

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

October 19, 2023

[REDACTED]  
GUARDIAN ELDER CARE AT MOUNTAIN TOP I LLC  
[REDACTED]  
[REDACTED]

RE: MOUNTAIN TOP SENIOR LIVING  
185 SOUTH MOUNTAIN  
BOULEVARD  
MOUNTAIN TOP, PA, 18707  
LICENSE/COC#: 22167

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2023 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 TOP SENIOR LIVING License #: 22167 License Expiration: 07/05/2024  
 Address: 185 SOUTH MOUNTAIN BOULEVARD, MOUNTAIN TOP, PA 18707  
 County: LUZERNE Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: GUARDIAN ELDER CARE AT MOUNTAIN TOP I LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/17/1997 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/27/2023

**Inspection Dates and Department Representative**

09/27/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 34 Residents Served: 31  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 26  
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

09/27/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2023

10/12/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/19/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/18/2023

Inspections / Reviews (*continued*)

10/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/23/2023

10/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person A did not receive training in fire safety by a fire safety expert for the 2022 training year.

Plan of Correction

Accept (█ - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/28/2023 by the Administrator verified, using the July 1, 2022 work schedule and record of fire drill, that staff person A was working at time of the Fire Safety experts training on July 1, 2022.
- 2. on 09/28/2023 by the Administrator reviewed record training for July 1, 2022 fire safety training and verified all other staff person training signed their respective record of training,.

To enhance the currently compliant operations, on 09/28/2023 the Administrator created a sign in sheet that will be utilized at the beginning of the training. Therefore there will be no question as to who attended the training. The sign in sheet will be filed in the Administrators office, with a completion date of 09/28/2023.

Effective 09/28/2023 the Administrator will perform annual monitoring through 10/10/2023 to maintain ongoing compliance with at the end the annual Fire Safety training the training sign in sheet will be reviewed to confirm all staff persons have signed as proof completing the training. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█ - 10/17/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

A dried brown substance, appearing to be dried fecal matter was found on the toilet seat in the shared shower room located outside room 105.

Plan of Correction

Accept (█ - 10/12/2023)

In response to the violation on 09/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/27/2023 by the PCA to immediate action was taken to clean and sanitize the toilet seat in the shared shower room located outside room 105.

**85a - Sanitary Conditions (continued)**

To enhance the currently compliant operations, on 09/28/2023 the Administrator will update the weekly cleaning checklist to include a check for stains on the toilets and provide training to all staff, with a completion date of 10/28/2023, with a completion date of 10/28/2023.

Effective 09/28/2023 the Administrator/Designee will perform Weekly inspections through 10/28/2023 to maintain ongoing compliance with sanitary conditions of the bathrooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/28/2023

Implemented [REDACTED] - 10/17/2023)

**103e - Left Overs****3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

A bag of hard boiled eggs were found in the refrigerator that were not labeled with the date the bag was opened and stored in the refrigerator.

**Plan of Correction**

Accept [REDACTED] - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/28/2023 by the direct care staff to remove the bag of hard boiled eggs and discard them.
2. on 09/28/2023 by the direct care staff to the refrigerator was checked for other items that may not be not labeled with the date or open items.

To enhance the currently compliant operations, on 09/28/2023 if resident would like to place items in the refrigerator, they must inform a direct care staff person. The direct care staff person will make sure it is sealed, labeled and dated, with a completion date of 10/06/2023.

Effective 09/28/2023 the direct care staff will perform daily monitor refrigerator through 11/22/2023 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 10/17/2023)

## 141a 1-10 Medical Evaluation Information

## 4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

Resident #1 was admitted to the home on [REDACTED] 23. The resident was evaluated for the Documentation of Medical Evaluation (DME) form on [REDACTED]-23 which was 69 days prior to admission.

The DME dated [REDACTED]-23 for resident #2 is missing the resident's height and was not dated by the physician.

## Plan of Correction

Accept [REDACTED] - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/27/2023 by the Administrator to contacted PCP for appointment to complete a DME for Resident #1 and to correct DME for resident # 2. Appointment scheduled for 9/28/2023 10 AM.
2. on 09/28/2023 Administrator to obtained DME for resident #1 and corrected DME for Resident # 2 on 9/28/2023.

To enhance the currently compliant operations, on 09/28/2023 the administrator will monitor all resident charts using a tickle form to include, DMEs RASPs Pictures, with a completion date of 10/06/2024.

