

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

October 17, 2023

[REDACTED], CEO
MOUNTAIN VIEW MEMORY CARE LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2023, 09/14/2023, 09/18/2023 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 MEMORY CARE License #: 45377 License Expiration: 06/22/2024
 Address: 711 ROUTE 119, GREENSBURG, PA 15601
 County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] 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 Twp

Staffing Hours

Resident Support Staff: Total Daily Staff: 72 Waking Staff: 54

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Complaint Exit Conference Date: 09/18/2023

Inspection Dates and Department Representative

09/08/2023 On Sit [REDACTED]
 09/14/2023 Off Sit [REDACTED]
 09/18/2023 Off Sit [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 36

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 80 Residents Served: 36

Hospice
 Current Residents: 14

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 36 Have Physical Disability: 1

Inspections / Reviews

09/08/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/05/2023

Inspections / Reviews (*continued*)

10/04/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/11/2023

10/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/17/2023

10/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment, dated [REDACTED], indicates the resident requires total physical assistance with toileting needs; and the resident's support plan, dated [REDACTED], indicates that personal/peri care will be provided by staff with each and every episode of incontinence. On numerous occasions in August 2023, the resident did not receive this assistance as required overnight. Staff interviews indicate that the resident's briefs, clothing, and bedding were regularly soaked when they assisted with her morning hygiene care.

Resident #2's assessment, dated [REDACTED], indicates the resident requires assistance with bowel and bladder management; and the resident's support plan, dated [REDACTED], indicates that the resident is occasionally incontinent, wears pull-ups, may require some assistance, hospice will provide, and that direct care staff is to assist during routine rounds. On numerous occasions in August 2023, the resident did not receive this assistance as required overnight. Staff interviews indicate that the resident's briefs, clothing, and bedding were regularly soaked when they assisted with her morning hygiene care.

Plan of Correction

Accepted [REDACTED] - 10/10/2023)

***All Care staff had a review with a RASP/Support Plan/Care Plan. Each section was gone over and the document was reviewed in detail; education was completed by the Administrator on 9/26/23.

All care staff was educated on each of the resident's assessments and support plans by the Administrator on 9/26/23.

The Administrator will privately interview at least three residents a week for three months and three residents monthly thereafter to ensure the resident's needs are being met in accordance with the assessment and support plan. This will be completed by March 31, 2024 by the Administrator.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [REDACTED] - 10/17/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On or around [REDACTED], when resident #3 required assistance with toileting, staff person A responded by yelling-Why the fuck did you do this? You're doing this out of spite. We have a million things to do, and you are wasting our time. The resident was crying in the great room a short time later and told staff person B that [REDACTED] hated staff person A because [REDACTED] made [REDACTED] feel bad and was the reason [REDACTED] was crying.

42c Treatment of Residents (continued)

Plan of Correction

Accept (█ - 10/10/2023)

All staff educated on resident rights and that all resident shall be treated with dignity and respect, this was completed by the Administrator on 9/27/23.

Each Resident's Rights was reviewed with all staff members; this was completed by the Administrator on 9/27/23.

The Administrator also spoke with all staff concerning how they speak with a resident and that cursing will never be acceptable this was completed on 9/27/23.

Staff Person A is no longer an employee as of █.

All staff was reminded that they are all mandated reporters and should report any such conduct immediately. This was completed by the Administrator on 9/27/23.

***The Administrator will privately interview at least three residents once a week for 3 months and then three residents monthly thereafter to ensure the resident's are being treated with dignity and respect.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (█ - 10/17/2023)

201 - Positive Interventions

3. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

From █, resident #4 exhibited aggressive and combative behavior that prevented staff from providing care; however, the home did not implement positive interventions to modify or eliminate the behavior, including:

- The resident regularly refused showers and was showered approximately 4 times over a 6 week period.
- The resident refused catheter care causing the insertion site to be painful, red, and sore with a foul odor. When catheter care occurred, it took up to 3 staff to empty the bag.
- The resident used █ hands to dig bowel movement out of █ adult diaper and smeared it on █ body, on walls, on █ food tray and █ sheets, and on the furniture in the great room, and threw it at staff while they attempted to provide care, which lead to █ clothes and briefs not getting changed and █ food tray being left in █ room from meal to meal.

Plan of Correction

Accept (█ - 10/10/2023)

All care staff received training on Safe Management Techniques by the Administrator on 9/27/23.

