Attachments ©

J. M. [Signature] 5/25/15

6/8/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER	
1. REGULATION 55 Pa.Code §2600 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.	
2a. DESCRIPTION OF VIOLATION The home did not meet the required staffing hours of 32.0 hours of direct care staffing hour on 04-20-15. The home had 30 hours of direct care staff hours scheduled on 04-20-15.	
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) <i>J. Matosky</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anthony Matosky</i>	Date <i>5/25/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/8/15</u> (Date)	Plan of correction implementation status as of <u>6/9/15</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 <i>DV</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.57(b)

Payroll records for 04/20/15 indicate that direct care staffing totaled 47.5 hours.

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

6/8/15
m

J. Murphy
5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 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
 The home did not have sufficient staffing hours to meet the required hours of 32 direct care staffing hours for its immobile residents on 04-20-15. The home had 30.0 direct care staffing hours. The home does not have ancillary staff and direct care staff is responsible for direct care and ancillary duties in the 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: Yes	Date(s) of Previous Violation(s):		
-----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *B. Masorley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brian Masorley* Date *02/5/15*

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

The above plan of correction is approved as of 6/8/15
 (Date)

Plan of correction implementation status as of 6/9/15
 (Date)

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

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

2600.57(c)

Payroll records for 04/20/15 indicate that direct care staffing totaled 47.5 hours.

The home is currently running ads and accepting applications for additional direct care staff and ancillary staff. There has been one hire since the annual inspection. This new hire will be implemented in ancillary staffing.

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

6/8/15
m

J. Marashy

5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa. Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 The home did not have the required direct care staffing hours during the waking hours on 04-20-15. The home was required to have a total of 24 direct care waking hours and the home had 22.5 waking hours on 04-20-15.

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.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *B. Matosey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brianne Matosey* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15*
 (Date)

Plan of correction implementation status as of *6/9/15*
 (Date)

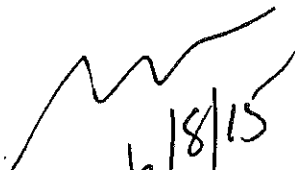
The above plan of correction was approved by *m*
 (Initials)

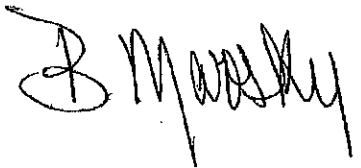
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.57(d)

Payroll records indicate direct care staffing totaled 31 direct care waking hours on 04/20/2015.

Administrator/designee will monitor work schedules on a weekly basis to assure compliance w/this regulation


6/8/15

 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
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
Staff person "A" DOH 03-18-15 did not receive the required initial training hours of required during the first 40 hours. This individual did not receive training g in resident rights, emergency planning, mandated reporting of abuse or residents and no training on 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.

See Attachment

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

Signature of Legal Entity Representative (Required on EVERY Page) *B. Marzke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Marzke* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15* (Date)

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

Plan of correction implementation status as of *6/9/15* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.65(b)

Staff person "A" has undergone a thorough training procedure and in-service in regards to resident rights, emergency planning, reporting abuse and reportable incidents on 04/23/15.

Administrator/Designee will ensure all new hires will receive a proper training/ orientation on required subjects in a timely manner- 40 hours of initial start date following ongoing compliance.

See Attachments

①

6/8/15
m

J. Mackay
5/25/15

Violation Report; 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 A trash receptacle located in the shower/bathroom located on the upper level was found not covered and without a lid to prevent 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.

See Attachment

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/19/2014

Signature of Legal Entity Representative (Required on EVERY Page) *B. Matosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jonathan Matosky* Date *5/25/15*

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

The above plan of correction is approved as of 6/8/15
 (Date)

Plan of correction implementation status as of 6/9/15
 (Date)

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

- Fully Implemented *D.V.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.85(d)

Trash receptacle in the upper level shower room was discarded at time of inspection and replaced with a covered receptacle including lid.

