



Emailing Date: April 2, 2021

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 #: 450890

Dear Mr. Abittan:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 3, 2020 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *MOUNTAIN VIEW SENIOR LIVING* License #: *45089* License Expiration Date: *09/01/2020*
 Address: *132 NATURE PARK ROAD, GREENSBURG, PA 15601*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Kerri Klocek* Phone: *7248370690* Email: *kerri.klocek@mountainviewsenior.com*

Legal Entity

Name: *MOUNTAIN VIEW SENIOR LIVING LLC*
 Address: *386 CUMBERLAND STREET, ENGLEWOOD, NJ, 7631*
 Phone: *7248370690* Email: *MICHAEL.ABITTAN@MOUNTAINVIEWSENIOR.COM*

Certificate(s) of Occupancy

Type: *I-1* Date: *02/09/2007* Issued By: *Labor and INdustry*
 Type: *I-1* Date: *01/01/2003* Issued By: *Hempfield Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal,Complaint,Provisional* Exit Conference Date: *03/04/2021*

Inspection Dates and Department Representative

03/03/2021 - On-Site: Laurie Garrigan
03/04/2021 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *57*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

03/03/2021 - Full

Lead Inspector: *Laurie Garrigan*Follow-Up Type: *POC Submission*Follow-Up Date: *03/20/2021*

3/16/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *03/20/2021*

3/18/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *04/01/2021*

3/22/2021 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *03/31/2021*

4/1/2021 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Exception*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's resident-home contract, signed by the resident on 3/4/20, includes a fee schedule that does not specify the charge per month for room and meals, this section of the fee schedule was blank.

Resident #2's resident-home contract, signed by the resident on 3/4/20, includes a fee schedule with an incorrect charge of \$1620 per month for room and meals. On 9/25/20, notification of an annual 3% rate increase effective 11/1/20 that included a new charge for rent, was sent to resident #2's payor; however, the resident was not notified.

On 1/20/21, notification of an annual 3% rate increase effective 3/1/21 that included a new charge for rent, was sent to resident #3's payor; however, the resident was not notified.

Plan of Correction**Directed**

-Resident #1 was given an updated contract with the proper fields filled in correctly.

-Resident #2 was given an updated contract with the proper fields filled in correctly, this will also reflect the 3% increase, therefore notifying the resident of the change.

-Resident #3 was notified of the rent increase.

-On 3/16/2021 The business office manager will receive an in-service on 2600.c explaining the need for the specifications of charges to the residents and the importance of notifying the resident of an increase in rent.

-The contracts will checked and initialed by the administrator after completion.

(Directed)-

Beginning 4/1/21, all resident-home contracts completed for new resident admissions will be reviewed and initialed by the administrator upon completion. Documentation will be kept. (J.G. 3/18/21)

Completion Date: 03/16/2021

Document Submission**Implemented**

25c12 - Bed Hold

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident #1's resident-home contract, signed 3/4/20, does not include the charges for holding a bed during an absence, this section of the fee schedule was blank.

Resident #2's resident-home contract, signed 3/4/20, does not include the charges for holding a bed during an absence, this section of the fee schedule was blank.

25c12 - Bed Hold (continued)

Plan of Correction

Directed

- Resident #1 was given an updated contract with the proper fields filled in correctly.
- Resident #2 was given an updated contract with the proper fields filled in correctly.
- On 3/16/2021 the business office manager received an in-service on 2600.c explaining the need for the specifications of charges to the residents.
- The contracts will checked and initialed by the administrator after completion.

(Directed)-

Beginning 4/1/21, all resident-home contracts completed for new resident admissions will be reviewed and initialed by the administrator upon completion. Documentation will be kept. **(J.G. 3/18/21)**

Completion Date: 03/16/2021

Document Submission

Implemented

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 2/26/21, from 11:30 p.m. to 6:00 a.m., 58 residents were present in the home; however, only 1 staff person was present who was certified in First Aid/CPR.

On 2/27/21, from 11:30 p.m. to 6:00 a.m., 59 residents were present in the home; however, only 1 staff person was present who was certified in First Aid/CPR.

On 3/2/21, from 11:30 p.m. to 6:00 a.m., 57 residents were present in the home; however, only 1 staff person was present who was certified in First Aid/CPR.

Plan of Correction

Accept

- Overtime was used to have proper CPR coverage
- A midnight staff person was trained on 3/9/2021
- A CPR class has been scheduled for 3/18/2021 to ensure there are more than enough trained staff.
- The schedule will be checked by the administrator and HR director every month to check for adequate CPR staffing starting on 3/19/21.

Completion Date: 03/19/2021

Document Submission

Implemented

65a - FS Orientation 1st Day

1. Requirements

2600.

65a - FS Orientation 1st Day (*continued*)

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired 3/1/20, did not receive orientation training in general fire safety and emergency preparedness including the topics specified in 2600.65(a).

Staff person B, hired 3/1/20, did not receive orientation training in general fire safety and emergency preparedness including the topics specified in 2600.65(a) until 3/11/20.

Staff person C, hired 3/1/20, did not receive orientation training in general fire safety and emergency preparedness including the topics specified in 2600.65(a) until 3/13/20

Staff person D, hired 1/8/21, did not receive orientation training in general fire safety and emergency preparedness including the topics specified in 2600.65(a).

