



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 30, 2016

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 February 5, 2016 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
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22167 - 02/05/2016 - Rushin, Julienne
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Review of resident #1's progress notes indicate that on 2/4/16, staff person A contacted the his/her physician and explained the strong smell coming from the resident's legs. The doctor instructed staff person A to send the resident out then because he/she would lose their legs". Staff person A contacted the resident's family member first, who then told them not to send his/her parent out to the hospital. While at the home on 2/5/16, department representative and staff person A noted resident #1's leg bandages were weeping and emitting a foul odor. Department representative urged staff person A to send the resident out to the hospital immediately. Based on interviews with staff, it was noted that resident #1's family refused home health wound care ordered by a physician in the past. The home failed to assist resident #1 in securing required medical care.

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

cont. →

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)

JAMES JAKIEWICZ Admin

Date

3-16-16

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


The above plan of correction is approved as of

3/25/16
 (Date)

Plan of correction implementation status as of

3/25/16
 (Date)

The above plan of correction was approved by


 (Initials)

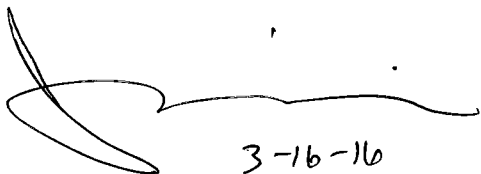
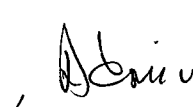
- Fully Implemented
- * Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented


2600.142(A)

CONTACT WITH SUBJECT'S PRIMARY CARE PHYSICIAN ON 2-5-16 RESULTED IN AN ORDER GENTLY WASH AND PAT DRY KNEES TO TOES AND APPLY BACTROBAN/ZINC TO THE AFFECTED AREA TWICE WEEKLY. SOCKS TO BE REAPPLIED FOLLOWING TREATMENT. REGIMEN TO BE FOLLOWED UNTIL CONDITION CLEARED. PHYSICIAN MONITORS CONDITION MONTHLY. RESIDENT'S FAMILY ALSO MONITORS AND ASSISTS REGULARLY.

* RESIDENT'S ASSESSMENT AND SUPPORT PLAN HAS BEEN UPDATED AS APPROPRIATE. THE CONTINUITY OF RESIDENT'S MEDICAL CARE HAS NOT BEEN COMPROMISED IN ANY MANNER.

* ADMINISTRATOR WILL ASSURE THAT ALL ASPECTS OF SUPPORT PLANS ARE EXECUTED AS INTENDED.

 3-16-16, 

 3/25/16

Violation Report: 22167 - 02/05/2016 - Rushin, Julienne
 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

While on site on 2/5/16, department representative noted a strong odor coming from resident #1's room. Upon entering the room with staff person A, resident #1 was noted sleeping in a wheelchair. The resident pulled his/her pant legs up and it appeared that the wounds were weeping through the bandages and causing the odor. Based on staff interviews, resident #1 has refused to accept medical care secondary to the strong odor coming from his/her legs. Resident #1's RASP, dated 7/23/15, has not been updated to indicate the following: the resident's need for home health services for wound care; that the resident sleeps in a wheelchair and not in a bed; and that the resident requires physical assistance with bathing.

On 2/21/16 at 5:15 am, an employee of the adjoining skilled facility found resident #2 lying on the side of the road of route 309 below the personal care building. The resident was alert and taken into the home to be assessed. The resident refused hospitalization. Resident # 2's RASP (dated 8/16/15) indicates he/she "requires minimal supervision when outside of the facility" and "staff and family to supervise resident in unfamiliar settings". On 2/21/16 at 5:15 am resident exited the home without staff supervision.

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

Cont →

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) <i>JANE S. ADKINS, Admin.</i>	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/25/16</u> (Date)	Plan of correction implementation status as of <u>3/25/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

2600.227(d)

AFTER SEVERAL DAYS OF REFUSAL OF ASSISTANCE, SUBJECT WAS SEEN ON 2-9-16 BY [REDACTED] PCP WHO RECOMMENDED GENTLY WASHING AND PATTING DRY RESIDENT'S KNEES TO TOES AND APPLYING BACTROBAN/ZINC CREAM TO THE AFFECTED AREA TWICE WEEKLY. SOCKS TO BE REAPPLIED NFOLLOWING TREATMENT. REGIMENTO BE FOLLOWED UNTIL CONDITION CLEARED. PHYSICIAN MONITORS MONTHLY AND [REDACTED] FAMILY MONITORS REGULARLY.

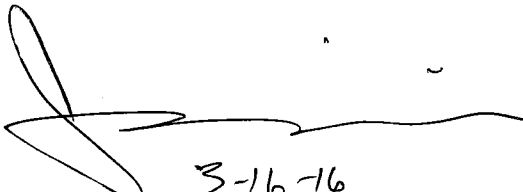
PCP HAS PROVIDED AN AUTHORIZATION PERMISSION FOR SUBJECT TO SLEEP IN [REDACTED] WHEELCHAIR IF SHE SO CHOOSES. SHE RECEIVES ASSISTANCE WITH BATHING WHEN SHE ALLOWS SAME. RASP HAS BEEN UPDATED AS APPROPRIATE.

2600.227(d)

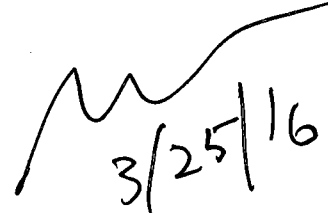
* FOLLOWING THE EVENT OF SUBJECT LEAVING THE HOME AT 5:15 AM WITHOUT STAFF SUPERVISION, A KEYED DOOR ALARM WAS INSTALLED ON THE DINING ROOM DOOR WHICH WAS USED BY THE SUBJECT TO ABSCOND. STAFF IS NOW ABLE TO AUDIBLY MONITOR ALL MEANS OF ENTRANCE AND EGRESS.

* SUBJECT HAD NO HISTORY OF WANDERING OR ELOPEMENT PRIOR TO THIS EVENT. RESIDENT'S RASP HAS BEEN AMENDED AS APPROPRIATE TO INCLUDE SUPERVISION OUTSIDE OF THE FACILITY.

* ADMINISTRATOR WILL ASSURE THAT ALL ASPECTS OF SUPPORT PLANS ARE EXECUTED TO MAINTAIN SAFETY OF ALL RESIDENTS.


3-16-16

ASmirv


3/25/16