

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

June 9, 2023

[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 04/25/2023, 04/26/2023, 04/27/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MOUNTAIN VIEW SENIOR LIVING License #: 45089 License Expiration: 04/02/2024

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

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 02/09/2007 Issued By: Dept. of 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, Complaint, Incident Exit Conference Date: 04/27/2023

Inspection Dates and Department Representative

04/25/2023 - On-Site: [REDACTED]

04/26/2023 - On-Site: [REDACTED]

04/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Resident Served: 67

Secured Dementia Care Unit

In Home: No Area: Capacity: Resident Served:

Hospice

Current Resident : 12

Number of Residents Who:

Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

04/25/2023 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *05/22/2023*

06/07/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: *06/09/2023*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *06/09/2023*

06/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *06/09/2023*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/25/2023 at approximately 9:45 am, there was an unsealed bag of peas inside of a box in the commercial freezer in the kitchen.

Plan of Correction Accept (████ - 06/07/2023)

Immediate: Removed the peas from the box and due to not being labeled the peas were discarded. Freezer and walk-in refrigerator reviewed to assure all items were stored and labeled properly. No issues noted.

Ongoing: It will be the responsibility of the Director of Dining Services to check that all food and goods are properly stored and labeled. This will occur every Wednesday after the truck delivery. Documentation will be kept.

Education: All dietary staff will be educated on an ongoing basis and at monthly all staff on 6/6/2023.

Oversight: Administrator or designee will preform random checks monthly starting 6/1/2023 to assure weekly checks are completed and the all food is stored and labeled properly.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented (████ - 06/09/2023)

132b - Safety Inspection/Fire Drill

2. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

A fire safety expert conducted a fire safety inspection and observed a fire drill on 11/10/2021. However, another fire safety inspection and observed drill was not conducted until 2/7/2023.

Plan of Correction Accept (████ - 06/07/2023)

Immediate: Mountain View Senior Living began a new contract with another fire safety expert effective 5/1/2023. We were challenged with scheduling with █████ at the time the inspection was needed █████ cancelled X2 times with short notice). We will now be using: Johnstown Fire Safety Services 814-619-1391. As it stands we are in compliance with the next Fire Safety Expert letter and drill to be completed by 2/7/2024. However, to stay in alignment with the original schedule our new safety expert will be out by 11/10/2023.

Administrator or Designee will review at the beginning of each quarter to assure all drills are scheduled properly and as applicable with the Fire Safety Expert. Documentation will be kept. July 2023 will be the first quarterly audit.

Maintenance Director was educated to alert Administrator with all scheduling issues moving forward. This will allow for the Administrator to contact BHLS as applicable.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented (████ - 06/09/2023)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

The assessment for resident #1, dated [REDACTED]/2022, indicates the resident has a need for bed rails. On 4/25/2023, there were half-length bedrails on both sides of resident #1's bed. However, the resident's support plan, dated [REDACTED] 2022, does not address how the home will protect the resident from the potential dangers of use when the resident is in bed with bed rails up.

Plan of Correction**Accept ([REDACTED] - 06/07/2023)**

Immediate: Doctors order obtained for use of bed rails. RASP updated with the process for oversight and resident need of bed rails. Added to the Treatment MAR to show each shift to assure bed rails are in proper position and safe. Ongoing: Each resident bed to be checked monthly by Maintenance Director to report to Administrator each resident that uses enabler bars and or bed rails to assure compliance. Administrator or designee will review care plans to assure each residents care plan indicates; 1) Type of bars 2) How the resident uses the bars. 3) How safety will be monitored.

Education: All staff educated on 6/6/2023 on the proper use and safety of all safety bars in the community.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented ([REDACTED] - 06/09/2023)