Administrator/ designee to monitor all bath/shower rooms weekly to ensure a secure, covered trash receptacle are in place.

6/8/15
m

B. M. Warky
5/25/15

Violation Report: 22167 - 04/21/2016 - O'Haire, Anne PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER	
1. REGULATION 55 Pa.Code §2600 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	
2a. DESCRIPTION OF VIOLATION The home did not complete an annual fire safety inspection and fire drill that was conducted and observed by a fire safety expert. The most recent inspection and drill were conducted 03-20-2014.	
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) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brittany Matosky</i>	Date <i>5/25/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>6/8/15</i> (Date)	Plan of correction implementation status as of <i>6/8/15</i> (Date)
The above plan of correction was approved by <i>M</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MM</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.132(b)

The home's annual fire safety inspection was completed and conducted by a fire safety expert on 03/25/15.

Administrator/designee will ensure a fire safety inspection is done annually following ongoing compliance.

See Attachments (E)

J. Matlock 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 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 safety letter dated 03-20-14 stated the home had 3 minutes 0 seconds to evacuate the facility during a fire drill or fire. On the following dates and times the home went over their allotted time:
 4/30/14 - Evacuation time of 4 mins. 40 secs.
 5/7/14 - Evacuation time of 3 mins 55 secs.
 6/25/14 - Evacuation time of 3 mins. 35 secs.
 7/30/14 - Evacuation time of 3 mins 55 secs.
 8/5/14 - Evacuation time of 3 mins. 49 secs.
 9/29/14 - Evacuation time of 3 mins 53 secs.
 10/28/14 - Evacuation time of 4 mins. 50 secs.
 11/26/14 - Evacuation time of 4 mins. 32 secs.
 12/24/14 - Evacuation time of 3 mins. 49 secs.
 1/27/15 - Evacuation time of 4 mins. 52 secs **37**
 2/20/15 - Evacuation time of 3 mins. 52 secs
 3/30/15 - Evacuation time of 4 mins 20 secs.

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) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anthony Matosky* Date *5/25/15*

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

The above plan of correction is approved as of <u>6/8/15</u> (Date)	Plan of correction implementation status as of <u>6/8/15</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

2600.132(d)

An updated fire safety letter approved by a fire safety expert dated 03/25/15 explains that direct care staff is able to evacuate and or move residents to a fire safe area in less than 4 minutes and 30 seconds.

Administrator/designee to monitor fire drill records and ensure ongoing compliance with this regulation

See Attachment (F)

J. Matosky 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 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
 There was no medical evaluation completed by a physician/physician's assistant for resident #1 prior to admission or within 30 days after admission. Resident #1 was admitted to the home on 3/9/2015.

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) *B. Matosky*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brittany Matosky* Date *6/25/15*

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

The above plan of correction is approved as of *6/8/15*
 (Date)

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

Plan of correction implementation status as of *6/9/15*
 (Date)

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

2600.141(a)(1)

A medical evaluation for resident #1 was completed by a physician on 04/22/15.

Administrator/designee will ensure that medical evaluations will be completed by a physician during the required timeframe of 60 days prior to admission or within 30 days of admission following ongoing compliance.

See Attachment (c)

B. Mawley

5/25/15

6/8/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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

2a. DESCRIPTION OF VIOLATION
 Resident #2 did not have a medical evaluation completed annually since the last medical evaluation for this resident was completed on 2/20/2014.

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 ongoing compliance. m 7/1/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *B. Massey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brianne Massey* Date *5/25/15*

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

The above plan of correction is approved as of 6/8/15 (Date)

Plan of correction implementation status as of 7/1/15 (Date)

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

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

2600.141(b)(1)

Resident records indicate that resident #2's Medical Evaluation was completed by a CRNP on 01/06/2015 and reviewed by an MD on 03/31/2015.

