

Department of Human Services  
Bureau of Human Service Licensing

May 19, 2022

[REDACTED], OWNER  
[REDACTED]  
[REDACTED]

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 03/30/2022, 03/31/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

May 10, 2022

[REDACTED], OWNER  
[REDACTED]  
[REDACTED]

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 licensing inspections on 03/30/2022, 03/31/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

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: *04/02/2023*  
Address: *132 NATURE PARK ROAD, GREENSBURG, PA 15601*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[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: *0* Total Daily Staff: *96* Waking Staff: *72*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/31/2022*

**Inspection Dates and Department Representative**

03/30/2022 - On-Site: [REDACTED]  
03/31/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *130* Residents Served: *67*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *64*  
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *29* Have Physical Disability: *1*

**Inspections / Reviews**

**03/30/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2022*

Inspections / Reviews (*continued*)

05/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/10/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/13/2022*

05/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/31/22, at 1:34 p.m., resident #1's record, and medications lists for residents #2 and 3 were in a 24-hour report notebook, were unlocked, unattended and accessible in the nurses' station on the second floor.

Plan of Correction

Accept

Plan of Correction:

Immediate: Education to staff onsite and oncoming the importance of confidentiality and securing the nurses station properly. Administration oversight during rounds to assure area is secured.

Action plan: Environmental Services reviewed options for door adjustments. It was determined a new door ordered at a height of 5 feet with a key pad lock is the best option. All products ordered and due to be received by 5/2/2022.

Implementation/oversight: Additional staff education upon installation for proper use. Administrative rounds to continue and with on-the-spot education as needed.

Timeline: ETA for full installation is 5/9/2022 barring delays in delivery and service.

Completion Date: 05/09/2022

Document Submission

Implemented

See attached:

Picture of completion

Staff Education

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 3/31/22, at 1:34 p.m., a section of the ceiling drywall measuring approximately 7 inches x 10 inches was cracked and bubbled in the first floor visitor's bathroom.

Plan of Correction

Accept

Plan of Correction:

Immediate: Replaced ceiling tile immediately after reported from onsite inspector.

Action plan: Environmental services will continue weekly checks, and review results with Administrator. Education for staff to report any damaged ceiling tiles with use of a work order.

Implementation: Documented weekly checks to start 4/1/2022 and continue for a minimum of 3 months.

Timeline: 5/2/2022 - 5/9/2022 staff education and administrator review.

Completion Date: 05/09/2022

88a - Surfaces (continued)

Document Submission

Implemented

- See attached
- Surfaces log
- Work order form
- Staff Education

141a 1-10 Medical Evaluation Information

1. Requirements

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

Resident #4's medical evaluation, dated [REDACTED], does not include medical diagnoses. This area is blank. According to the medication list, the resident has multiple medical diagnoses, including [REDACTED] and [REDACTED]

Plan of Correction

Accept

Plan of Correction:

• REQUESTING REMOVAL: The diagnosis(s) were listed on attached intake forms from admission. Per page 218 of the RCG (Best Practices for Preadmission screening, Medical Evaluation and Assessment Support Plan) which indicates it is appropriate to attach desired documents to a DME.

Immediate: Added diagnosis in the designated area that was blank on the DME for resident #4. Education to staff associated with DM, implementation, reviews and updates.

Action plan: Requesting removal; Review DME’s prior to upload to electronic medical records to assure all requirements are met.

Implementation: Ongoing review with further intervention if applicable.

Timeline: 4/29/2022 with documented education by 5/9/222.

Completion Date: 05/09/2022

Document Submission

Implemented

- Corrected DME (Resident #4)
- Staff education

184a - Labeling OTC/CAM

1. Requirements

184a - Labeling OTC/CAM (continued)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 5's [redacted] injection insulin pen does not have a label indicating the full dosage instructions. The resident is prescribed [redacted] injection 100/ML, inject SUB-Q 3 times a day before meals per sliding scale as follows: if blood sugar less than 70 initiate hypoglycemic protocol, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400= 10 units, 401-450= 12 units>CALL MD.

Plan of Correction

Accept

Immediate: Communication with the pharmacy to send multiple labels with bulk insulin pens. All residents with use of insulin reviewed. All pens placed in bags with proper prescription labels.