Plan of Correction**Directed**

By 3/18/2021 Staff members A,B,C, and D will have had the proper Fire Safety orientation.

All staff will receive a proper Fire Safety orientation. A new form has been developed requiring staff members sign off on the fire safety tour.

(Directed)-

By 4/1/21, the administrator or designated staff person will review orientation training for all staff to ensure completion of orientation training in accordance with §2600.65(a)(1)-(7). Documentation will be submitted to the Department. (J.G. 3/18/21)

(Directed)-

By 4/1/21, all staff responsible for hiring and training of staff will be educated on §2600.65(a)(1)-(7). (J.G. 3/18/21)

(Directed)-

Beginning 4/1/21, the administrator or designated staff person will review all staff training and orientation documents for newly hired staff to ensure completion of training in §2600.65(a)(1)-(7) prior to or during the first work day. Documentation will be kept. (J.G. 3/18/21)

Completion Date: 03/25/2021

Document Submission**Implemented**

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/3/21 at 10:05 a.m., there were 12 cigarette butts in the mulch and on the ground near the door of the East wing emergency exit.

On 3/3/21 at 10:25 a.m., the ceiling fan cover in the shared bathroom for room #106 was covered with a layer of dust.

On 3/3/21 at 10:37 a.m., the ceiling fan cover in the shared bathroom for room #223 was covered with a layer of dust.

Plan of Correction

Directed

-Cigarette butts were immediately picked up and discarded properly. All staff is being given an in-service on smoking areas and where to properly dispose of their cigarette butts. In-services will be completed by 3/25/2021

-The fan was cleaned immediately.

Maintenance department and housekeeping will audit resident rooms on a daily basis using a checklist to ensure all maintenance and housekeeping issues are addressed in timely manner. In-service will be completed by 3/19/2021.

(Directed)-

By 4/1/21, the fans in the bathrooms of bedrooms #106 and #223 will be cleaned and free of dust. Documentation will be submitted to the Department. (J.G. 3/18/21)

(Directed)-

Beginning 4/1/21, the administrator or a designated staff person will inspect the outside smoking areas and other areas of the home at least weekly to ensure no cigarette butts are improperly discarded in non-smoking areas or on the ground. Documentation will be submitted to the Department. (J.G. 3/18/21)

Completion Date: 03/19/2021

Document Submission

Implemented

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom #307, does not have an operable ventilation fan and there is no window in the bathroom.

86b - Bathroom (continued)

Plan of Correction

Accept

-The fan was fixed immediately.

Maintenance department and housekeeping will audit resident rooms on a daily basis using a checklist to ensure all maintenance and housekeeping issues are addressed in timely manner.

In-service will be completed by 3/19/2021.

Completion Date: 03/19/2021

Document Submission

Implemented

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/3/21 at 10:40 a.m., the active construction site on the 2nd floor was accessible to residents from the west stairwell. The entire 2nd floor west wing is being remodeled creating a potential safety hazard to the residents.

Plan of Correction

Accept

The handle on the door leading into the 2nd floor from the stairwell was immediately disabled, preventing entry but still allowing exiting.

-The maintenance staff were given an in-service on how to properly secure an area during construction. In-service was completed on 3/16/2021

-Maintenance department will do a walk through every morning (during construction times) to ensure the site remains inaccessible to residents.

Completion Date: 03/16/2021

Document Submission

Implemented

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/3/21 at 11:06 a.m., the cover on the ventilation fan in the bathroom for bedroom #325 was not secured to the ceiling, there was an approximate 1-inch gap around the entire ventilation fan cover.

Plan of Correction

Accept

-The fan was fixed immediately.

Maintenance department and housekeeping will audit resident rooms on a daily basis using a checklist to ensure all maintenance and housekeeping issues are addressed in timely manner.

In-service will be completed by 3/19/2021.

Completion Date: 03/19/2021

95 - Furniture and Equipment *(continued)*

Document Submission

Implemented

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

On 3/3/21 at 10:25 a.m., there was no grab bar, handrail or assist bar for the toilet in room 106.

On 3/3/21 at 11:00 a.m., there was no grab bar, handrail or assist bar for the toilet in room 325.

Plan of Correction

Accept

The grab bars were replaced immediately.

-The staff is being given an in-service on the regulation and why grab bars are necessary and should be in place at all times.

-Maintenance department and housekeeping will audit resident rooms on a daily basis using a checklist to ensure all maintenance and housekeeping issues are addressed in timely manner. Checklist use began on 3/16/2021.

-The in-service will be completed by 3/25/2021

Completion Date: 03/25/2021

Document Submission

Implemented

102i - Soap Dispenser

1. Requirements

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

There was a green, unlabeled, used bar of soap, on the counter next to the sink in the shared bathroom of bedroom #325.

Plan of Correction

Accept

- The bar of soap was immediately put into a labeled container.

- Housekeeping and maintenance is being given an in-service on the regulation and the importance of keeping bars of soap in labeled dishes for sanitary purposes. In-Service was completed 3/16/2021

-Maintenance department and housekeeping will audit resident rooms on a daily basis using a checklist to ensure all maintenance and housekeeping issues are addressed in timely manner.

Completion Date: 03/17/2021

Document Submission

Implemented