

Department of Human Services
Bureau of Human Service Licensing

April 11, 2022

[REDACTED]
MOUNTAIN VIEW SENIOR LIVING LLC
132 NATURE PARK ROAD
GREENSBURG, PA, 15601

RE: MOUNTAIN VIEW SENIOR LIVING
132 NATURE PARK ROAD
GREENSBURG, PA, 15601
LICENSE/COC#: 45089

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *MOUNTAIN VIEW SENIOR LIVING* License #: *45089* License Expiration: *04/02/2022*
Address: *132 NATURE PARK ROAD, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7248370690* Email: [REDACTED]

Legal Entity

Name: *MOUNTAIN VIEW SENIOR LIVING LLC*
Address: *132 NATURE PARK ROAD, GREENSBURG, PA, 15601*
Phone: *7248370690* Email: [REDACTED]

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 Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *108* Waking Staff: *81*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *03/15/2022*

Inspection Dates and Department Representative

02/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *73*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *35* Have Physical Disability: *1*

Inspections / Reviews

02/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2022*

Inspections / Reviews (*continued*)

03/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/01/2022*

03/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/01/2022*

03/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/08/2022*

04/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/12/22, resident #1 was prescribed Vancomycin 125 mg-Take 1 tablet by mouth every 6 hours for 14 days; however, the medication was only administered to the resident 3 times on 2/15/22, 2/20/22 and 2/22/22. This medication error was not reported to the Department until 3/15/22.

On 2/3/22 at 8:00 pm, resident #3 was administered resident #2's Docusate Sodium-100 mg, Perphenazine-2 mg and Olanzapine-20 mg; however, this medication error was not reported to the Department until 3/10/22.

Resident #4 was prescribed Warfarin 3 mg-Take 1 tablet by mouth at bedtime; however, on 2/3/22 at 8:00 pm, the resident was administered 5.5 mg of Warfarin. This medication error was not reported to the Department until 3/10/22.

Plan of Correction

Accept

Plan of Correction:

• Requesting #2 to be removed. This was reported after the fact by an employee that had been terminated during interview with BHLS. Once the home was told about this error it was immediately reported.

Immediate: All errors reported to the department upon notification.

Action plan: Monitoring for med errors through weekly sample auditing. Introduction of "Discrepancy Reporting Form". Education to all Med techs and Administration to assure all required incidents are reported within the regulatory requirement.

Implementation: Director of Wellness will follow audit schedule to identify potential medication errors and report to Administrator for formal reporting as necessary. Administrator will educate Director of Wellness and all Med techs the importance of reporting medication errors. Daily procedures to include utilization of the discrepancy reporting form.

Timeline: All Education to be completed by 3/28/2022. Weekly audits to start 3/28/2022 for 3 months with an administrative review weekly to determine ongoing need.

Attachments:

- Medication Error Audit (See attached)
- Discrepancy Reporting Form

Completion Date: 04/08/2022

Document Submission

Implemented

Attached you will find completed education for the items addressed and the audit forms in place for ongoing review. Audit schedule will continue.

183b - Meds and Syringes Locked

1. Requirements

2600.

183b - Meds and Syringes Locked (continued)

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

The 2nd floor nurse's station has a half-door that was locked from the outside, however, at 10:22 am, an agent of the Department was able to reach over the half-door to open the door, and found an unlocked and unattended gray storage closet containing numerous medications for residents, to include:

- Resident #5's Levothyroxine-100 mcg, as well as Bupropion-100 mg
- Resident #6's Atorvastatin-10 mg
- Resident #7's Januvia-100 mg

Plan of Correction

Accept

Plan of Correction:

Immediate: Secured the medication upon notification and purchased a new lock for the cabinet to assure it remained in proper working order.

Action plan: Med tech on duty will check and sign off during each shift to assure compliance. During routine walking rounds these areas will be checked to assure locked and medications stored properly. The doors will be secured to automatically shut for added precaution to assure the area remains secure. All staff to be educated on the importance of securing the nurses station at all times.

Implementation: Director of Wellness or designee will provide check off tool to med techs to document areas are secured and locked properly. Administrator to educate all staff. Administrator will oversee routine walking rounds to be completed and door adjustments to be made by MVSL Maintenance Department. There will be a secured area for medications at all times.

Timeline: All Education to be completed by 3/28/2022. Check off tool to start 3/28/2022. Routine walking rounds (already implemented) with doors to be adjusted by 3/28/2022.

Attachments:

- Check off tool

Completion Date: 04/08/2022

Document Submission

Implemented

Attached you will find the staff education and check off tool in place to continue ongoing compliance.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's Prodigy pocket glucometer is not set to the current date and time. Also, resident #1's glucometer is not labeled with the resident's name.

Resident #1 is prescribed blood glucose checks at breakfast and dinner. On 2/14/22 at approximately 8:00 am, the resident's blood glucose was 93; however, was documented on the resident's February 2022 medication administration

185a - Implement Storage Procedures (continued)

record (MAR) as 98. Also, on 2/17/22 at approximately 8:00 am, the resident's blood glucose was 109; however, was documented on the resident's February 2022 MAR as 97.8.

Resident #1 is prescribed blood glucose checks at breakfast and dinner. On 2/15/22 and 2/20/22, there are no blood glucose readings present on resident #1's glucometer at dinner; however, the resident's February 2022 MAR indicates a blood glucose reading of 123 at dinner on 2/15/22, and a blood glucose reading of 113 at dinner on 2/20/22.

