



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 08 2016

Mr. Brian Rendos, CFO
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. Rendos:

As a result of the Department of Human Services' annual licensing inspection on May 26, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22187 - 05/26/2016 - Dumas, Gerald
PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The license inspection summary for 5/7/2015 and 2/5/2016 were not posted in a public and conspicuous area of 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 Attached

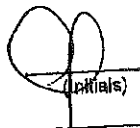
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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

The above plan of correction is approved as of 7/23/16
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 7/23/16
(Date)

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

page 23

2600.3 (c)

The licensing inspection report permits families, visitors and residents become familiar with the regulations and the homes regulatory compliance , including the facilities plan to correct any regualtory violations.

Due to an oversight the licensing inspection report was not posted.

License Inspection Reports in question have been posted I a conspicuous bulletin board near nurses station.

In the future this and any subsequent summaries will be posted as required .

Administrator will monitor to ensure that the summary continues to stay posted in order to maintan compliant.

Kathleen Burger LPN 7/6/2016
7/23/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

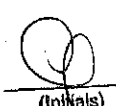
Za. DESCRIPTION OF VIOLATION
 The contract in the record for resident # 1 was not signed by the administrator of the home.

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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Kathleen Burger LPN, PCH Administrator		7/6/2016	

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2600.25(b)

P30923

The importance of signing the Resident Home Contract by both parties is a pledge that both parties will adhere and abide by specified terms.

The homes representative failed to sign said contract. This was an oversight.

The contract in question was signed by administrator as required.

In the future, contracts will be monitored by the administrator to ensure accuracy and compliance.

Enclosed is a copy of Contract in question.

H Burger 7/7/16
DL 7/23/16

Violation Report: 22167 - 06/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION
 The record of resident # 2 contract dated 3/27/2013 did not contain information regarding the resident's right and the complaint procedure.

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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2600.25 (c)(13)

Residents Rights and complaint procedure documents have been included in resident contracts

In the future, all contracts will include Residents rights and complaint procedures.

Administrator will monitor for compliance.

Attached are documents that will be included in every resident contract .

Kathleen Burgeon 7/6/2016
KB 7/23/16

*p4
10/23*

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 5/20/16 and 5/21/16 direct care staff person B and C worked the 11 p.m. to 7 p.m. shift. Neither staff are certified in C.P.R. or First Aid Training.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.63(a)

All PC Staff will be trained in CPR and First Aid by the Augst 14.

Administrator will monitor training records of all staff, to include CPR and First Aid. All staff will be trained in CPR and First Aid within 30 days of employment as a PCA or Med Tech.

The facility is located downstairs from a skilled nursing facility. Therefore there are several LPN's RN's and RN Supervisors availble 24 hours a day to assist at any time with CPR and First Aid.

On the two nights in question, there was staff available to administer CPR or First Aid as needed

The Adm will ensure that going forward the P.C. Home used staff properly trained First Aid / CPR staff as noted by this req.

AJL 7/23/16

*Kathleen Burger
7/7/16*

P5e8d3

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident room #'s 101 and 105 have an enabler bar attached to their bed that doesn't contain a cover causing a possible safety hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Kathleen Burger

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Kathleen Burger LPN, PCH Administrator

Date 7/6/2016

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2600.81(b)

Enabler bars that are uncovered pose the risk of cuts or bruises.

The bars were not covered.

Appropriate coverings have been purchased and have been placed over rails to promote safety.

Staff and Administrator will monitor for placement and cleanliness. *to ensure ongoing compliance. Ce. 7/23/16*

Kathleen Burger 7/7/16
AL 7/23/16

page 23

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The two emergency exits labeled 6 and 8 were very difficult to open when exiting the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.121(a)

P7ag23

Ease of egress is crucial for exiting the facility during an emergency.

Emergency exits were serviced by maintenance during the time of inspection rendering the easy to open.

Door checks will become part of the safety inspections performed by the Maintenance Dept.

