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

July 24, 2023

, CEO
MOUNTAIN VIEW MEMORY CARE LLC

RE: MOUNTAIN VIEW MEMORY CARE
711 ROUTE 119
GREENSBURG, PA, 15601
LICENSE/COC#: 45377

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2023, 06/13/2023, 07/03/2023 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MOUNTAIN VIEW MEMORY CARE* **Licen e #**: *45377* **Licen e Expiration**: *06/22/2024*

Address: *711 ROUTE 119, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: **Phone** **Email**:

Legal Entity

Name: *MOUNTAIN VIEW MEMORY CARE LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/13/2006* **I ued By**: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/13/2023*

Inspection Dates and Department Representative

06/02/2023 On Site

06/13/2023 On Site

07/03/2023 Off Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *39*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Facility* **Capacity**: *80* **Residents Served**: *39*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *39*

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

Have Mobility Need: *39* **Have Physical Disability**: *0*

Inspections / Reviews

06/02/2023 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/16/2023*

Inspections / Reviews *(continued)*

07/17/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/21/2023*

07/24/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2023*

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

57c - 2 Hours/Day

1. Requirements

2600.
57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted]/23 there were 37 residents in the home, including 37 residents with mobility needs, requiring a total minimum of 74 hours of direct care staffing hours. On this day, only 72.5 hours of direct care staffing were provided.

Repeat violation 3/22/23 et al

Plan of Correction ***Accept ([redacted] - 07/17/2023)***

Current over sight in place to review staffing numbers daily to assure compliance. On the day noted above, we had a regulary scheduled staff member leave the community for a family emergency.
Plan: At time of this site visit, there was one covering Administrator for (2) communities. Adjustments have made to have one full time Administrator at the MVMC location. This is to allow more staffing coverage in order to maintain compliance. This adjustment was made effective 7/3/2023.
Ongoing: Administrator to review staffing weekly with HR Director to assure documented staffing compliance. Administrator and Director of Wellness will hold responsibility to cover "open shifts and call off's" to assure compliance. Staffing spreadsheet will be used to monitor hours and documentation of outcomes will be kept.

Licensee's Proposed Overall Completion Date: *07/21/2023*

Implemented ([redacted] - 07/24/2023)

57d - Waking Hours

2. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted]/23, there were 37 residents present in the home, including 37 residents with mobility needs, requiring 55.5 total minimum of hours of direct care staffing during waking hours. On this day, only 51 hours of direct care staffing were provided during waking hours.

Repeat violation 3/22/23 et al

Plan of Correction ***Accept ([redacted] - 07/17/2023)***

Current over sight in place to review staffing numbers daily to assure compliance. On the day noted above, we had a regulary scheduled staff member leave the community for a family emergency.
Plan: At time of this site visit, there was one covering Administrator for (2) communities. Adjustments have made to have one full time Administrator at the MVMC location. This is to allow more staffing coverage in order to maintain compliance. This adjustment was made effective 7/3/2023.
Ongoing: Administrator to review staffing weekly with HR Director to assure documented staffing compliance. Administrator and Director of Wellness will hold responsibility to cover "open shifts and call off's" to assure compliance. Staffing spreadsheet will be used to monitor hours and documentation of outcomes will be kept.

Licensee's Proposed Overall Completion Date: *07/21/2023*

57d - Waking Hours *(continued)*

Implemented (█ - 07/24/2023)

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:29 a.m., there was a one-liter bottle of Equaline Antiseptic mouth rinse, approximately 3 inches full, unlocked, unattended and accessible at resident #2's bathroom sink. The manufacturer's label indicated if more than used for rinsing is accidentally swallowed, get medical help or contact a Poison Control Center right away.

On 6/2/23, at approximately 9:30 a.m., there was a tube of Medline Calazime ointment, unlocked, unattended, and accessible in the shared bathroom in the 300 hallways. The manufacturer's label indicated "If accidentally swallowed contact poison control right away.",

Plan of Correction ***Accept █ - 07/17/2023)***

Immediate Action: At the time of visit all rooms were checked and any potential poisonous materials removed from resident
rooms and common areas to include bathrooms and nurses station. All products labled and placed in a secure closet for all DCS to access when needed. Staff educated at time of visit about the importance if assuring all poisonous materials
are stored and secured properly.

