



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: July 1, 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 June 9, 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,

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 22167 - 06/09/2015 - Valence, Duane  
 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 and signed contract prior to admission, or within 24 hours after admission for resident #1, who was admitted to the home on 6/5/2015.

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

Cont. →

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015
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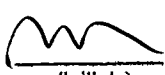
Signature of Legal Entity Representative  
 (Required on EVERY Page) *B. Mankley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anthony Mankley</i>	Date <i>6/29/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/1/15  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

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

2600.25(a)(1)

cont

A written resident-home contract was completed and signed for resident #1 on 06/10/2015. The contract was completed and signed by both the home and the resident and responsible party.

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

See Attachments (A)

7/1/15  
m

B. Moroney 6/29/15

Violation Report: 22167 - 06/09/2015 - Valence, Duane  
 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

Cont →

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *B. Matosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brittany Matosky</i>	Date <i>6/29/15</i>
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The above plan of correction is approved as of 7/1/15  
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

2600.41(e)

cont

Documentation acknowledging resident's rights and complaint procedures were thoroughly discussed and gone over with resident #1 and responsible party on 06/10/15.

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

See attachments (B)

7/1/15

B. M. [Signature] 6/29/15

Violation Report: 22167 - 06/09/2015 - Valence, Duane  
 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 2/20/2014 on the required Department Medical Evaluation form. The medical evaluation dated 1/06/2015 completed and signed by a CRNP on 1/06/2015 and signed by the resident's physician on 3/31/2015, was on a medical evaluation form required for resident #2 to receive medical assistance.

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

Cont. →

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *B. Marzullo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brittany Marzullo</i>	<i>01/30/15</i>

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

The above plan of correction is approved as of 7/1/15  
 (Date)

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

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

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

2600.141(b)(1)

Cont.

Documentation of Medical Evaluation for resident #2 was completed by a CRNP on 01/06/2015. DME copy retrieved from physician's office 06/30/15.

Administrator to maintain resident records and ensure medical evaluation to completed annually following ongoing compliance.

See Attachments (C)

7/1/15  
m

B. M. [Signature] 6/30/15

Violation Report: 22167 - 06/09/2015 - Valence, Duane  
 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**

2600.182(b)- Staff person "A"- annual medication MAR reviews for recertification were incomplete and have not been completed by 3/20/2015. The home completed 3 of 4 required MAR reviews on 7/21/2014, 10/14/2014 and 1/15/2015. The administrator stated on 6/06/2015 that staff person "A" does not and will not administer medications until the certified medication trainer observes staff person "A's" 4th medication pass which should be observed and completed sometime before the end of June, 2015. A review of resident MAR'S and the home's controlled substance record on June 9,2015 revealed that staff person "A" does in fact continue to administer resident medications without the proper medication training and observations by a certified medication trainer. Staff person "A" also stated that he/she continues to administer resident medications.

**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  
 Cont-9  
 7/1/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *B. Matusky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anthony Matusky* Date *6/09/15*

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

The above plan of correction is approved as of <u>7/1/15</u> (Date)	Plan of correction implementation status as of <u>7/1/15</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.182(b)

cont

A MAR review for staff person "A" was completed on 06/12/15.

Administrator will maintain an updated Medication Administration training log and monitor timely reviews and observation, following ongoing compliance.

See Attachments (D)

M  
7/1/15

B. Marashy 6/29/15