

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

September 30, 2025

[REDACTED] CEO
MOUNTAIN TOP REHABILITATION & HEALTHCARE CENTER, LLC
[REDACTED]
[REDACTED]

RE: THE PRESERVE AT MOUNTAIN TOP
185 S.MOUNTAIN BLVD
MOUNTAIN TOP, PA, 18707
LICENSE/COC#: 23255

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2025 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: *THE PRESERVE AT MOUNTAIN TOP* License #: *23255* License Expiration: *10/15/2025*
 Address: *185 S.MOUNTAIN BLVD, MOUNTAIN TOP, PA 18707*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MOUNTAIN TOP REHABILITATION & HEALTHCARE CENTER, 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: *12* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *08/27/2025*

Inspection Dates and Department Representative

08/27/2025 - 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: *20* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

08/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2025*

09/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/29/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/29/2025*

Inspections / Reviews *(continued)*

09/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

Description of Violation

Direct Care Staff Person B did not receive training in Medication Self Administration during training year 2024.

Plan of Correction

Accept (█ - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 by the Med Techs to Re-Training scheduled for all med techs the day following the inspection.

(Exhibit 1)

To enhance the currently compliant operations, the Administrator created a document to include Medication Self Administration. The training will be added to current annual training record and documented as such. This will be an ongoing procedure to maintain compliance. (Exhibit 2)

Effective 8/28/2025 the Administrator will perform annual training to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/14/2025

Implemented (█ - 09/30/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 9:20 a.m. in resident #1's room an oxygen tank was sitting on the floor and not stored securely, using an oxygen storage cart or stand to prevent tipping.

Plan of Correction

Accept (█ - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/27/2025, by the Med Tech. The Tank was placed in a safe area, until a cart can be obtained

To enhance the currently compliant operations, on 8/28/2025 the Administrator contacted the company that supplies the oxygen to the resident and requested a cart to safely store the tanks. received on 8/29/2025, the completion date.

photo evidence provided.

81b - Resident Personal Equipment (continued)

Effective 8/28/2025 the Administrator will perform monthly checks through December 2025 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█) - 09/30/2025

96a - First Aid Kit**3. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At approximately 2:05 p.m. the first aid kit in the medication room did not include safety goggles.

Plan of Correction

Accept (█) - 09/22/2025

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/27/2025 by the Administrator to add a face shield (which covers the eyes) to the First Aid Kit, during the time of inspection.

To enhance the currently compliant operations, on 8/28/2025 the Administrator will monitor First Aid Kit for inclusion of eye covering with a completion date of 8/28/2025.

Effective 9/1/2025 the Administrator will perform monthly checks through Dec 2025 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█) - 09/30/2025

144c1 - Smoking Area Guidelines**4. 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

At approximately 9:20 a.m., 9 cigarette butts were observed on the ground near the home's dumpster located outside of the designated smoking area.

144c1 - Smoking Area Guidelines (continued)

Plan of Correction

Accept (█ - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Maintenance Dept to Immediate action was taken by sweeping up cigarettes butts around the dumpster.

To enhance the currently compliant operations, on 8/28/2025 the Administrator will monitor area. for a three month period, to maintain continued compliance with a completion date of December 1, 2025

Effective Sept 1 2025 the direct care staff on day shift will perform checks through Dec.1 2025 to maintain ongoing compliance .Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█ - 09/30/2025)

181c - Self-administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer prescription and over the counter medications. At approximately 11:07 a.m. resident #2 was at the medication room window and handed eye drops, The resident walked to the dining room and self-administered the eyedrops.

Plan of Correction

Accept (█ - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025, Med Techs were instructed not to allow Resident #2 to instill █ eye drops until an assessment/order is received by prescribing physician or PCP. Contact was made to PCP and Prescribing physician to question if resident was assessed for self administration.

To enhance the currently compliant operations, on 8/28/2025 the Administrator received an order and assessment results from prescribing physician

On 9/11/2025 the Administrator scheduled PCP to complete Assessments for all self administering residents to maintain ongoing compliance, A note was added to DME, to include self administration assessment. Therefore, a new DME was completed on that day. Any new medication prescribed for self admin will be assessed prior to receipt of new order.

Monitoring tool created to monitor any new self admin meds for a 3 month period. The administrator will complete monthly to maintain continued compliance.

181c - Self-administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented () - 09/30/2025

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

At 11:05 a.m. during a medication pass observation the Med tech prepared a resident's medication in a white pill cup and walked approximately 75 ft to the dining room to administer the medication.

Plan of Correction

Accept () - 09/22/2025

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 med techs were provided re training regarding the seven steps of administration of medication by the Trainer. (Administrator)

To enhance the currently compliant operations, we are working to acquire a small med cart to deliver medications to residents who are unable to come to the med room window.