Administrator will monitor for compliance and ease of opening doors. *to ensure ongoing compliance* *CL. 7/23/16*

Kathleen Burger 7/7/16
QA. 7/23/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 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 last fire safety inspection by a fire safety expert occurred on 3/23/15. An annual fire safety inspection was due by 3/16. Administrator A stated that annual fire safety inspections occur in March of every year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See Attached

132(b) letter submitted to Northern Regional office on 7-11-16. C.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/24/2015


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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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2600.132(b)

Annual fire safety inspection was delayed due to the unavailability of the inspector of record. *PR*

Inspection was completed on July 1, 2016. We are awaiting documentation from fire official. *PR*

Documentation will be forwarded to regional office as soon as it is in our possession.

Administrator will schedule inspection two months prior to due date. She will monitor for compliance.

submitted 7-11-16. CP

Kathleen Burger

7/7/2016

AL 7/23/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 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
 On 3/25/15, the home's fire safety expert determined that the maximum time to evacuate is 4 minutes and 30 seconds. On 4/27/16 at 5:00 a.m. the home exceeded the allotted time by 19 seconds. Documented time was 4 minutes 49 seconds.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015
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2600.132(d)

P92823

Time parameters are set forth by a fire safety expert to ensure safe evacuation of all residents.

On 4/27/2016, those parameters were exceeded by 19 seconds.

All staff will be educated in the importance of maintaining the parameter of time that the evacuation must be performed. Training is scheduled for 7/11/2016

An unannounced early morning (overnight) drill will be performed this month hopefully showing an improvement in time it takes to evacuate. - or will set up another drill until successful. Administrator will monitor drill records, observe drills, and educate to ensure evacuation is within the prescribed parameters. In order to ensure ongoing compliance. QP

Kathleen Burger 7/7/2016

QH 7/23/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 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**
 Resident #3 admitted on [redacted] 2015 did not have an initial medical evaluation until [redacted] 2015 more than 30 days after being admitted to 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.

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Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Burger	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN, Pch Administrator	Date 7/6/2106
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2600.141(a)(1)

Resident in question was admitted to the facility during a change in administration.

The timeliness of the medical evaluation was overlooked. *Med eval was completed.*

In the future, the administrator will monitor new residents files to include all prescribed information.

Kathleen Burger
7/7/16

Q&A 7/25/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident # 1 dated 12/25/2015 did not indicate immunization history, body positioning, and health status.
 The medical evaluation for resident # 4 dated 9/18/2015 did not indicate medication regimen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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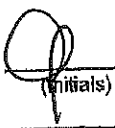
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2600.141(a)(2)

P11ag23

Subsequent medical evaluations for both subjects will be updated and will contain all relevant information.

Administrator scheduled an appointment with physician in order to obtain a completed medical evaluation for both residents in question

Administrator will monitor and review upon admission, or after physician completes the medical evaluation to assure that all required information is included.

to ensure ongoing compliance. A.H. 7/23/16

* dr on site @ home 7/26/16.

Kathleen Burger 7/7/2016
A.H. 7/23/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 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

The initial medical evaluation in the record of resident # 2 was completed [redacted] 2014. The annual medical evaluation was not completed until 7/22/2016.

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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Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>06/09/2015</u> <u>04/21/2015</u>
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2600.141(b)(1)

The medical evaluation in question was due to staff oversight.

All residents are seen on a regular basis by family physicians to ensure that all needs can be met.

The administrator will create a tracking sheet in order to monitor due dates of medical evaluations. This will ensure timely compliance.

dc on site for ~~7/27~~ 7-26-16. A.R.

Kathleen Burger 7/7/16

A.R. 7-25-16

P12af 23

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 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

The medication administration annual practicum for staff person E is incomplete. Observation # 2 was not completed as required. Additionally, the trainer signed the summary page but did not indicate if the student was recertified or failed to recertify.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600182(b)

Proper training is urgent for medication administration.

As a certified Train the Trainer all med administrators will have a new initial training.

Administrator will monitor dates of all quarterly observations and complete all documentation required.

On 7/7/2016, the staff person in question has had an initial training and passed all requirements.

All med staff are being med-trained. The Adm is a med trainer & doing the trainings.

