



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: kathleen.burger@mountaintopsenior.com**  
**Mailing Date: January 30, 2020**

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 September 5, 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 "Anne Graziano".

Anne Graziano  
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 Burger **Phone:** 5704746377 **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:** **Issued By:**

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 30 **Waking Staff:** 23

## Inspection

**Type:** Partial **BHA Docket #:** **Notice:** Unannounced  
**Reason:** Complaint

## Inspection Dates and Department Representative

09/05/2019 - On-Site: Gerald Dumas

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 34 **Residents Served:** 30

### Secured Dementia Care Unit

**In Home:** No **Area:** **Capacity:** **Residents Served:**

### Hospice

**Current Residents:** 0

### 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:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 4

## 25b - Contract Signatures

## Regulations

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.

## Description of Violation

Resident # 1's contract dated 7/11/18 was not signed by the resident. Further, there's no indication that the resident was unable to sign the resident contract as no mark was left to indicate the residents inability to sign the contract.

## 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.)

During residents admission, she was being oriented to the facility, and residents staff with a family member. The Administrator was with the P of A explaining the contract, it was signed by the Pof A. The Administrator failed to have the resident sign the contract.

To prevent a reoccurrence, the Administrator will assign a med tech to monitor completed admission documents by the end of the admission day, who will initial and date. Administrator will monitor for on going compliance

## Legal Entity Representative

Kathleen Burger LPN  
Signature

Kathleen Burger LPN PCHA  
Printed Name and Title

12/18/2019  
Date

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

The above plan of correction is approved as of 1-8-2020  
(Date)

Plan of correction implementation status as of 1-8-2020  
(Date)

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

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

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for resident # 1 dated 7/11/18 did not include the following: Section (4) Special health or Dietary Needs, (6) Immunization History even if, unknown, (7) Ability to Self administer medications (8) Body Positioning/Movement, (9) Health Status , Cognitive functioning or (10), Mobility Needs Assessment.

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 phycsian did not complete the Medical Evaluation. The Administrator failed to monitor the DME after it was recieved.  
 In the future, all DME's recieved will be monitored for completeness and initialed by both Administrator and designee on the day of receipt. Administrator will monitor for ongoing compliance.

Legal Entity Representative

Kathleen Burger LPN  
Signature

Kathleen Burger LPN PCHA  
Printed Name and Title

12/18/2019  
Date

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## 187a - Medication Record

## Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

2. Drug allergies.

## Description of Violation

Discharged Resident # 1's medication administration record ( M.A.R.'s) for the month of August 2018 did not include diagnosis or purpose for the following medications: Thiothixene ( take 1 by mouth every day), Trazodone ( take 1 by mouth at bedtime), Tudorza ( Inhale 1 puff by mouth twice daily, Nifedipine ( Take 1 by mouth every day , Prednisone Take by mouth every day, Simvastatin ( take 1 by mouth at bedtime).

REPEAT VIOLATION 4/2/19

## 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 MAR's were hand written. The diagnosis (purpose of med) were inadvertently missed. The error was corrected on the September MAR's when printed by the pharmacy.

A new policy and procedure was implemented on Sept. 6 2019(see attached) The day a resident is admitted, the MAR's will be checked for completeness at the time narcotics are counted.

MAR's will be monitored by Med Tech going off shift and by med tech coming on shift. Each med tech will initial MAR's. Administrator will monitor for continued compliance.

## Legal Entity Representative

*Kathleen Burger LPN*

Signature

Kathleen Burger LPN PCHA

Printed Name and Title

12/18/2019

Date

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident # 1 was admitted to the home on 7/1/18. Resident # 1 did not sign the support plan. There is no notation that resident # 1 was unable to sign or had refused to sign the support plan.

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 support plan was developed along with the resident. The error was on the part of the developer, by failing to have the resident sign the document.

Moving forward, Administrator will ensure all documents are signed appropriately and accordingly. Administrator monitor all documents to ensure they have been completed. The designee will do a second check of the documents for completeness. This procedure will maintain ongoing compliance

Legal Entity Representative

Kathleen Burger LPN  
Signature

Kathleen Burger LPN PCHA 1/8/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 1-22-2020  
(Date)

Plan of correction implementation status as of 1-22-2020  
(Date)

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

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