We are working to acquire a small med cart to provide meds using the seven step to residents who are not present at the med room window. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented () - 09/30/2025

185a - Implement Storage Procedures

7. 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 # 6 has an order for blood glucose readings to be taken four times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m. On 8/24/25 at 12:00 p.m., the resident had a blood glucose reading of 196 observed on their glucometer that was recorded on the medication administration record as 194.

Plan of Correction

Accept () - 09/22/2025

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the MED TECH, The documentation error was corrected on the MAR to reflect the correct result as per the glucometer.

To enhance the currently compliant operations, Night shift med techs will compare glucometer results with MAR entries, any errors will be reported to Administrator

185a - Implement Storage Procedures (continued)

11 PM-7:15 AM Med Tech will maintain ongoing compliance with results comparison on MAR and glucometer. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█) - 09/30/2025

187b - Date/Time of Medication Admin.**8. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed Triamcinolone .1 % cream to applied twice daily at 8:00 a.m. and 8:00 p.m. Monday through Friday. On 8/27/25 at 8:00 a.m. resident #4's medication administration record included the initials of the staff person who noted they administered the medication however the medication was not administered as it was not available in the home. Staff person A confirmed the medication was not administered to the resident.

Plan of Correction

Accept (█) - 09/22/2025

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Administrator to inform PCP of error. An order was received to hold medication if unavailable. A documentation error occurred when med tech confirmed administration with initials on the record. When questioned, she stated that the medication was not given .

All med techs were re-educated on 8/28/2025 regarding medication administration procedures.

To enhance current compliance operations Administrator will perform weekly audits for 1 month, then monthly for three months to ensure ongoing compliance of 187b

Proposed Overall Completion Date: 12/01/2025

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█) - 09/30/2025

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident#4 is prescribed Triamcinolone .1 % cream to be applied twice daily at 8:00am and 8:00 p.m. However, resident #4 was not administered the medication on 8/27/25 at 8:00 a.m. as the medication was not available in the home. Resident #7 is prescribed Oxycodone 5mg tablets that can be administered twice daily as needed. However, resident

187d - Follow Prescriber's Orders (continued)

#4 was administered the medication three times on 8/26/25 at 12:22 a.m. 10:38 a.m. and 9:00 p.m.

Plan of Correction

Accept (█) - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 by the Med Tech to PCP was contacted on 8/27/2025 regarding Resident # 4. an order was obtained on 8/28/2025 to hold the medication if unavailable,

PCP was contacted on 8/27/2025. regarding res # 7 error, times meds were given were provided to PCP. █ prescribed more specific time for administration. The new order states med is to be given every 12 hours as needed. (errors were reported to DHS, PCP and family)

To enhance the currently compliant operations, all med techs were re educated 8/28/2025 on the proper procedure of medication administration

Proposed Overall Completion Date: 09/18/2025

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented (█) - 09/30/2025)

188b - Medication Error Reporting**10. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #4 is prescribed Triamcinolone .1 % cream to be applied twice daily at 8:00 a.m. and 8:00 p.m. However, resident #4 was not administered the medication on 8/27/25 at 8:00 a.m. as the medication was unavailable. The medication error was not reported to the resident's physician.

Plan of Correction

Accept (█) - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Administrator who Contacted PCP regarding error. An order was received to hold medication if unavailable. An incident report was completed and sent to the Department upon discovery.

To enhance the currently compliant operations, The 11 PM - 7:15 AM med tech will monitor cart and inform Administrator of any unavailable medications on a daily basis. If an error should occur an incident report will be completed upon discovery to maintain continued compliance.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented (█) - 09/30/2025)

224a - Preadmission Screen Form

11. 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

Resident #5 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept ([redacted] - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Administrator to Administrator was contacted by [redacted] regarding Res # 5. [redacted] was to be discharged on [redacted] and had no place to live. This was an emergency placement. A preadmission screening was performed verbally with formal sources. [redacted] was accompanied by a [redacted] who knew little about resident, but would assist in any way possible. An error occurred by Administrator, the preadmission screening was not completed, until [redacted] The preadmission screening was not completed in the time stated in the regulation.

To enhance compliant operations, the Administrator/ Designee, moving forward will not admit a resident regardless of emergency status without the completion of the preadmission screening process as required by the Department. Administrator completed audit of all current residents charts, all resident records are compliant with regulation 224a

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented ([redacted] - 09/30/2025)

251b - Record Entries Legible

12. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #3's initial assessment date was illedgible. The printed date was written over in blue pen and unable to be clearly read..

Plan of Correction

Accept ([redacted] - 09/22/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Administrator to moving forward any error will be corrected using a single line to enhance ability to see what was previously documented. Initials of individual making correction will be written a long side error.

Administrator conducted audit of current residents all RASPs were found to be compliant with regulation 251b Administrator/ Designee will monitor and ensure on going compliance

251b - Record Entries Legible *(continued)*

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented ([REDACTED] - 09/30/2025)