Plan: Letter to residents and responsible parties to assure all personal care products are checked in with the med tech to
be stored properly and an MD order obtained if needed.

Ongoing oversight: Administrator or designee will perform 3X week rounds for 3 months then weekly for 3 months, followed
by ongoing monthly audits. This is to assure all products are stored properly and safely with "on the spot education" as needed in order to maintain compliance. Documentation will be kept. DIRECTED: Monitoring rounds will start by 7/21/23. JW

Licensee's Proposed Overall Completion Date: *07/21/2023*

Implemented █ - 07/24/2023)

85a - Sanitary Conditions

4. Requirements

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

Description of Violation

At 10:20 a.m., resident #3's bedroom, had a soiled incontinence brief draped over the bedside table. In addition,

85a - Sanitary Conditions (continued)

resident #3's bathroom trash can did not have a lid and was full of soiled briefs and wipes.

Plan of Correction ***Accept (- 07/17/2023)***

mmediate Action: At the time of visit all rooms were checked by Administrator and Designee. Rooms noted above cleaned
and bathroom trash can replaced with a trash can with a lid. All beds and room in clean sanitary environment.
mmediate education to staff that all incontinence products shall be disposed off at the time of assisting the resident, with a reminder to ask for assistance as needed.

Plan: Administrator or designee will perform 3X week rounds for 3 months then weekly for 3 months, followed by ongoing monthly audits. This is to assure all rooms are clean and sanitary "on the spot education" as needed in order. Documentation will be kept.

DIRECTED: Audits will start by 7/21/23.

Licensee's Proposed Overall Completion Date: *07/21/2023*

Implemented - 07/24/2023)

101j3 - Bed/Linens/Pillows/Blankets

5. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

At 10:15 a.m., resident #3's fitted bed sheet had multiple smears of feces and urine.
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Plan of Correction ***Accept (- 07/17/2023)***

mmediate Action: At the time of visit all rooms were checked by Administraotr and Designee. Rooms noted above cleaned All beds and rooms in clean and sanitary environment. Immediate education to staff that all soiled bed inen to be removed at the time of assistance.

Plan: Administrator or designee will perform 3X week rounds for 3 months then weekly for 3 months, followed by ongoing monthly audits. This is to assure all rooms are clean and sanitary "on the spot education" as needed in order
to maintain compliance. Documentation will be kept. DIRECTED: Monitoring rounds to begin by 7/21/23.

Licensee's Proposed Overall Completion Date: *07/21/2023*

Implemented (- 07/24/2023)

121a - Unobstructed Egress

6. Requirements

2600.

121a - Unobstructed Egress *(continued)*

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

Description of Violation

On 6/2/23, at 9:17 a.m., there was a couch in front of the emergency exit, located between the 200 and 300 hallways.

Plan of Correction ***Accept (- 07/17/2023)***

mmediate: couch moved from emergency exit.

Educated staff on the importance of keeping doorways cleared. Re-direct residents as needed if behaviors lead to moving chairs, couches or anything that could obstruct the egress.

Plan: Administrator or designee will perform 3X week rounds for 3 months then weekly for 3 months, followed by ongoing monthly audits. This is to assure all rooms are clean and sanitary "on the spot education" as needed in order
to maintain compliance. Documentation will be kept. DIRECTED: Monitoring rounds will begin by 7/21/23.

Licensee's Proposed Overall Completion Date: *07/21/2023*

Implemented (- 07/24/2023)

162c - Menus Posted

7. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 6/2/23, the home's posted menu indicated: Week 1 – Week 4, spring/summer menu. However, there were no dates indicated on either of the menus tp indicate the current and upcoming week.

Plan of Correction ***Accept (- 07/17/2023)***

mmediate: Menus adjusted with specific dates each meal will be served. Education to all dining staff to assure tools and needs are met to meet this standard.

Plan: Director of Dining Services to pre populate all menus with clear dates. Administrator to initial and approve all menus posted to assure accuracy and compliance. Ongoing weekly auditing by Administrator or designee to assure all menus are
posted correctly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *07/21/2023*

Implemented - 07/24/2023)