Administrator/designee to maintain resident records and ensure medical evaluation to be completed annually following ongoing compliance

See Attachment (H)

J M Waddy 5/25/15

6/8/15
m

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home had only one menu posted for the current week of 4/20 through 4/26/15 and did not have a menu posted for one (1) week in advance, 4/27 through 5/3/2015.

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) *J. Marosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *J. Marosky* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15*
(Date)

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

Plan of correction Implementation status as of *6/9/15*
(Date)

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

2600.162(c)

Next week's menu was posted at time of inspection.

Dietary manager will ensure 4 weeks menus are posted at all times.

Administrator/designee to ensure ongoing compliance

6/8/15
m

B. Marashy 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §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
 Staff person "B" annual medication MAR reviews were incomplete. The home completed 3 out of the 4 required MAR reviews completed by 03-20-15. Staff Person "B" had 3 MAR reviews conducted on the following dates: 07-21-14, 10-14-14 and 01-15-15

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

The administrator shall monitor and assure ongoing compliance. *m* 7/1/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *B. Matosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brian Matosky* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15* (Date)

Plan of correction implementation status as of *7/1/15* (Date)

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

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

2600.182(b)

Staff person "B" is currently awaiting his/her scheduled 4th MAR review. At this time staff person "B" is not administering medications until 4th MAR review is conducted by a trained trainer.

Administrator/designee to maintain an updated Medication Administration training log and monitor timely reviews and observations following ongoing compliance

JM [signature]

6/8/15
5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 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 home had 2 bottles of Hydrox brand, Hydrogen Peroxide found in the first aid kit that had expiration dates of 12/11 & 12/14.

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 attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *R. Massey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bethany Massey* Date *5/25/15*

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

The above plan of correction is approved as of 6/8/15
 (Date)

Plan of correction implementation status as of 6/9/15
 (Date)

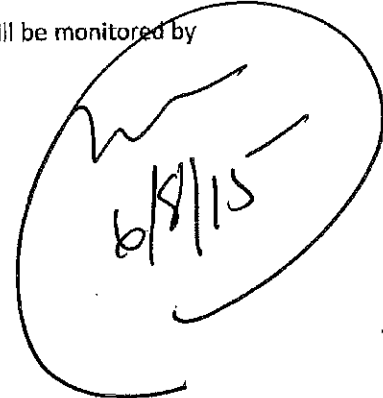
The above plan of correction was approved by m
 (Initials)

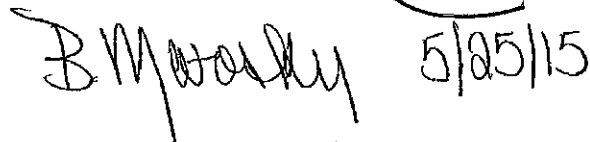
- Fully Implemented
- Partially Implemented - Adequate Progress *6/9/15*
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.183(d)

Hydrogen Peroxide bottles were discarded and replaced at time of inspection. Staff educated on performing monthly audits in medication storage and first aid kit for expired medical items.

Ongoing monthly audits to be performed by Med trained staff and will be monitored by administrator/designee to ensure compliance.

A handwritten signature and the date "6/8/15" are enclosed within a hand-drawn circle.

A handwritten signature and the date "5/25/15" are written in cursive.

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

During a medication audit on the date of inspection of the home's narcotics, it was found that resident #3's narcotic count was incorrect. Resident #3 had 82 Lorazepam 0.5 mg tablets and the narcotic's log stated that Resident #3 should have 83 Lorazepam 0.5 mg tabs.

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) *B. Matory*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brian Matory* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15* (Date)

Plan of correction implementation status as of *6/9/15* (Date)

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

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

2600.185(b)

Following the facilities controlled substances accountability guide and procedure, all staff members involved in the narcotic count prior to and during inspection were subject to an onsite drug screen performed at time of inspection. Med trained staff in-serviced on performing a shift by shift narcotic count. Daily controlled substance count sheets implemented to ensure narcotic count is correct between shifts.

