



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 3 1 2018

Mr. Brian Rendos
Chief Financial Officer/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's Bureau of Human Services Licensing annual inspection on May 24, 2018 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.

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, appearing to read "J. Rowe", written over a white background.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22167 - 05/24/2018 - 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.

2a. DESCRIPTION OF VIOLATION

Resident # 1's contract dated 10/11/17 was not signed by 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.

The contract was signed by the P of A upon admission. The resident signed the contract at the time of inspection, (sister was in to visit). The regulation ensures that the resident is aware of the specifics of the contract. The resident was not interested in the contract procedure. The residents sister explained to him the specifics of the contract and his signature was obtained at that time.
 The Administrator will make certain that the resident signs the contract at the time of admission.
 A med tech will review contract at the time of admission to assure full completion.

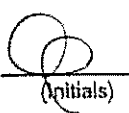
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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Burger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN PCHA	Date 6/15/2018
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The above plan of correction is approved as of <u>7-13-18</u> (Date)	Plan of correction implementation status as of <u>7-13-18</u> (Date)
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

Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION
~~Resident # 1's contract dated 10/11/17 does not include a bed hold rate.~~
 Resident # 2's contract dated 2/1/18 does not include a bed hold rate.

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.

There was a monthly rate established, a daily break down was incomplete for bed holds. The regulation is important to provide the resident and other parties with full information regarding a bed hold on a daily basis. The resident is entitled to full disclosure of all rates. This was a documentation error. The Administrator will ensure all bed holds rates are completed in each residents contract. The med tech will monitor the chart during the admission process to ensure all lines of the contract are completed and all signatures and dates are in place. The administrator will ensure the completion of the contract by monitoring each chart one week after admission.


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Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A (Date of Hire 1/31/18) did not have a valid high school diploma approved by the Pennsylvania Department of Education , a G.E.D. or Pennsylvania Active Nurse Registry.

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.

[REDACTED] has completed all requirements to be placed on the Pa Nurse Aid Registry with the exception of the skills test which is scheduled on June 30, 2018. Upon successful completion, she will be registered as a CNA She is doing this through PearsonVue which is accredited by Pennsylvania . She is being supervised at all times while working with residents. She performs ancillary duties without supervision. This will continue until successful completion of skills test. If she does not provide proof, she will be terminated.

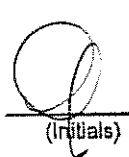
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<i>Kathleen Burger</i>	

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Kathleen Burger LPN PCHA	6/15/2018

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Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff person B (Date of Hire 9/10/08) did not receive training in falls and accident prevention during training year 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.

The Staff person was not present the day the training took place.
 The scheduled training for fall prevention was December 2018. I has been changed and was presented on 6/14/2018.
 Fall prevention is a crucial part of the yearly training required by Direct Care Staff.
 The Administrator has created a tool that will be given to each employee to complete at each training.
 The Administartor will monitor the tool after each training. If a staff person is absent, the hour will be made up at another date.

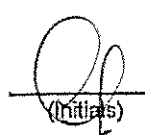
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Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
~~The industrial dryer located in the basement had a handful of lint in the lint trap, posing a possible fire hazard.~~

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 dryer was emptied and the lint was not removed. The staff member explained that she loaded the dryer, then removed the handful of lint, prior to starting the machine. Staff was educated, to remove the lint after each use, at the time the dryer is emptied. The regulation is in place because of the severe threat of a fire from the build up of lint in the dryer.

Each staff member will monitor the lint trap. The Administrator will do spot checks twice weekly, for 2 weeks if there are no issues the monitoring will taper to 1 time per week for 1 month, and finally monthly for 3 months.


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Printed Name and Title of Legal Entity Representative
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Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
~~2. garbage cans located on the patio area has extinguished cigarette butts and other combustible trash located in the cans, posing a possible fire hazard.~~

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 trash can was moved from the smoking area. A Smoking receptacle was purchased for use on the patio no other trash receptacles will be used on the patio. The regulation is in place to provide safety for residents and the home. Administrator will monitor to ensure compliance

POC provided

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Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
~~Resident # 2's DME dated 5/11/17 does not include allergies.~~

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.

A New DME was completed 5/25/2018. All components of the DME were complete by the PCP. Upon receipt of any new DME.s staff will review for compliance. Administartor will monitor after each receipt of a DME for compliance.

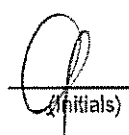
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Violation Report: 22187 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2500

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 indicated that on 5/20/18, the 8:00 p.m. stool softner (take 2 by mouth twice daily for constipation) was initialed with an O and a line through it. This is not a standard initial/symbol that the home uses and staff present were not sure what the symbol meant. The medication notes on the opposite side failed to further explain the symbol.

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.

Resident #5 was not given the medication due to diarrhea, PCP was notified and it was documented on the back of the PRN sheet which was not proper procedure. Staff was re educated as to the proper placement of notes and the use of standard symbols. Documentation procedures were reviewed with staff member. The regulation must be adhered to to provide proper information for reference. Administrator will monitor to ensure compliance

doc provided

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 IDN PCHA Date 6/15/2018

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Violation Report: 22167 - 05/24/2018 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

~~Blood pressure is prescribed to be taken twice daily for resident #4. On 5/15/18 at 8:00 p.m. the residents blood pressure was not taken.~~

Resident # 2 is prescribed to have insulin checks twice daily at 5:00 p.m. and 10:00 p.m. On 5/21/18 at 10:00 p.m., 5/22/18 at 5:00 p.m. and 10:00 p.m., 5/23/18 at 5:00 p.m. and 10:00 p.m. - the residents insulin was not checked as the home did not have insulin strips available for use.

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 blood pressure was not taken on 5/15/2018. The resident refused stating the resident didn't feel well. The staff person documented the refusal on the back of the treatment sheet. The staff member was re-educated as proper placement of notes on the opposite side of the same page the order is on. Emphasis on neatness was also part of the re training. The regulation is impareitive to provide correct information in the proper place for easy access.

A new glucometer was purchased for Resident #2 use only, this will prevent any issues where insurance will not pay for a full month of test strips PCP was notified regarding missed accuchecks.

The regulation is in place to assure that the residents medication needs are met regardless of any issues. Administrator will monitor to ensure complaince.

doc provided

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 pcha* Date 6/15/2018

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 (Date)

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 22167 - 05/24/2018 - 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 # 1 was admitted to the home on 10/11/17. a pre-admission screening was not completed.

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 pre admission screening was found completed in the Administrators office and was not available for department at the time of the inspection. The date of the pre screening was completed when the resident and his sister toured the home 10/7/217.
 A tickle sheet has been created to iclude all charting components for staff to monitor for compliance. Administrator will monitor for complete compliance at the time admission and one month after admission.

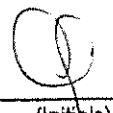
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