



Sent via e-mail to: kathleen.burger@mountaintopsenior.com
Mailing Date: June 21, 2019

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 inspection on April 2, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22167 - 04/02/2019 - Mendez, Vanessa
PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Through interviews with resident #1 and staff, it was discovered that staff person A had been disrespectful towards resident #1. Resident #1 reported that she recently observed another resident receiving personal spending funds and she jokingly stated, "I wish someone would give me money," and staff person A replied in a public area that if resident #1 received funds she would use it to get drunk.

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.

As stated to Inspectors on 4/2/2019, Staff person A did not recall making such statement. Staff person A was unaware of any concerns or issues relating to such a remark. When Staff person A became aware of resident # 1 concerns, they spoke with Resident # 1 and tried to apologize, if she felt that she was made uncomfortable, or disrespected in any way, by remarks that may or may not have been said, but she did not recall that statement being said to her. She did not recall any disrespectful statements toward her by Staff Person A

An in-service was provided by [REDACTED] on 4/1/2019 regarding the rights of the residents, as well as informing them of types of abuse and what to do if they are experiencing any such behavior toward them. Resident # 1 did not express issues to the Ombudsman at that time. The in-service was presented to residents as well as staff a few staff members including Staff Person A.

A sign in sheet of the in-service is attached. (Exhibit A)

The in-service provided by the Ombudsman will prevent the issue from repeating itself.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Burger LPN, PCH

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kathleen Burger LPN

Date
5/30/3029

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

The above plan of correction is approved as of 6-7-19
(Date)

The above plan of correction was approved by MM
(Initials)

Plan of correction implementation status as of 6-7-19
(Date)

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

Violation Report: 22167 - 04/02/2019 - Mendez, Vanessa
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 Per staff and resident interviews, the home has gone without toilet paper on a few occasions. Residents were given boxes of tissues to use as replacement for toilet paper until the home was able to get more.

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.

Toilet tissue has been placed on automatic delivery from the supplier to ensure that there will be toilet tissue in the building at all times. Attached is proof of auto delivery ticket from supplier. (Exhibit B)
 Direct care staff will maintain an inventory control sheet that will be kept in supply closet.
 Administrator will ensure that all supplies are in the building at all times by monitoring the supply by inventory for a period six months. Attached - inventory Control sheet, (Exhibit B1)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Burger LPN	Date 5/30/2019
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Violation Report: 22167 - 04/02/2019 - Mendez, Vanessa
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1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 Per the home's fire drill log, the number of staff participating in fire drills matched the number of residents who were in the facility. It is unknown how many staff members participated in the fire drills for the following dates: 01/29/18, 02/20/18, 03/28/18, 04/20/18, 05/08/18, 06/29/18, and 07/01/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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A transcription error occurred. The maintenance department conducts monthly fire drills. A record is kept by that department. (which are attached) (Exhibit C)

When PCH Administrator was transcribing the record for the department, the amount of assisting staff was the number of residents being evacuated.

Attached is the correct record, kept in the maintenance department. Administrator will be more diligent in record keeping. In order ensure correct fire drill records are kept, Maintenance Department Head will sign off on records kept for the department for a period of 5 months beginning Jan1, 2019 to June 1 2019 (Exhibit C 1)

I respectfully ask that this violation be removed as his records were correct. PCH Administrator kept the same record, but transcribed improperly

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 (Required on EVERY Page) *Kathleen Burger LPN, PCHA*

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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

Staff did not sign or initial the Medication Administration Record of resident #3 on 02/10/19 to indicate that the following medications had been administered at the following times:

1. Apap 500 mg. at 8:00 am and 2:00 pm.
2. Eliquis 5 mg at 8:00 am
3. Furosemide 20 mg at 8:00 am
4. Lorazepam 1 mg at 8:00 am and 12:00 pm
5. Metoprol Tar. 25 mg at 8:00 am

Staff did not sign or initial the Medication Administration Record of resident #4 on 04/01/19 to indicate that resident's Acidophilus capsule had been administered at 8:00 pm.

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

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Resident # 3, did receive all medications as evident by the narcotic count sheet for 2/10/2019 for 8:00 AM and 12:00 PM. Staff neglected to follow procedure for documentation according to administration procedure.

A staff person also neglected to document an administration on 4/1/2019 A pill count was completed on 4/2/2019 and a medication count was performed and count was correct.

The same staff person neglected to document according to procedure in both situations. Remediation Training was given, before she was able to administer meds, unsupervised. (Exhibit D)

In order to prevent future errors a control sheet has been put into place. (Exhibit D 1)

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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 Date 5/30/2019

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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 #2 was admitted on 07/20/18. Resident #2's initial Resident Assessment Support Plan was finalized on 08/28/18. The RASP was not completed within 30 days of admission 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.

A large white board was placed in office with due dates of RASP's from the time of admission. This will provide a constant reminder of due dates so this does not occur again.
 There was an oversight regarding the admission date.
 Administrator will monitor board and RASP's to ensure that they will be completed in a timely manner. (attached is photo of board)
 Administrator will initial white board monthly. (Exhibit E)

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1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP dated 11/16/18 had the use of liquid correctional fluid in order to change date items on the first page.

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.

All liquid correctional fluid was removed from the home, as well as prohibited by the Administrator. All Staff persons were in-serviced regarding the use of white out on legal documents or any DHS forms. (Exhibit F)
 Staff is now aware that there will be disciplinary action taken for the use of any liquid correctional fluid / tape.

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