



August 27, 2019

Mr. Brian Rendos
Chief Operating Officer
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 30, 2019 of the above facility, the violations 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER
Address: 185 SOUTH MOUNTAIN BOULEVARD, MOUNTAIN TOP, PA 18707
County: LUZERNE Region: NORTHEAST

License Number: 221670

Administrator

Name: Kathleen Burger Phone: 570-474-6377 ext 146 Email: kathleen.burger@mountaintopsenior.com

Legal Entity

Name: GUARDIAN ELDER CARE AT MOUNTAIN TOP I LLC
Address: 8796 ROUTE 219, VSI BUILDING, BROCKWAY, PA, 15824

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/17/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

05/30/2019 - On-Site: Vanessa Mendez , Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 Residents Served: 29

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 21
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 4

MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

221670

101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The blinds in resident room 201 had two 6x4 missing sections.

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 resident occupying that room cut the blinds so she could see out of the window without raising the blinds.

The blinds have been replaced as is evident in the attached photo. (6/12/2019)

The resident was counceled in regard to privacy issues for the other resident residing with her, as well as her own privacy. She agreed not to cut the blinds again.

We issued an agreement that the resident has acknowledged by a signature.(see attached)

The administrator will inspect the blinds on a monthly basis for a period of 6 months to ensure compliance.

A tool has been created to assist in maintaining compliance.(see attached)

Staff has been made aware and will monitor for ongoing compliance.

Administrator will monitor to ensure compliance.

Legal Entity Representative

Kathleen Burger LPN
Signature

Kathleen Burger LPN PCHA
Printed Name and Title

7/3/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-7-19
(Date)

Plan of correction implementation status as of 8-7-19
(Date)

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

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

05/30/2019

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MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

221670

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The shared bathroom in room 202 had two bars of unlabeled soap on the sink.

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 are hand soap dispensers mounted to wall next to sink in every bathroom in the home.

The residents soap container was on the sink next to the soap that was left out.

The resident was counseled regarding hygiene issues that accompany sharing or using anothers soap.

He stated he was aware of the rule regarding the soaps but forgot to put them back in the container

He was also made aware that he can receive liquid soap from the staff at any time. The Administrator asked the resident if he would use liquid soap instead of bar soap. He agreed to keep his bars of soap with his shower supplies.

Inquiries were made of each resident, there are two other residents using soap bars. They are stored in a basin and used for showering only, liquid hand soap is used routinely.

Staff is aware of issue and will monitor for bars of soap without out containers

Bathrooms and resident rooms were inspected. No other bar soap has been found

Administrator will monitor for ongoing compliance

Legal Entity Representative

Kathleen Burger LPN
Signature

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MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have the following week's menu posted.

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.)

Menus were posted, four menus are used on a rotating basis. The posted menus did have dates but were too small to see. The menus are now posted with dates that will be visible to the resident. (Attached menus) (Attached photo of posted menus)
 There is also a daily menu posted. (attached photo)
 The dietary staff from the kitchen will post proper menus on Sundays. Any changes to the menu will be posted 24 hours in advance.
 Photo attached of correct menu posting.
 Direct Care Staff were made aware of the issue and will monitor and report to maintain compliance.
 Administrator will monitor for continued compliance.

Legal Entity Representative

<i>Kathleen Burger LPN</i>	Kathleen Burger LPN Administrator
Signature	Printed Name and Title
	7/3/2019 Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #2 had an Accchek reading of 177 on 05/23/19 at 10:07 pm, and it was transcribed as 170 on the home's glucometer reading log.

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 error was a transcription error. The staff member responsible was counseled. Moving forward, a tracking sheet has been developed to deter the error from repeating. Attached: 1 month of monitoring completed by staff and Administrator. There have been no issues or errors. This will continue practice, ongoing Administrator will monitor MARs, Accucheck Sheets and glucometers on a monthly basis to ensure continuous compliance.

Legal Entity Representative

Signature Kathleen Burger LPN Printed Name and Title Kathleen Burger LPN PCHA Date 7/3/20197/3/

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MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 05/28/19 at 10 pm, the home did not administer insulin per the sliding scale coverage for the glucometer reading of 281 which requires 6 units of insulin for resident #2.

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.)

Interviewed staff member and resident, on 5/31/2019, they both attested that the coverage was given. The staff member did not document the administration.

The staff member was counseled regarding proper documentation.

Moving forward, there has been a tool developed that will monitor any issues regarding missing documentation as evident in attached.

Administrator will monitor at random and on a monthly basis to ensure continued compliance

Legal Entity Representative

Signature *Kathleen Burger LPN*

Kathleen Burger LPN PCHA
Printed Name and Title

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221b - Activity Types

Regulations

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

Per resident interviews, the home is not conducting activities. The only activity calendar posted in the home was from March-April 2019.

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 May schedule was inadvertently removed.

We have posted a very large activity schedule. That will be more conspicuous. (see Photo)

Residents are offered daily activities but may refuse. We encourage participation.

During Resident Council Meetings activities are discussed and implemented. Participation is scant.

Attached is the July Activity schedule. New equipment has been purchased for outdoor activities. (Corn Hole and Lasso Golf)

Administrator will ensure activities are being offered according to schedule.

Legal Entity Representative

Kathleen Burger LPN
Signature

Kathleen Burger LPN PCHA
Printed Name and Title

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MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

221670

221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have the current week's activity calendar posted. The only activity calendar posted in the home was from March-April 2019.

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 activity schedule for the month was removed by someone.

A new activity schedule was posted.

It is very large for residents to see.

This will prevent anyone from removing the schedule.

Administrator will monitor for continued compliance.

Legal Entity Representative

Kathleen Burger LPN
Signature

Kathleen Burger LPN PCHA
Printed Name and Title

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05/30/2019

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

The preadmission screening form for resident #3 does not indicate if the home can meet the needs of the resident. The form also does not include the date the preadmission screening was completed, date of birth, medical, psychological, and behavioral diagnosis.

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 preadmission screening was completed when an another PCH was closing. There were 5 residents that preadmission screenings were done on. The Administrator did not complete the screening in error. All others were completed in entirety upon inspection on 6/1/2019, by Administrator

Moving forward, the designee will check the screening for completeness.

When a residents is admitted the designee will monitor entire chart for all required documents, as well as thier total completion.

Legal Entity Representative

<i>Kathleen Burger LPN</i>	Kathleen Burger LPN PCHA	7/3/2019
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