

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>02/20/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Mountain View Rehabilitation and Senior Living Ctr                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2050 Trevorton Road<br>Coal Township, PA 17866 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>38839</p> <p>Based on observation and staff interview, it was determined that the facility failed to provide a clean, comfortable, homelike environment on three of four nursing units ( A, B, and F Wing Nursing Units) and Chapel, (Residents 1, 7, 8, 9, and 10).</p> <p>Findings include:</p> <p>Observation on the F Wing Nursing Unit on February 20, 2025, at 12:15 PM revealed the following:</p> <p>The floor in the main hallway in front of the nurse's station was scuffed with a build-up of dirt. An indentation in the floor that spanned across the hallway contained various debris.</p> <p>A lidded garbage can in the hallway had an extensive build-up of dried liquid stains on the front.</p> <p>A dining/sitting area located across from the nurse's station was open and utilized by residents per an interview with Employee 1, licensed practical nurse, on February 20, 2025, at 12:26 PM. Observation of this area revealed the following:</p> <p>A vent on the wall under the window contained a significant amount of various debris.</p> <p>The windowsill contained a thermos and three clear, large-sized plastic cups from a fast-food restaurant each partially filled with liquids. A canned energy drink with a clear, plastic cup over the opening was observed on a piece of furniture on the perimeter of the room.</p> <p>There were multiple backpacks placed on the furniture around the room.</p> <p>A concurrent interview with Employee 1 revealed it was unclear who the cups or backpacks belonged to. Continued observation revealed several unidentified staff members in the area proceeded to remove the backpacks and drinks from the room.</p> <p>Three tables placed together in the center of the room had dried stains on the legs. The center table had damage to the edge, and on a corner, with the particle board showing.</p> <p>The floor under the tables had extensive scuffing, debris, and dried liquid spills spanning the length under the three tables.</p> <p>(continued on next page)</p> |                                                                                             |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>395045 | Facility ID:<br><br>395045<br><br>If continuation sheet<br>Page 1 of 3 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Observation on February 20, 2025, at 12:35 PM of the room for Residents 7, 8, 9, and 10, revealed an eight-inch section of the cove base peeling from the wall located under the sink just inside the entrance to the room. The underlying portion of concrete was visible.</p> <p>The Nursing Home Administrator was notified of the above findings on February 20, 2025, at 1:29 PM.</p> <p>Observation of the Chapel on February 20, 2025, at 4:30 PM revealed the following:</p> <p>Four sections of drop ceiling panels had large brown water stains on them.</p> <p>Three ceiling fans had an extensive build-up of black colored dust on each fan blade.</p> <p>A large, lidded garbage can had an extensive build-up of dried stains on the front of it.</p> <p>A dirty linen container had used medical gloves discarded on top of the lid.</p> <p>The above information was reviewed with the Nursing Home Administrator and Director of Nursing on February 20, 2025, at 4:45 PM.</p> <p>Observation of Resident's 1's room on February 20, 2025, at 12:01 PM revealed the resident was not in his room, and there was not a roommate residing in the room. A chair placed beside the resident's bed was observed with a green folded pad covering the seat portion of the chair. [NAME] smears were observed down the center of the pad. A bedside commode was observed pushed alongside the unoccupied bed in the room. The commode was sitting on top of a white folded pad on the floor. The pad had wet marks on it and brown colored debris. The commode had a plastic liner in the basin of it and it was full of feces and toilet paper. A small garbage can on the floor beside the commode contained an incontinence brief.</p> <p>Follow up observation in Resident 1's room at 12:30 PM on February 20, 2025, revealed the same observation as noted above and the resident was not in the room. Upon concurrent interview with staff members in the hallway as to the location of the resident, the staff indicated the resident had discharged from the facility at approximately 11:30 AM.</p> <p>An observation of the resident nourishment refrigerator located on the A nursing unit at 12:33 PM revealed soiled shelves on the interior of the refrigerator, debris and dried spills were observed through the clear shelving under the shelf liners. The bottom left interior drawer was broken with a yellow/orange colored sticky substance throughout the interior of the drawer.</p> <p>An observation of the resident nourishment refrigerator on the B nursing unit at 12:45 PM revealed soiled shelves on the interior of the refrigerator.</p> <p>In an interview with the Nursing Home Administrator and Director of Nursing on February 20, 2025, at 4:45 PM the findings regarding the refrigerators were reviewed and they indicated staff would have been present with Resident 1 as the resident was preparing for discharge from the facility and the commode should have been emptied.</p> <p>483.10(i)(1)-(7) Safe/clean/comfortable/homelike Environment</p> <p>(continued on next page)</p> |                                                                                             |                                                 |

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| F 0584<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Some                        | Previously cited deficiency 6/7/2024<br><br>28 Pa. Code 201.18(b)(3)(e)(2.1) Management                                   |                                                                                             |                                                 |