- Ongoing narcotic counts will be monitored by administrator/designee to ensure compliance.

6/8/15

see Attachment (I)

J. M. [unclear] 5/25/15

Violation Report: 22167 - 04/21/2015 - 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
 An activity listed as Bingo for a Tuesday at 1:30PM did not take place as noted on the posted activity calendar. This was observed since the renewal inspection did take place on Tuesday.

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):	06/19/2014
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>[Handwritten Name]</i>	5/25/15

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

The above plan of correction is approved as of 6/8/15
 (Date)

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

Plan of correction implementation status as of 6/9/15
 (Date)

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

2600.221(a)

Daily activities have been revised with a variety of likes and interests from the residents living in the home. Activities are provided two-three times daily. 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

B. Maroney

5/25/15

6/8/15
m

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The activity calendar posted in the home was for 2015. It did not indicate the specific week or current week the activity was to 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.

See Attachment

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anthony Matosky* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15*
 (Date)

Plan of correction implementation status as of *6/9/15*
 (Date)

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

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

2600.221(c)

A revised, corrected and updated monthly activities calendar is now in place in the home.

Administrator/designee to ensure ongoing compliance

6/8/15
m

J. Murphy 5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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

2a. DESCRIPTION OF VIOLATION

The preadmission screening document prepared by the former acting administrator on resident #1 was incomplete. The former administrator failed to sign their signature and indicate the date the prescreen document was completed. There was no annotation that resident #1 could safely use or avoid poisonous materials. The administrator failed to verify and document that resident #1's needs could be met in the personal care 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

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

Signature of Legal Entity Representative (Required on EVERY Page) *B. Metastay*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brian Metastay* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15* (Date)

Plan of correction implementation status as of *6/9/15* (Date)

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

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

2600.224(a)

Resident #1 was re-evaluated to ensure his/her needs could absolutely be met in the home. Required prescreen documentation was completed 04/22/15.

Administrator/designee will ensure the proper prescreening procedures are met prior to resident admission following ongoing compliance

6/8/15
m

See Attachment

5

B. M. M. M. M. M.

5/25/15

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 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
 There was no initial assessment completed on resident #1. The administrator was required to complete an initial assessment on resident #1 within 15 days of admission. Resident #1 was admitted to the facility on 3/9/2015.

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) *J. Matosky*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brian Matosky* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15*
 (Date)

Plan of correction implementation status as of *6/9/15*
 (Date)

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

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

2600.225(a)

Assessment on resident #1 was completed 04/22/15.

Administrator/designee to ensure a completed written initial assessment is documented within 15 days of admission, following ongoing compliance

6/8/15
m

~~Monday 5/25/15~~

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 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
 There was no written support plan developed for resident #1 within 30 days of admission found in resident #1's record. Resident #1 was admitted to the facility on 3/9/2015.

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) *R. Masosky*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brittany Masosky* Date *5/25/15*

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

The above plan of correction is approved as of *6/8/15*
 (Date)

Plan of correction implementation status as of *6/9/15*
 (Date)

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

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

2600.227(a)

A written, completed support plan was developed for resident #1 on 04/22/15.

Administrator/designee will ensure a written, implemented support plan is completed within 30 day of admission to the home, following ongoing compliance

See Attachment (K)

B. Morphy 5/25/15

6/8/15
m

Violation Report: 22167 - 04/21/2015 - O'Haire, Anne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home failed to use and complete standardized forms required by regulation on resident #1 as noted in this report.

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) *B. Morawski*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brian Morawski* Date *5/25/15*

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

The above plan of correction is approved as of 6/8/15
 (Date)

Plan of correction implementation status as of 6/9/15
 (Date)

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

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

2600.251(c)

Required standardized forms were implemented and completed on resident #1 resident record.

Administrator/designee to ensure standardized forms to be utilized upon admission following ongoing compliance

6/8/15
m

B. Marinsky 5/25/15