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

June 24, 2026

[redacted]
MOUNTAIN TOP REHABILITATION AND HEALTHCARE LLC
[redacted]
C/O CENTURY HEALTHCARE
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE PRESERVE AT MOUNTAIN TOP* **License #**: *23255* **License Expiration**: *10/15/2026*

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 AND HEALTHCARE 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**: *30* **Waking Staff**: *23*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *05/01/2026*

Inspection Dates and Department Representative

05/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* **Residents Served**: *30*

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: *16* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *2*

Inspections / Reviews

05/01/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/01/2026*

06/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/24/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/17/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *06/24/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

06/24/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *06/24/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident [redacted] admitted [redacted] did not have a resident-home contract completed until [redacted]

Plan of Correction ***Accept [redacted] - 06/24/2026)***

In response to violation on [redacted] the PCHA was unable to retroactively correct the requirement as related to Resident [redacted] Resident [redacted] does have a contract on file dated 7/28/25.

Current residents have been audited on 5/4/26 by PCHA to ensure the written resident contract has been completed. No discrepancies have been identified.

The PCHA was reeducated on 5/6/26 and will ensure prospective new residents written contract is completed prior to admission or within 24 hours after admission. The PCHA will review and explain the contract to the resident and or resident representative.

The facility executive director will validate the new resident written contract has been signed per requirements.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 06/24/2026)

141a 1-10 Medical Evaluation Information

2. 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

The initial medical evaluation for resident [redacted] was completed on [redacted]. The resident's medical evaluation did not include the resident's weight.

Plan of Correction ***Accept [redacted] - 06/24/2026)***

In response to violation on [redacted] DME was faxed by PCHA to physician on 5/1/26. Resident 1 DME has been completed by the physician 5/21/26.

141a 1 10 Medical Evaluation Information (continued)

Current residents DME's have been reviewed by PCHA on 5/4/26 to ensure all required areas have been completed. DME's have been fully completed.

PCHA was reeducated on 5/5/26 and will ensure prospective new residents will have DME completed per requirements.

PCHA will review the resident DME to ensure completion per requirements.

Medical Provider will be notified timely for any area not completed.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] 06/24/2026)

181c - Self-administration Assessment

3. 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 [redacted] self administers medications to include [redacted] and [redacted]; however, Resident [redacted] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self administer and the need for reminders to take medications.

Repeated violation [redacted]

Plan of Correction ***Accept [redacted] - 06/24/2026)***

In response to violation on [redacted], Resident [redacted] medications were reviewed by the physician and the residents ability to self administer medications on 5/21/26. The facility self administration evaluation form has been completed on 5/21/26. It has been determined that Resident 2 may self administer medications. Physician's orders have been received on 5/21/26.

Current residents who request to self administer medications have been reviewed to ensure a provider assessment has been completed on 5/4/26. The identified residents have all been provided reeducation on usage, reeducation on medication administration by the facility med tech on 5/4/26.

The facility staff have been reeducated to the facility policy for resident medication self administration on 5/27/26.

New residents admitted to facility or current residents who wish to administer self medications will have a self administration assessment completed prior to the resident being provided medications. Provider orders will be obtained.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 06/24/2026)

183b - Meds and Syringes Locked

4. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately 11:30 a.m. [redacted] and [redacted] were observed on the tv stand and end table in Resident #2's room, the medication was unlocked, unattended, and accessible.

Plan of Correction ***Accept [redacted] - 06/24/2026)***

In response to violation on [redacted], Resident [redacted] has been provided a lock box for self storage of medications on 5/21/26.

An audit was completed on 5/22/26 for current residents that are currently self administering medications to ensure lock boxes are present.

PCHA was reeducated on 5/7/26 to ensure facility new admissions or current residents requesting to self administer medications will be provided a lock box and education to its usage.

The PCHA will validate that any resident self administering medications is utilizing the lock box per requirements. The PCHA will do walking rounds weekly to ensure med storage is being maintained.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 06/24/2026)