



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: June 21, 2022

[REDACTED]
Mountain View Memory Care, LLC
[REDACTED]

RE: Mountain View Memory Care
711 Route 119
Greensburg, Pennsylvania 15601
License #: 453770

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 6, 2022 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.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

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 NEW license is enclosed.

Sincerely,

Jamie 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**

Facility Information

Name: Mountain View Memory Care **License #:** 453770 **License Expiration:** 12/31/2022
Address: 711 Route 119, Greensburg, PA 15601
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 724-834-5711 **Email:** [REDACTED]

Legal Entity

Name: Mountain View Memory Care LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/13/2006 **Issued By:** Hempfield Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 88 **Waking Staff:** 66

Inspection Information

Type: Full **Notice:** Announced **BHA Docket #:**
Reason: New, Change Legal Entity **Exit Conference Date:** 06/06/2022

Inspection Dates and Department Representative

06/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** 44

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 60 **Residents Served:** 44

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 44 **Have Physical Disability:** 0

Inspections / Reviews

06/06/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/25/2022

06/16/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2022*

06/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/17/2022*

06/16/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The doors for the shared bathrooms in the home are not equipped with any type of locking device.

Plan of Correction**Accept**

Upon notification of the need to have locks on the bathroom doors of the shared bathrooms - locks were obtained and installed within 5 days.

See attached pictures and check for paid labor for the installation)

Upon change of ownership, lock checks will be added to routine rounds checklist to assure working order. Additional staff education to be completed as needed.

Update: All resident bathroom doors (Private or Semi Private) locks were replaced. See attached picture to show ocks on both doors to assure privacy from adjoining bedroom and resident room. 57 total locks installed.

Upon change in ownership - Operations Manager will be responsible to check locks are in working order weekly for 3 months then monthly thereafter with quarterly follow up by Administrator. (See attached audit tool)

Completion Date: 06/16/2022

Document Submission**Implemented**

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See attached pictures and check for paid labor for the installation)

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Documentation Attached

183b - Meds and Syringes Locked

1. Requirements

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

On 6/6/22, at 12:13 p.m., 2.5 ounces of anti-fungal powder and 3 ounces of 2% Desenex powder were unlocked, unattended and accessible in the visitor bathroom in hallway 100.

Plan of Correction

Accept

At time of inspection, upon notification of medications found unlocked, unattended and accessible. Medications securely placed and all common areas searched to assure no other medications were stored improperly. No additional issues noted.

Education done 6/6/2022 in regards to poisonous materials. (See attached)

Education done 6/8/2022 to specifically addressing leaving medications unattended. (See attached)

Upon change on ownership - Director of Wellness will be responsible to check areas routinely to assure medications are stored properly. DOW will report any issues for further intervention and or education to the Administrator.

Updated: Upon change of ownership, Director of Wellness will be responsible for the oversight on daily monitoring to assure medications are stored properly. Daily, a med tech from each shift will sign off prior to end of shift that all medications are stored properly. The Director of Wellness will preform a random audit weekly and report findings to the Administrator for further education and intervention. This will be ongoing for 3 months followed by monthly auditing by DOW. See attached audit that will be used.

Completion Date: 06/16/2022

Document Submission

Implemented

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183b - Meds and Syringes Locked (continued)

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