Action plan: During routine weekly diabetic audit, the proper prescription labels will be checked. Staff educated to assure label in place at all times. Administrator will continue communications with the pharmacy to assure labels are sent as requested.

Implementation: DOW will oversee and complete routine diabetic audit and report issues to the Administrator in real time for further intervention.

Timeline: 5/2/2022-5/9/2022 for staff education.

Completion Date: 05/09/2022

Document Submission

Implemented

See attached:

Staff education

Diabetic Log - updated to include proper labeling

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 #6's glucometer is not calibrated to the current date and time.

Resident #5 is prescribed blood glucose checks before meals and at bedtime. Blood glucose readings are documented on the MAR from 3/15/22-3/27/22. However, the resident's glucometer does not indicate any blood glucose readings.

Resident #7 is prescribed blood glucose checks before meals and at bedtime. Blood glucose readings are documented on the MAR from 3/15/22-3/30/22. However, the resident's glucometer indicated one reading of 205, on 3/31/22.

Resident #8 is prescribed blood glucose checks before meals and at bedtime. Blood glucose readings are documented on the MAR from 3/15/22-3/30/22. However, the residents glucometer does not indicate any blood glucose readings.

Plan of Correction

Directed

UPDATED: 5/10/2022

185a - Implement Storage Procedures (continued)

- 1. Within 15 days of receipt of the accepted plan of correction – The home will update medication procedures to include that all residents’ blood glucose readings will be maintained on the glucometers and not deleted for at least 30 days. The home will also keep written record of the readings.
- 2. Within 15 days of receipt of the accepted plan of correction – Ensure that each resident has his or her own working glucometer, which is set to the current date and time.
- 3. Within 15 days of receipt of the plan of correction – All staff persons involved in medication administration will be educated on the home’s updated procedures.
- 4. Weekly diabetic audits by the Director of Wellness (DOW) will include checking the actual glucometer readings against the recorded readings.

--The DOW will also ensure that the glucometer readings are kept for at least 60 days with documentation kept in the event there is a malfunction with an individuals glucometer. JRW 5/10/22

Completion Date: 05/25/2022

<b>Document Submission</b>	<b>Implemented</b>
<i>By 5/25/2022 home will implement policy and procedure specifically to show "implement and storage procedures 2600.185a" having a blood glucose history for 60 days stored in residents individual glucometers . Followed by formal staff re-training with return demonstration for best diabetic practices for for insulin administration and glucose monitoring. In addition, Diabetic Review Audit will be used to assure accuracy and provide opportunity for further education if and when needed.</i>	

85a - Sanitary Conditions

1. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

*On 3/31/22 at approximately 10:10 a.m., the staff smoking area outside on the east side of the building had approximately 18 cigarette butts in the grass, numerous disposable blue gloves and masks, and other garbage in the grassy area.*

*Repeat Violation: 3/3/2021 et al*

<b>Plan of Correction</b>	<b>Accept</b>
<i>Environmental services will continue weekly checks, and review results with Administrator twice weekly. Education for staff to report excessive debris</i>	
<i>Documented weekly checks to start 4/1/2022 and continue for a minimum of 3 months. Effective 5/10/2022 checks will be completed twice weekly by environmental services and reviewed by administration.</i>	
<i>Timeline: 5/2/2022 - 5/9/2022 staff education and administrator ongoing review.</i>	

Completion Date: 05/10/2022

<b>Document Submission</b>	<b>Implemented</b>
<i>See attached</i>	
<i>Log</i>	
<i>Staff Education</i>	

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING SCORESHEET**

**Facility Information**

Name: *MOUNTAIN VIEW SENIOR LIVING* License #: *45089* License Expiration: *04/02/2023*  
Address: *132 NATURE PARK ROAD, GREENSBURG, PA 15601*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *MOUNTAIN VIEW SENIOR LIVING LLC*  
Address: *132 NATURE PARK ROAD, GREENSBURG, PA, 15601*

**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: *0* Total Daily Staff: *96* Waking Staff: *72*

**Inspection Information**

Start Date: *03/30/2022* Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal*

**Inspection Dates and Department Representative**

03/30/2022 - On-Site: [REDACTED]  
03/31/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *130* Residents Served: *67*

**Secured Dementia Care Unit**

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**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *64*  
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *2*  
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