



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: kathleen.burger@mountaintopsenior.com
Mailing Date: November 1, 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 inspection on August 1, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

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: 22167

Administrator

Name: Kathleen Berger Phone: 5704746377 Email: BRIAN.RENDOS@GUARDIANELDERCARE.NET

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection

Type: Partial Reason: Incident BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

08/01/2019 - On-Site: Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34

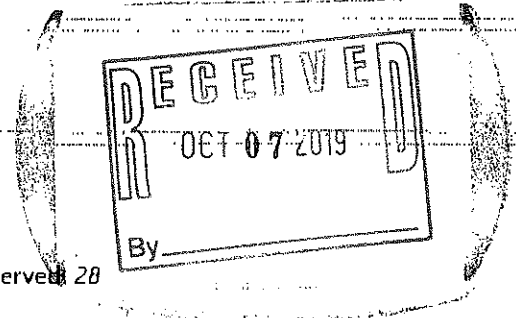
Residents Served: 28

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1



Number of Residents Who:

Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 20
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

22167

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 06-23-19 at approximately 4:00PM, Resident #1 was walking in the home's TV lounge area when Resident #2 punched resident #1 on the right side of her face resulting in a bruise. During this altercation Resident #1 pushed Resident #2 who fell backwards and struck her head on a table. Resident #2's fall resulted in a fracture to her C3 vertebra.

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 incident between residents was handled swiftly. Staff members immediately assessed both ladies. EMS (911) was called and Res # 1 was transported to WBG Hospital after being stabilized. Family/ Guardian of both parties were contacted.

All Agencies were contacted verbal and written reports were completed.

When resident #1 returned to facility at 6/24/2019 at 1:30 PM precautions were started to prevent any further occurrences Monitoring both residents every 15 minutes for a 72 hour period.

The ladies sat together for most of the day apologizing to each other. Monitoring continued every 30 minutes for a 48 hour period, and continued with hourly checks for 72 more hours. We believe this was an isolated incident.

Both residents RASP's were updated to include on going monitoring for any behavioral changes. To report any changes immediately to the Administrator who will also monitor to remain in compliance. If any further information or documentation is needed it would be presented immediately, upon request.

Legal Entity Representative

Kathleen Burger LPN
Signature

Kathleen Burger LPN PCHA
Printed Name and Title

9/10/2019
Date

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The above plan of correction is approved as of 10-07-19
(Date)

Plan of correction implementation status as of 10-07-19
(Date)

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

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