All staff members were re educated on using positive interventions, to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de escalation techniques and

201 - Positive Interventions (continued)

alternative techniques or methods to identify and defuse potential emergency situations this was completed by the Administrator on 9/27/23.

Resident #4 is no longer in the building as of [REDACTED].

The Administrator will audit the care of residents at least three residents a week for three months and three residents monthly thereafter to ensure safe management techniques and positive interventions are implemented.

This will be completed by March 31, 2024 by the Administrator.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([REDACTED] - 10/17/2023)

225c - Additional Assessment**4. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #5's most recent assessment, dated [REDACTED] did not address the resident's fall risk. However, the resident has fallen on multiple dates, including:

- on [REDACTED], the resident fractured [REDACTED] wrist from an unwitnessed fall.
- on [REDACTED], at approximately [REDACTED] the resident had an unwitnessed fall in the 500 hallway bathroom.
- on [REDACTED], at approximately [REDACTED] the resident was found on the floor with [REDACTED] head into the door in the great room.
- on [REDACTED] at approximately [REDACTED], the resident was taken to the hospital and diagnosed with a [REDACTED] to left parietal region after tripping over the scale in the great room of the home.

Plan of Correction

Accept ([REDACTED] - 10/10/2023)

The resident shall have additional assessments as follows: Annually or if there is a change in their condition.

Resident #5 had seen the doctor on [REDACTED]. This was documented on the RASP on [REDACTED] by the Administrator. Also documented on the RASP that the doctor adjusted [REDACTED] medications ([REDACTED] bid and [REDACTED] were added) this was completed by the Administrator on [REDACTED]. [REDACTED] had a history of falls along with recent falls. This update was added to the RASP on [REDACTED] and completed by the Administrator on [REDACTED].

The Administrator will review weekly with the Director of Nursing and Medication Technician to see if any resident's have had a change in condition that has not already been brought to the Administrator's attention. The Administrator trained all staff on the importance of notifying the Administrator, Director of Nursing and/or Medication Technician if they notice a significant change in a resident's condition so the doctor can be notified. and the RASP/Support/Care plan can be updated or a new one completed.

225c - Additional Assessment (continued)

There will be an audit of all current resident assessments for accuracy and completeness. This audit will be completed by the Administrator and will be completed by 11/30/2023

The Administrator also reviewed the regulations to be better informed of what needs/should be done.

There is a weekly spreadsheet that will be used to track all changes that require a new DME, Support/Care Plan or note added to the current RASP.

The Administrator completed this training with the care staff on 10/3/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 10/17/2023)

231b - Medical Evaluation

5. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4's initial medical evaluation, dated [redacted], does not include the resident's pulse rate, blood pressure, temperature, and cognitive functioning. These sections of the form are blank. In addition, documentation does not include a diagnosis of Alzheimer's disease or other dementia.

REPEAT VIOLATION: 3/22/2023 et al.

Plan of Correction

Accept [redacted] - 10/10/2023)

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

The Administrator reviewed all requirements for DME's in regulatory guide to be aware of what is required on the DME. This was completed on 9/26/23.

The Administrator will do an audit of DME's on all current residents; this will be completed by 11/30/23.

Resident #4 is no longer in the home; [redacted] moved out on [redacted].

The Administrator completed this training with all care staff on 9/26/2023.

The Administrator created a spreadsheet for compliance tracking on 9/26/23.

The Administrator will complete the audit by 11/30/2023

231b - Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 10/17/2023)

234b - Support Plan Needs Elements

6. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #4's initial assessment, dated [REDACTED], indicates the resident has a need for assistance with bowel management and with personal hygiene; however, the resident's initial support plan, dated [REDACTED], states the resident does not let them provide care all the time and does not specify how this need will be met.

REPEAT VIOLATION: 3/22/2023 et al.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Resident #4 is no longer in the community and moved out on [REDACTED]

The Administrator re-educated all care staff concerning personal hygiene and catheter care. Also on how to approach a resident that may be combative and to try several times a day to figure out what is an agreeable time for the resident to receive their care. This education was completed by the Administrator on 10/3/23.

There will be an audit of all current resident support plans for accuracy and completeness. This audit will be completed by the Administrator and will be completed by 11/30/2023

There was a spreadsheet created by the Administrator on 9/26/23 to track all resident changes for support plans to be updated. This is updated weekly after the doctor visits and as needed. There will be an audit of all newly completed support plans don by the Administrator by 11/30/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 10/17/2023)