



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **MOUNTAIN VIEW SENIOR LIVING LLC**  
LEGAL ENTITY

To operate **MOUNTAIN VIEW SENIOR LIVING**  
NAME OF FACILITY OR AGENCY

Located at **132 NATURE PARK ROAD, GREENSBURG, PA 15601**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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To provide **Personal Care Homes**  
TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **130**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 1,** \_\_\_\_\_ **2020** until **September 1,** \_\_\_\_\_ **2020**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450891**

*Robert E. Robinson*  
ISSUING OFFICER

*[Signature]*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Mailing Date: February 25, 2020

Mr. Michael Abittan  
Authorized Representative  
Mountain View Senior Living, LLC  
386 Cumberland Street  
Englewood, New Jersey 07631

RE: Mountain View Senior Living  
132 Nature Park Road  
Greensburg, Pennsylvania 15601  
Certificate #: 450891

Dear Mr. Abittan:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 10, 2020, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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

Enclosures  
License  
Licensing Inspection Summary

2/24/2020

Western Region Field Office  
Bureau of Human Services Licensing

## Violation Report

### Facility Information

Name: MOUNTAIN VIEW SENIOR LIVING  
Address: 132 Nature Park Road, Greensburg, PA 15601  
County: WESTMORELAND Region: WESTERN

License Number: 45089

### Administrator

Name: Kerri Klocek Phone: 7246724502 Email: kerri.klocek@natureparkcommons.com

### Legal Entity

Name: Mountain View Senior Living LLC  
Address: 386 Cumberland Street, Englewood, NJ, 07631

### Certificate(s) of Occupancy

Type: I-1 Date: 02/09/2007 Issued By: L&I

### Staffing Hours

Resident Support Staff: Total Daily Staff: 100 Waking Staff: 75

### Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Change Legal Entity

### Inspection Dates and Department Representative

02/10/2020 - On-Site: Lauren Spagna, Belinda Graziano

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 130 Residents Served: 69

#### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

#### Hospice

Current Residents: 8

#### Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 65  
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 37 Have Physical Disability: 1

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The half bed rail attached to the right side of resident #1's bed was not secured and moved approximately 1" to 1.5" in all directions.

An uncovered enabler, with an approximate 6" opening, was present on resident #5's bed, which poses an entrapment hazard.

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 half rail was tightened immediately by the maintenance department and further secured with a foam spacer. The maintenance department will check enabler bars for secureness and ensure they are covered weekly. A check sheet and a picture are attached.

-The enabler was covered immediately by maintenance. The maintenance department will check enabler bars for secureness and ensure they are covered weekly. A check sheet and a picture are attached.

Legal Entity Representative

Signature

Kerri Klocek Administrator 2/21/20

Printed Name and Title

Date

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The above plan of correction is approved as of

2/24/2020

(Date)

Plan of correction implementation status as of

2/24/2020

(Date)

The above plan of correction was approved by

(Initials)

Implemented  
 Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 did not have an operable source of lighting that can be turned on/off at bedside.

Resident #3 did not have an operable source of lighting that can be turned on/off at bedside. The push light next to resident #3's bed was inoperable.

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 lighting in rooms #2 and #3 were fixed immediately by the maintenance department. The maintenance department will check every room during water temp checks to ensure operable lighting sources are available to all residents. A check list and pictures are attached.

Legal Entity Representative

Signature

Terri Klouk Administrator

Printed Name and Title

Date

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Plan of correction implementation status as of 2/24/2020 (Date)

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Implemented  Not Implemented

101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

A crack, approximately 12" in length, is present above the bed in bedroom #316. Water was observed dripping from the crack onto the bed.

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 was moved to room 311 immediately, and the leak was repaired on 2/21. The maintenance department will check every room during water temp checks to ensure rooms remain in good repair. A check list and a picture are attached.

Legal Entity Representative

Signature

Kerri Klouk  
Administrator

Printed Name and Title

2/21/20

Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have a recent copy of notification to the local fire department for the location of residents who would need assistance to evacuate in an emergency. As of 2/10/20, the home served 31 residents with mobility needs who reside in bedrooms throughout the home.

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 letter was sent to the fire department immediately. A spreadsheet was made to ensure all letter in the EPP are up to date. The spreadsheet will be gone over in the 3<sup>rd</sup> quarter quality management meeting by the business office manager. The letter and spreadsheet are attached.

Legal Entity Representative



Signature

Kerri Klouck Administrator 2/24/20  
Printed Name and Title Date

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(Date)



(Initials)

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Plan of correction implementation status as of 2/24/2020  
(Date)

- Implemented
- Not Implemented

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drills conducted on 6/28/19, 7/31/19 and 8/31/19 were all held between 11:00 am and 11:25 am.

Between January 2019 and January 2020, all fire drills were conducted from the 26th to the 31st of each month.

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.)

-On the 1<sup>st</sup> of every month a number generator will be used by the Maintenance director to pick the date and time of the monthly fire drill. Screen shots will be printed and kept with the fire drill records. An example of the screenshots is attached.

Legal Entity Representative



Signature

Kerri Klouk Administrator 2/21/20  
Printed Name and Title Date

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LM  
(Initials)

Implemented  
 Not Implemented

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 10:35am, a 4 oz. tube of Calmazine Skin Protectant Paste, belonging to resident #4, which included a prescription label that stated, "Apply 1 application to buttocks and scrotum 3 times daily as needed" was unlocked and accessible on the resident's bedside table.

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 cream was removed immediately. By 12PM and 12AM the nurse or Med Tech will audit the medication carts to ensure all creams are accounted for. A binder will be kept at the nurse's station and reviewed by the DOW monthly. The form has been attached.

Legal Entity Representative

Signature

Administrator  
Printed Name and Title

Ruri Kloek

2-21/20  
Date

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