Effective 09/28/2023 the Administrator will perform quarterly checks through 10/06/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [REDACTED] - 10/17/2023)

## 144c1 - Smoking Area Guidelines

**5. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*Cigarette butts were found along the side of the patio in the rocky area near plants and grassy areas.*

*This area of the patio is in the non-smoking section of the patio.*

*Repeat violation 6/16/22.*

**Plan of Correction**

**Accept** [REDACTED] - 10/12/2023)

*In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

1. *on 09/27/2023 by the direct care staff to remove all cigarette butts from non smoking area.*
2. *on 09/28/2023 by the direct care staff to monitor residents while smoking to ensure that they smoke in designated area.*

*To enhance the currently compliant operations:*

1. *on 09/28/2023 the administrator will establish smoking times for direct care staff to monitor designated area for compliance, with a completion date of 03/28/2024.*
2. *on 09/28/2023 the Administrator will revoke smoking privileges for non compliant residents, with a completion date of 03/28/2024.*

*The overall completion date is 03/28/2024.*

*Effective 09/28/2023 the administrator will perform daily reviews through 03/28/2024 to maintain ongoing compliance with Instituted scheduled smoking times in designated area. The times will be posted, each smoker will be provided with written notification of procedure regarding smoking. The developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms, and proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms, and proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 03/28/2024**

144c1 - Smoking Area Guidelines (continued)

Implemented [redacted] - 10/19/2023)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The Treleg Ellipta inhaler belonging to resident #3 was not dated when removed from the foil pouch for use. The Anoro Ellipta inhaler belonging to resident #4 was not dated when removed from the foil pouch for use.

Plan of Correction

Accept [redacted] - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 by the Administrator to Investigated delivery dates on the inhalers for residents 3 and 4 then calculated the amount of doses used per resident per day and placed the opened date on package.

To enhance the currently compliant operations:

1. on 09/27/2023 the Administrator preformed audit on all inhalers to ensure they were dated, with a completion date of 09/27/2023.
2. on 09/28/2023 the Med Tech upon opening the inhalers the date will be written on the package.
3. on 09/28/2023 the Administrator will provided training to med techs on labeling with a date inhalers upon opening, with a completion date of 09/28/2023.

The overall completion date is 12/28/2023.

Effective 09/27/2023 the Administrator will perform biweekly for 3 months audit inhalers to verify open dates are present through 12/28/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [redacted] - 10/19/2023)

184a - Resident's Meds Labeled

7. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
  2. The name of the medication.
  3. The date the prescription was issued.
  4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

5. The name and title of the prescriber.

**Description of Violation**

*The Lantus insulin pen and the Humalog Kwik pen for resident # 5 were both stored in the medication cart with no pharmacy labels attached to them.*

**Plan of Correction**

**Accept** [redacted] - 10/12/2023)

*In response to the violation on 10/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/27/2023 by the Med Tech to photocopy labels from original prescription label. Each pen was placed in a bag and the photocopied labels were secured to each bag.*

*To enhance the currently compliant operations, on 09/27/2023 the Administrator will monitor medication to ensure all medications have a prescription label attached utilizing a tickle sheet, with a completion date of 12/28/2023.*

*Effective 09/28/2023 the Administrator will perform weekly checks through 12/28/2023 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/28/2023**

**Implemented** [redacted] - 10/19/2023)

185a - Implement Storage Procedures

**8. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #5 requires blood glucose readings 4 times daily with insulin administered on a sliding scale. On the following dates and times the blood glucose readings were recorded incorrectly:*

*9/25/23 the 4pm reading of 222 was recorded as 227*

*9/18/23 the 10pm reading of 205 was recorded as 215*

**Plan of Correction**

**Accept** [redacted] - 10/12/2023)

*In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/27/2023 by the Administrator to review Resident #5's glucometer to verify that it is calibrated correctly. No issue identified.*

*To enhance the currently compliant operations:*

- 1. on 09/28/2023 the Administrator reviewed all other residents that have glucometer to verify that they are calibrated correctly. No issue identified, with a completion date of 09/28/2023.*
- 2. on 09/28/2023 the Administrator re-educated the med tech on making sure they review glucometer and record the reading on the MAR accurately, with a completion date of 09/28/2023.*

185a - Implement Storage Procedures (continued)

3. on 09/28/2023 the med tech upon taking a residents blood glucose the reading be immediately recorded on the MAR and on a shift report sheet, with a completion date of 12/28/2023.

