

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

October 3, 2023

[REDACTED], AUTHORIZED REPRESENTATIVE
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 08/23/2023 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: Labor and Industry
 Type: I-1 Date: 01/01/2003 Issued By: Hempfield Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 08/28/2023

Inspection Dates and Department Representative

08/23/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 69
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 68
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 1

Inspections / Reviews

08/23/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/20/2023

09/20/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/01/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2023

Inspections / Reviews *(continued)*

09/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/05/2023

10/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted], resident #1 was observed hitting resident #2 in the face and pulling resident #2's hair and clothing in resident #2's bedroom; however, this incident was not reported to the local Area Agency on Aging until 8/16/23 at approximately 11:15 AM.

Plan of Correction

Accept [redacted] - 09/27/2023)

Immediate Action: Immediately upon finding out about the incident the PCHA communicated to all shifts on proper suspected abuse reporting to AAA and DHS. On 08/16/23 the Administrator created a Abuse /Neglect reporting Checklist Form for staff to use if there is suspected abuse of a resident. This form guides staff step by step to ensure proper reporting is completed. The Abuse /Neglect Form will be completed by the staff shift LPN or the staff shift Resident Care Coordinator. On 09/12/23 Staff Education was also completed on reporting suspected abuse at our monthly team meeting. The Administrator shall review all internal incidents daily to ensure timely reporting of abuse allegations to AAA starting on 09/25/23. Please see attached Abuse / Neglect Reporting Check List Form and staff education. Documentation shall be kept.

Action Plan: 09/12/23 The Administrator went over the Abuse/Neglect reporting Checklist Form at the Team meeting to ensure staff understanding and the importance of timely suspected abuse reporting. The form was placed at each nurses station for reporting guidance and in the staff communication book. Documentation shall be kept

Ongoing Compliance: The Administrator will continue to educate on Abuse and neglect compliance reporting to the DHS and AAA and proper procedure for reporting. The education will be done yearly in August until 2024. The PCHA has set up Abuse and reporting education with the Area on Aging in person at MVSL on 9/26/23 at 1:00 PM for all staff. [redacted] AAA educated this administrator about the online Mandatory Abuse training at www.pda-lms.org and this will be added to all new hires and to existing staff to be completed by 11/30/23. The Administrator shall review all internal incidents daily to ensure timely reporting of abuse allegations to AAA starting on 09/25/23. Please see attached Education. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [redacted] - 10/03/2023)

15d Resident Abuse Notification

2. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [redacted] at approximately [redacted], resident #1 was observed hitting resident #2 in the face and pulling resident #2's hair and clothing in resident #2's bedroom; however, this incident was not reported to resident #1 and #2's designated persons until [redacted] at approximately [redacted].

Plan of Correction

Directed [redacted] - 09/27/2023)

Immediate Action: [redacted] Immediately upon finding out about the report of suspected abuse the PCHA notified

15d Resident Abuse Notification (continued)

Resident #2's designated person and the PCHA then notified Resident's # 1 designated person. 0 [REDACTED] 3 The PCHA verbally communicated to all shifts the importance of communication of suspected abuse reporting to designated persons of residents involved.

Action Plan: On [REDACTED] The Administrator created an Abuse and neglect Reporting checklist Form to ensure compliance with reporting timelines and compliance with regulation 2600.15 d. The Abuse and neglect Reporting checklist Form will be completed by the staff shift LPN or Staff shift Resident Care Coordinator. (DIRECTED: By 10/5/23: All staff persons responsible for completing the new abuse and neglect reporting checklist shall be educated on the new checklist. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/27/23). The Administrator will review all internal incidents daily to ensure timely reporting of abuse allegations to designated persons starting on 09/25/26 (UNACCEPTABLE COMPLETION DATE. The administrator daily reviews of incidents shall begin on 9/27/23. [REDACTED] 9/27/23) Documentation shall be kept.

Ongoing Compliance: The Administrator will continue to educate staff on notification of designated persons if residents are involved in suspected abuse or neglect. The Administrator will review all internal incidents daily to ensure timely reporting of abuse allegations to designated persons starting on 09/25/26. (UNACCEPTABLE COMPLETION DATE. The administrator daily reviews of incidents shall begin on 9/27/23. [REDACTED] 9/27/23) The Administrator will continue to educate staff yearly in August until 2024. [REDACTED] AAA educated this administrator about the online Mandatory Abuse training at www.pda lms.org and this will be added to all new hires and to existing staff to be completed by 11/30/23. Documentation shall be kept

Directed Completion Date: 10/05/2023

Implemented ([REDACTED] - 10/03/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/15/23 at approximately [REDACTED], resident #1 was found in resident #2's bedroom hitting resident #2 in the face, pulling resident #2's hair and pulling on resident #2's clothing. Resident #1 repeatedly called resident #2 an "animal" and threatened to kill resident #2. Resident #2 had scratches under both eyes and on [REDACTED] chest.

Plan of Correction

Directed ([REDACTED] - 09/27/2023)

Immediate Action: The Direct care staff 1 immediately redirected Resident #1 back to their room away from Resident # 2. Direct care Staff 2 stayed with Resident # 2 to ensure they were safe. The direct care staff notified the Director of Wellness at the time of the incident. The Director of Wellness instructed direct care staff to implement 15 minute checks.

42b Abuse (continued)

Action Plan: The Administrator when notified observed resident #1 and resident #2. The administrator notified resident #1 and resident #2 physicians. Resident #1 was sent to WRH for evaluation due to a change in cognition. The Administrator interviewed resident # 2 to ensure [redacted] felt safe in [redacted] home. Resident # 1 was treated for a UTI infection at the local hospital and returned to baseline, no other incidents occurred. 09/12/23 Staff was verbally educated on speaking softly to Resident#1 more staff observation was implemented as staff walked passed Resident #1's room, staff would look into see if resident #1 needed anything. Resident #1 liked to be by the window so we moved resident#1's bed near window to reduce any stressors that Resident #1 may experience. Residents #1 and #2's were seen by their PCP on 08/17/23 to ensure both residents had no ongoing health issues from the incident. On 08/28/23 Resident #2 discharged from MVSL due to expiration resident was on Hospice Services prior to incident. On 09/20/23 Resident #2 was discharged from MVSL due to expiration.

Ongoing Compliance: This administrator will do ongoing staff training in regards to new residents and assisting them with changes in home environments. The administrator will do ongoing staff training in S/S of UTI infections and the changes it causes with cognition, how to recognize these changes. Staff training to be completed on 9/28/23 at 1:00 P.M.. Documentation to be completed. The administrator will make room changes/ moves when needed to ensure residents safety. The administrator will interview at least 5 residents monthly, in private to ensure residents are free from abuse/neglect starting 09/25/23 until August 25/2024. Please see attached interviews.

Documentation will be kept

DIRECTED: By 10/1/23: The administrator shall review and update resident #1's assessment and support plan, which includes resident #1's current supervision/behaviorial needs. Resident #1's updated assessment and support plan shall be placed in resident #1's record and be available to direct care staff persons at all times. [redacted] 9/27/23

Directed Completion Date: 10/01/2023

Implemented ([redacted] 10/03/2023)