

Department of Human Services
Bureau of Human Service Licensing

September 15, 2021

ADMINISTRATOR

RE: MOUNTAIN TOP SENIOR LIVING
185 SOUTH MOUNTAIN
BOULEVARD
MOUNTAIN TOP, PA, 18707
LICENSE/COCC#: 22167

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: MOUNTAIN TOP SENIOR LIVING License #: 22167 License Expiration Date: 07/05/2021
Address: 185 SOUTH MOUNTAIN BOULEVARD, MOUNTAIN TOP, PA 18707
County: LUZERNE Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

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: 22 Waking Staff: 17

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/15/2021

Inspection Dates and Department Representative

06/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 Residents Served: 22

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 20
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/15/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/25/2021*

8/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2021*

9/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the following License Inspection Summary (LIS) reports posted in the home as required: 05/30/2019, 08/01/2019, and 09/05/2019.

Plan of Correction

Accept

Residents, Families and Staff are to be made aware of regulations and violations. They should be aware of compliance status of the homes license as well as any violations and the homes plan to correct them. Due to the time lapse of annual inspections due to COVID 19 the above dated inspections were removed due to wear from constant surface cleaning. The current above VReports were copied and posted without the privacy coding on the day of inspection 6/16/2021 The Administrator will be responsible for posting any and all future Violation reports.

Completion Date: 06/17/2021

Document Submission

Implemented

The current above VReports were copied and posted without the privacy coding on the day of inspection 6/16/2021

65f - Training Topics

1. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
 - 1. Medication self-administration training.

Description of Violation

Staff persons A and B did not have training in the annual training topic Medication Self Administration for 2019 as required by this regulation.

Plan of Correction

Accept

DC Staff must have the necessary training to ensure successful essential residents care services. Med Techs are Re-certified annually. It is at that time the training for self administration is performed. There was no documentation to confirm that training. There is an added line to the tracker used that will provide proof to the Dept that the Training is being completed annually (Attached) .6/172021. This tracker will be used from here on out therefore preventing a repeat violation. There is also an attachment providing proof that all staff members completed missing training on 6/18/2021

Completion Date: 06/18/2021

Document Submission

Implemented

There is an added line to the tracker used that will provide proof to the Dept that the Training is being completed annually (Attached) .6/172021. This tracker will be used from here on out therefore preventing a repeat violation. There is also an attachment providing proof that all staff members completed missing training on 6/18/202

88a - Surfaces

1. Requirements

88a - Surfaces (continued)

2600.

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

Description of Violation

The carpet in the ramp leading down towards exit 5 has two long horizontal tears across the carpet with fibers and part of the carpet protruding up. This poses a trip hazards to residents while ambulating on the ramp.

Plan of Correction

Accept

The fact that the carpet is in disrepair poses a safety issue. The runs in the fiber was created by constant cleaning. 4 inch tape was immediately applied to the runs so that there will be no trip hazard.

This is the solution we are using until we can get the carpeting replaced.

Attached is a photo of the areas in question.

Direct Care Staff will monitor the area and replace tape if the need arises.

Administrator will monitor for safety issues.

Completion Date: 06/16/2021

Update - 08/10/2021

Document Submission

Implemented

4 inch tape was immediately applied to the runs so that there will be no trip hazard.

This is the solution we are using until we can get the carpeting replaced.

Attached is a photo of the areas in question.

Direct Care Staff will monitor the area and replace tape if the need arises.

Administrator will monitor for safety issues.

Completion Date: 06/16/2021

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The resident phone located in the sitting area did not have the required telephone numbers posted on or near the phone as required.

Plan of Correction

Accept

It is imperative to have emergency phone numbers placed by each from due to the unpredictability of emergency situations.

The phone in question is a one used by residents for privacy. The numbers were apparently removed by a resident.

The numbers were placed by the phone at the time of inspection.

There has been a list placed on the table, as well as on the phone. The list were adhered to the table with gorilla tape which is extremely difficult to remove in order to prevent removal

Administrator will monitor for on going compliance.

Completion Date: 06/17/2021

Update - 08/10/2021

Please send picture of compliance. 8-10-2021

91 - Telephone Numbers *(continued)***Document Submission****Implemented**

The numbers were placed by the phone at the time of inspection.

There has been a list placed on the table, as well as on the phone. The list were adhered to the table with gorilla tape which is extremely difficult to remove in order to prevent removal

Administrator will monitor for on going compliance.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Exit 6 required excessive force to open it using the push bar due to the push bar sticking. This prevented immediate and safe egress from the exit.

Plan of Correction**Accept**

The egress must be easy to open so people can escape easily in case of an emergency.

Due to the constant surface cleaning the push bar became sticky and became hard to push open. The mechanism was cleaned and lubricated, therefore became easy to push open.

The door will be checked monthly by the Administrator for 6 months to prevent reoccurrence.

See Attached documentation

Completion Date: 06/18/2021

Document Submission**Implemented**

The door will be checked monthly by the Administrator for 6 months to prevent reoccurrence.

See Attached documentation

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 requires blood glucose monitoring with insulin administered on a sliding scale, 3 times per day at noon, 4:00:pm, and 8:00pm. On 6/3/2021 at 8:00pm there was a reading of 111 documented but no reading was found in the resident's glucometer.

Resident #2 has an order for [REDACTED] to be administered with the following parameter: Hold for SBP < 100 or Heart Rate < 60.

On 06/06/21 the resident's heart rate was 56. The medication was not held as per the physician's orders.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

Resident 1-The residents is scheduled for monitoring 3 times daily without insulin coverage attached to readings. Upon an audit of the glucometer, it was found that med tech had documented an accucheck reading in error. Resident Number1 did not have an accucheck completed on 6/3/2021 at 8 PM. The med tech documented a reading in error. The med tech who is responsible for error is no longer employed at the Home.

In-service was completed with all med techs in regard to proper policy and procedure of medication administration as well as a documentation review. (see Attached)

Resident 2 - the medication was held as evident by the count of the medication on the day of the inspection. There was an error in documentation, which was corrected at the time of the inspection.

An In-service was given to all Med Techs on proper documentation.

Administrator will monitor MARs for compliance on an on going basis

Completion Date: 06/18/2021

Update - 08/10/2021

Please send/Attach proof of staff training. 8-10-2021 [REDACTED]

Document Submission**Implemented**

In-service was completed with all med techs in regard to proper policy and procedure of medication administration as well as a documentation review. (see Attached)

An In-service was given to all Med Techs on proper documentation.

Administrator will monitor MARs for compliance on an on going basis

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3's current Resident Assessment and Support Plan (RASP) dated 09/14/2020 did not reflect that the resident was currently using a wheelchair for ambulation and also needs some verbal cuing for safe evacuation from the home.

Plan of Correction**Accept**

A detailed RASP in place will assist in continuity of care , detailed instructions for DCStaff to provide the best care possible.

Resident uses both the wheelchair and walker depending on choice of the day. The new RASP explains.

Resident # 3- [REDACTED]. A new RASP was completed and used as training for DCStaff (attached) RASP reflects changes regarding ambulation and verbal cuing. Updates will be included when needed, as addendums, unless a significant change occurs at which time a new RASP will be completed.

All resident charts have been reviewed and updated by Administrator - completion- 6/24/2021

Administrator will monitor RASPs for future updates, and annuals, to remain in compliance.

Completion Date: 06/17/2021

227d - Support Plan Medical/Dental (*continued*)**Document Submission****Implemented**

All resident charts have been reviewed and updated by Administrator - completion- 6/24/2021

Administrator will monitor RASPs for future updates, and annuals, to remain in compliance.06/17/2021