Kathleen Burger 7/7/16

P13. a f 23

Violation Report: 22167 - 05/28/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 56 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home failed to implement their own policy regarding the availability of test strips to check blood glucose levels. Resident # 1 is prescribed to have glucometer readings twice daily at 7 a.m. and at noon. Glucometer strips were not available on 5/25/16 at 7:00 a.m. and again on 5/25/16 at noon.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.185(a)

P142623

Glucometer test strips were obtained for resident in question on 5/26/2016. The problem arose because of failure to re order strips in a timely manner.

Moving forward, all medication refills will be monitored daily to assure there are no gaps in availability.

Administrator will review procedure with staff regarding medication availability and conduct periodic reviews of the home's med cart(s) to ensure ongoing compliance.

Kathleen Burger 7/7/2016
A.S. 7/23/16

Violation Report: 22187 - 06/28/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record (M.A.R.), for resident # 5 was not initiated on 5/17/16 at 8:00 a.m. (Metoprolol. Take 1 by mouth every day at 8:00 a.m.) . It could not be determined if resident # 5 was administered the medication as prescribed.

Staff person D did not signed the medication "Master Key" for the month of May 2016.

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):		
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Signature of Legal Entity Representative *Kathleen Burger*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator	Date 7/6/2016
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The above plan of correction is approved as of <u>7/23/16</u> (Date)	Plan of correction implementation status as of <u>7/23/16</u> (Date)
The above plan of correction was approved by <u></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

2600.187(a)

As determined by medication count the medication n question was administered, the med tech neglected to initial MAR.

To prevent occurrences, all med techs will have initial medication administration training repeated within the month of July.

Administrator will monitor MARS daily, and educate staff on the importance of the proper documentation.

in order to ensure ongoing compliance. Q&A 7/23/16

P 15 Aug 23

Kathleen Burger
7/6/2016

Q&A 7/26/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Prescribed medication for resident # 5 (Imdur take 1 by mouth every day at 10:00 p.m.) was not administered the medication as directed on 5/21/16, 5/22/16, 5/23/16, 5/24/16, and 5/25/16.

Prescribed medication for resident # 6 (Cogentin take 1 by mouth every day at 8:00 a.m.) was not administered the medication as directed on 5/13/16, 5/14/16 and 5/15/16.

Resident # 1 did not receive blood glucose testing as prescribed on 5/25/16 at 7:00 a.m. and again on 5/25/16 at noon.

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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Signature of Legal Entity Representative *Kathleen Burger*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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 (Date)

Plan of correction Implementation status as of 7/23/16
 (Date)

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

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

2600.187(d)

Medications in question for resident #5, #6, and #1 on the specified dates were not available due to the tardiness of the physician to provide pharmacy with refill information. Orders have been received and medication and test strips obtained.

Physician will be notified 2 weeks in advance when refills need to be sent to pharmacy.

Administrator will fax physician with request, follow up with a telephone call, and if that fails, a visit to the office will be indicated to obtain the necessary refills

Kathleen Burger 7/7/16
Q.L. 7/23/16

plb ag 23

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
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 home does not have a current weekly activity calendar posted in a public and conspicuous place 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.

Please see following page.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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(Date)

Plan of correction implementation status as of 7/23/16
(Date)

The above plan of correction was approved by

(Signature)
(Initials)

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

2600.221(c)

P17ag23

An activity calendar has been posted. Residents will be offered a paper copy for their convenience.

Administrator will monitor placement of calendar to ensure posting.

Kathleen Burger 7/7/16
OK 7/23/16

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 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
 Resident # 3 (DOA [redacted] 2015) preadmission screening was completed after being admitted to the home on [redacted] 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 Attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/21/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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The above plan of correction is approved as of 7/23/16
 (Date)

Plan of correction implementation status as of 7/27/16
 (Date)

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

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

2600.224(a)

Preadmission screenings will be done prior to admission to ensure the facilities ability to meet the needs of each perspective resident.

All charts will be monitored by Administrator to ensure all prescribed information is present.

A file check list will assist in auditing, therefore will prevent any further occurrences

Kathleen Burger
7/7/2016

AG: 7/23/16

P/Sag 23

Violation Report: 22187 - 05/28/2016 - Dumas, Gerald
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
Resident # 3 admitted to the home on [redacted] 2015 did not have an assessment completed within 15 days of admission to the home. The assessment was completed on [redacted] 2015.
Resident # 1 admitted to the home on [redacted] 2015 did not have an assessment completed within 15 days of admission to the home. The home did not complete an assessment for resident # 1.

