



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Mr. Brian Rendos,  
Treasurer  
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 25, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22167 - 05/25/2017 - O'Haire, Anne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 was discharged to a private residence of [redacted] 2016. A refund was not issued to the resident until 4/10/2017.

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.

Regulation 2600.28(a) is in place to ensure that a discharged resident receives his/her refund that is due, in a timely manner. The resident in question was discharged to a private residence. We had no forwarding address or contact information at the time of discharge. The resident in question refused to provide us with the information [redacted] was accompanied by a family member, who only left [redacted] name. After investigation the residents family member was located, we obtained the residents contact information and [redacted] refund was sent as evident by copy of the cashed check, as requested by the Department at the time of inspection. In the future, all resident finances will be finalized at the time of discharged. Any refunds due will be given to the resident at the time of discharge. All pertinent contact information will be acquired at the time of discharge. The Administrator will monitor all discharges for complete compliance.

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 PCHA	Date 06/29/2017
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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

Violation Report: 22167 - 05/25/2017 - O'Haire, Anne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa. Code §2600  
 2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION  
 Not all residents have telephones in their rooms. The only phone available for resident use is a non-portable phone at the nurse's station, which does not allow residents to make personal calls without being overheard by staff and/or other residents.

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.

Regulation 42(e) exists to provide each resident the ability to make or have privacy during telephone conversations. A telephone was installed in a small private room located at the top of the ramp leading to the second level of the facility.

This will ensure privacy for telephone conversations.  
 Administrator will ensure it is working properly at all times

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Violation Report: 22167 - 06/25/2017 - O'Haire, Anne  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**

A serving cart located in the dining area contained 4 steam trays with water measuring 139°. The lids of the trays were hot to the touch and the water in the trays posed a scalding risk since the cart was placed in an area that was accessible to residents.

**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.

Regulation 2600.84 is in place to prevent injury to residents.  
 The steam table will be turned off immediately after the meal is served. Staff will remain in the dining area until the cart cools down. The cart will be placed against the wall, after use. Therefore no one will be able to come in contact with the heated area of the cart, therefore preventing injury.  
 Administrator will regularly monitor for compliance.

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Burger LPN, PCHA      Date 06/29/2017

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 (Initials)

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

Violation Report: 22167 - 05/25/2017 - O'Haire, Anne PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.	
<b>2a. DESCRIPTION OF VIOLATION</b> Department representative noted a resident bedroom window to the right of the front patio that was open with no screen in the window to prevent pests from entering.	
<b>3. PLAN OF CORRECTION (POC)</b> (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.	
Regulation 2600.92 is in place to prevent pests from entering the facility. The screen was removed by maintenance to install an air conditioner on 5/23/2017 The screen was stored. The residents son came in on 5/23/2017 and removed the AC unit to replace it, When he returned to install it was raining. He returned on the evening of 5/25/2017 and installed the air conditioner. Administrator will monitor for screen placement on a monthly basis. Residentst have been informed to notify staff, if they have any issues with screens in thier rooms. Staff has also been instructed to be aware and report any issues with screens	
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 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

**2a. DESCRIPTION OF VIOLATION**  
 The home's exit marked fire exit # 6 door was difficult to open and needed several pushes to open the door, this exit prevented immediate egress to the exterior of the building.

**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.

Regulation 2600.123(a) is in place to provide safe and quick egress from the building in case of emergency evacuation. Fire Door # 6 was sticking due to the humidity. The door was repaired at the time of inspection. Administrator will monitor fire exit doors for easy egress at all times.

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Violation Report: 22167 - 05/25/2017 - 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**  
 Resident # 2 's Documentation of Medical Evaluation (DME) dated 3/30/2017 was faxed on 3/23/2017. On page 2 in the Diagnoses Addendum section nine additional diagnoses were written in on the faxed copy in blue ink. Interview with Administrator Staff Person "A" indicated the additional diagnoses were written in by a med tech.

**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.*

Regulation 2600.141 (a) (1) The regulation exists to provide correct information to the PCH, an accurate picture of a residents medical needs and to ensure that the PCH can meet the medical needs of the resident.  
 The additional diagnosis' were placed on the form dated 3/23/2017, because a DME was obtained from the residents PCP on 4/3/2017, that contained those additional diagnosis. The information was obtained from electronic records kept by the PCP on 3/31/2017. Staff entered the information on the earlier dated MAR in error. The first DME should not have been altered in order to prevent re occurrence Administrator has had an inservice to inform the staff of the altering of any signed forms, and the use of correction tape/fluid.  
 The Administrator will monitor records to ensure compliance. A copy of the DME dated 4/3/2017 has been enclosed for examination.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	05/28/2016
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Violation Report: 22167 - 05/25/2017 - 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 The DME dated 8/1/2016 for resident # 3 was completed more than 12 months from the date of the resident's previous DME, which was not dated as to the when the evaluation was completed but was signed by the physician on 4/22/2015.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Regulation 2600.141(b)(1) is in place to provide a clear picture of the residents medical needs. The regulation ensures that medical care is being maintained. It provides a current record of resident needs</p> <p>New Administrator was hired in 2016, upon discovery of the out dated records, the DME was obtained.</p> <p>Administrator has a checklist in place to ensure that the resident DME's are done in a timely manner.</p> <p>Administrator will monitor charts to maintain complete compliance.</p>	
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**1. REGULATION 55 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**  
 Resident #4's Glucometer had extra reading on 05-22-17 for his/her 8:00PM Blood Glucose testing that were not documented on the resident's MAR. Resident #4 had a blood glucose reading at 7:20 PM of 61, at 7:22PM a blood glucose reading of 61 and at 8:00PM had a blood glucose reading of 116 which was recorded on the MAR.  
 On 05-24-17 Resident #4 had a blood glucose reading in his/her glucometer of 112 at 12:00 PM and 108 was the blood glucose number that was documented on the MAR.

**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.

Regulation 2600.185 (a) is in place to provide safety regarding aforementioned medication administration. Documentation errors occurred with a newly trained med tech. The med tech is no longer employed at the facility, an inservice has been provided to all trained med techs regarding the documentation of glucometer readings, as well as documentation of all medication. Administrator will monitor MAR's for compliance.

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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

The Resident Assessment Support Plan (RASP) dated 6/6/2016 for resident # 3 was completed more than 12 months from the date of the resident's previous RASP, which was dated 4/22/2015.

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.

Regulation 2600.227(c) is an important regulation because it give the staff the ability to provide the proper care as planned, that was created by a proper assessment.

If the RASP is not current and updated the staff will not have the proper direction to provide the best possible care for each resident.

A new Administrator was hired in [redacted] of 2016 and upon discovery all RASP's and other documents were made current.

The Administrator has a tickle sheet as a reminder of due dates of resident RASP's, she will monitor for compliance.

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1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Staff person "B"'s Medication Training Rectification documentation had correction fluid used on the date.

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.

2600.251(b) All errors must be corrected by drawing a line through, and error must remain visible. At no time should correction tape/fluid be used. All staff have been inserviced by the Administrator. There will be no correction tape/fluid allowed on the premises! The Administrator will monitor all resident charts, records and any other documentation for use. Disciplinary action will be taken if evident on any documentation

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