There were numerous unlabeled glucometers, to include a Prodigy glucometer and a One Touch glucometer, present in the 2-A medication cart.

Plan of Correction

Accept

Plan of Correction:

Immediate: Order reviewed at the time of inspection and MAR adjustments made to reflect correct order. (See attached). All glucometers calibrated and set correctly with verbal education to active med techs.

Action plan: All glucometers to be reviewed, calibrated and properly labeled. All diabetic residents with orders for CBG checks and insulin will be reviewed and all proper staff educated. Glucometers will be replaced if and when needed with routine auditing for storage and function.

Implementation: Director of Wellness or Designee to audit weekly all diabetic residents to assure glucometers in working order, stored properly and proper documentation. Staff educated on regulation and the importance with procedure regarding use of glucometers and storage. Weekly calibrations to be done by lead med tech with oversight from Director of Wellness.

Timeline: Staff education to be completed by 3/28/2022. Formal auditing process to start 3/25/2022 by Director of Wellness.

Attachments:

- Diabetic Audit
- Calibration Log

Completion Date: 04/08/2022

Document Submission

Implemented

Attached you will find completed education for the items addressed and the audit forms in place for ongoing review. Audit schedule will continue.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Vancomycin 125 mg-Take 1 tablet by mouth every 6 hours for 14 days. The resident's February 2022 MAR includes the initials of staff person A as administering this medication to the resident at 12:00am on 2/14/22 and 2/15/22; however, staff person A was not working in the home on these days and did not administer the medication to the resident.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction**Accept***Plan of Correction:*

Immediate: It was of the homes understanding the medication was given by the night shift med tech, however the sign off was missed. Upon daylight coming on shift the MAR was signed in error. Upon notification at time of inspection the medication card was reviewed to find the medication was not given. MD notified and a missed dose med error completed.

Action plan: Ongoing sample auditing specifically for specific time medications such as antibiotics and warfarin. Staff education and hands on return demonstration of the proper use of the EMAR system and medication administration practices.

Implementation: Using EMAR specific reports weekly sample auditing to be done to assure medications are given and signed out properly based on the EMAR and staff daily assignments. Administrator or designee will select one day weekly to review proper medications administration documentation on select residents from a sample from each shift and floor.

Timeline: Staff to be educated by 3/28/2022 with hands on return demonstration by 4/4/2022. Auditing to start 3/28/2022.

Attachments:

- Medication Administration Audit/Review

Completion Date: 04/08/2022

Document Submission**Implemented**

Attached you will find completed education for the items addressed and the audit forms in place for ongoing review. Audit schedule will continue.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose checks at breakfast and dinner; however, on 2/15/22 and 2/20/22, the resident's blood glucose was not checked at dinner.

On 2/12/22, Resident #1 was prescribed Vancomycin 125 mg-Take 1 tablet by mouth every 6 hours for 14 days; however, the medication was only administered to the resident 3 times on 2/15/22, 2/20/22 and 2/22/22.

On 2/3/22 at 8:00 pm, resident #3 was administered resident #2's Docusate Sodium-100 mg, Perphenazine-2 mg and Olanzapine-20 mg.

Resident #4 was prescribed Warfarin 3 mg-Take 1 tablet by mouth at bedtime; however, on 2/3/22 at 8:00 pm, the resident was administered 5.5 mg of Warfarin.

Plan of Correction**Accept**

Immediate: Staff education to follow all orders on MAR. MAR/Cart audit completed for all floors.

- Resident #1 – Reviewed order and identified med tech on duty and provided education. (Diabetic Audit)

187d - Follow Prescriber's Orders (continued)

- Resident #1 – Physician made aware of the missed doses, medication error report done and reported. Med techs involved provided education and retraining. (Antibiotic Log)
- Resident #3 – Medication error report completed and reported. Education to staff to fill out med error reports in addition to verbal reporting of potential medication errors identified on shift.
- Resident #4 – Medication error report completed and reported. (Warfarin Log)

Action plan: All med techs will have documented observations quarterly for ongoing education for proper medication administration practices. Prescriber order audit to be done by sample weekly. Warfarin and Antibiotic log to be kept. EMAR reports (Exceptions) to be pulled and reviewed for each day in order to identify immediate issues. Med techs to be educated on specific issues identified. DOW to be educated about proper reporting and preventative auditing needs.

Implementation: Med techs will have quarterly formal observations to be done by Director of Wellness and Regional Manager. Prescriber order audit to be completed weekly with cart audit by DOW and Administrator. EMAR reports to be pulled and reviewed by DOW or designee. Med tech education to include; following all orders on the MAR, asking for clarification as needed, reporting discrepancies, medication error reports/discrepancy reports, reportable incidents, pharmacy resources. In conjunction with community audits FHP pharmacy will perform quarterly cart/MAR audits.

Timeline: Staff education to be completed by 3/28/2022. Auditing to start 3/28/2022 with Med Tech observations to start 4/1/2022. Auditing schedule as follows:

- Daily 3/28/2022 – 4/28/2022
- Weekly 4/29/2022 – 6/29/2022
- Biweekly – 6/30/2022-8/30/2022
- Monthly – 9/1/2022 (Ongoing)

Completion Date: 04/08/2022

Document Submission**Implemented**

Attached you will find completed education for the items addressed and the audit forms in place for ongoing review. Audit schedule will continue.

FHP (Pharmacy) Audits will be as follows:

* May 2022, August 2022 and November 2022 and as per request.