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: Yes Date(s) of Previous Violation(s): 04/21/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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Plan of correction implementation status as of 7/25/16 (Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

2600.225(a)

p/9ago23

Resident #3 was admitted to the home during the transition in administrators the timely completion of the RAP was neglected.

Resident #1 did have a completed and timely RASP. Admission date: [REDACTED]/2015, RASP completion date: 1/9/2016.

The RASP in question was placed in a binder that includes all residents RASP for easy access for staff. It was not included in residents file.

Administrator will monitor and audit all charts for completion *in order to ensure ongoing compliance.*

Kathleen Burger

7/7/2016

add 7/23/16

Violation Report: 22167 - 05/20/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2000.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 's (DOA [redacted] 2013) initial assessment was completed on [redacted] 2014 the annual assessment was not completed until 7/22/2015.

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 Included

Please see following page

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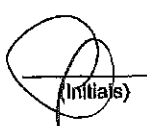
Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN, PCH Administrator	Date 7/6/2016
--	------------------

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 (Date)

The above plan of correction was approved by 
 (Initials)

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

2600.225(c)

Resident #4 - Date of admission was [redacted] 15

RASP was completed [redacted] 2015

All documentation is in record.

The RASP was located after the inspection -
see attached. (19)

Kathleen Burger 1/7/16

A.A. 7/25/16

P 2015 23

Violation Report: 22167 - 05/28/2016 - Dumas, Gerald
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
Resident # 3 's (DOA [redacted] 2015) initial support plan was created on [redacted] 2015 more than 30 days after admission to the home.
Resident # 1's (DOA [redacted] 2015) did not have an initial support plan in the resident's record.

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: Yes Date(s) of Previous Violation(s) 04/21/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kathleen Burger LPN, PCH Administrator Date 7/6/2016

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(Date)

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(Initials)

Plan of correction implementation status as of 7/25/16
(Date)

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

2600.227(a)

Resident #3 was admitted during transition of administrators. Completion of the RASP was neglected. RASP has since been completed. *pd/a 2/23*

RASP was completed on [redacted] 2016 for resident # 1, but not included in residents file. It was placed in a binder, with all residents RASPs for staffs' easy access.

Administrator will conduct chart auditing and monitoring to ensure complete compliance of all resident records.

Administrator will assure that all pertinent documents are available for Department examination by organizing all resident files *And reviewing new admissions records throughout the admission and record-development period in order to ensure ongoing compliance. CP 7/23/16*

Kathleen Burger
7/23/16

Violation Report: 22167 - 06/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

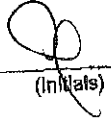
2a. DESCRIPTION OF VIOLATION
 Resident #'s (DOA [redacted] 2013) initial Support Plan was completed on [redacted] 2014 the annual support plan was not completed until [redacted] 2015.

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.

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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kathleen Burger</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Kathleen Burger LPN, PCH Administrator		7/6/2016

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The above plan of correction was approved by  (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(c)

Admission date for resident # 4 was [REDACTED] 2015 .

RASP was completed on [REDACTED] /2015, for resident # 4, but not included in residents file. It was placed in a binder, with all residents RASPs for staffs' easy access.

Administrator will conduct chart auditing and monitoring to ensure complete compliance of all resident records.

Administrator will assure that all pertinent documents are available for Department examination by organizing all resident files

Kathleen Burger

7/7/16

AK 7/23/16

P. D. J. J.

Violation Report: 22167 - 05/26/2016 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident # 1 did not contain the resident's religion.

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


Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathleen BURGER LPN, PCH Administrator

Date 7/6/2016

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 (Initials)

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

2600.252 (2)a

The residents religion was added to record.

Administrator will monitor all resident records for their completion. Auditing will be performed on a monthly basis.

When reviewing required information, the home will not respond "N/A". This infers it was not addressed. Rather, the home will document none, no preference, or whatever answer the resident provides in order to demonstrate compliance regarding the home's requesting & documenting required information. Q. 7/23/16

Kathleen Burger

2/7/2016

Q. 7/23/16