The overall completion date is 12/28/2023.

Effective 09/28/2023 the Nigh Shift MedTech will perform daily compare the glucometer to the MARs to verify accurate recording of the blood glucose reading and proper amount of units administered through 12/28/2023 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented (█) - 10/19/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 5 requires blood glucose readings 4 times daily with insulin administered on a sliding scale. On the following dates the incorrect units of insulin were administered:

9/24/23 at 10pm the blood glucose reading of 206 required 7 units of insulin; 5 units were administered.

9/22/23 at 8am the blood glucose reading of 157 required 5 units of insulin; 3 units were administered.

9/22/23 at noon the blood glucose reading of 221 required 7 units of insulin; 3 units were administered.

9/21/23 at 10pm the blood glucose reading of 194 required 5 units of insulin; 7 units were administered.

Resident #6 requires blood glucose readings daily with meals with insulin administered on a sliding scale. On 9/21/23 the blood glucose reading of 169 required 2 units of insulin; 0 units were administered.

Plan of Correction

Accept (█) - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/27/2023 by the Administrator to Suspended med tech until retraining took place on 9/28/2023.
- 2. on 09/27/2023 by the Administrator to Reviewed and recalibrated residents #5 and #6 glucometers for accuracy.
- 3. Notified PCP regarding administered doses 9/28/2023 for Resident #5 and Resident #6 No new orders received.

To enhance the currently compliant operations, on 09/28/2023 the Administrator created a secondary documentation sheet to ensure proper glucometer readings, as well as unit doses given and are recorded accurately on the MAR

If a discrepancy occurs regarding the proper unit dose the physician will be notified immediately.

187d - Follow Prescriber's Orders (continued)

Effective 09/28/2023 the Med Tech will perform daily checks for correct unit dose of coverage as prescribed, as well as correct glucometer readings through 12/28/2023 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. The Administrator will monitor unit doses given for resident #5 and #6 for accuracy. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented [redacted] - 10/19/2023)

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Preadmission Screening Form for Resident #1 dated [redacted]/23 does not indicate the Level of Supervision or the Level of Care needed for the resident.

Plan of Correction

Accept [redacted] - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 by the Administrator to All resident s charts were checked for completed Pre admission Screenings.

To enhance the currently compliant operations, on 09/28/2023 the designee will monitor each new potential admission for a completed pre screening prior to move in date, utilizing tickle sheet created by administrator, with a completion date of 10/06/2024.

Effective 09/28/2023 the Designee will perform quarterly monitor through 10/06/2024 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [redacted] - 10/19/2023)

225a - Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## 225a - Assessment 15 Days (continued)

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED]/23. A Resident Assessment Support Plan (RASP) was completed prior to the resident's admission to the home on [REDACTED] 23. A new RASP was not completed when the resident was admitted to the home.

**Plan of Correction**

Accept [REDACTED] - 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 by the Med Tech, a new RASP was completed.

To enhance the currently compliant operations, on 09/28/2023 the Med Tech will monitor each residents chart for completed RASP, using a tickle sheet, quarterly with a completion date of 10/06/2024.

Effective 09/28/2023 the Administrator will perform quarterly reviews, utilizing a tickle sheet through 10/06/2024 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented ([REDACTED] - 10/18/2023)

## 252 - Record Content

**12. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

**Description of Violation**

The most recent resident photos in the resident records of residents #2 and #7 were both dated [REDACTED] of 2021 and were greater than 2 years old.

**Plan of Correction**

Accept [REDACTED] | 10/12/2023)

In response to the violation on 9/27/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/27/2023 by the administrator to take pictures of residents #2 and #7 and place in chart. Completed at the time of inspection.

To enhance the currently compliant operations:

1. on 09/28/2023 the Administrator will monitor all residents charts for current pictures, with a completion date of 9/28/2023.
2. on 09/28/2023 the Direct Care Staff will use tickle sheet to monitor all residents charts, with a completion date of 10/06/2024.

The overall completion date is 10/06/2024.

Effective 09/28/2023 the direct care staff will perform quarterly reviews through 10/06/2024 to maintain ongoing compliance with ensuring each resident's record includes a photograph of the resident that is no more than 2 years old. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

252 - Record Content (continued)

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [REDACTED] - 10/19/2023)