

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE VILLAGE OF NANTY GLO P.C.H., INC.  
LEGAL ENTITY

To operate THE VILLAGE OF NANTY GLO P.C.H.  
NAME OF FACILITY OR AGENCY

Located at 628 PIKE ROAD, JOHNSTOWN, PA 15909  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48  
(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 4, 2010 until September 4, 2010,  
unless sooner revoked for non-compliance with applicable laws and regulations

No: **325691**

Robert E. Robinson  
ISSUING OFFICER

Kenneth V. Casey  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JUN 04 2010**

Mr. Lorin A. Croce, President/CEO  
The Village of Nanty Glo P.C.H., Inc.  
The Village of Nanty Glo P.C.H.  
628 Pike Road  
Johnstown, Pennsylvania 15909

Dear Mr. Croce:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 24, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

In accordance with 55 Pa.Code § 2600.269(b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132d	II	25	\$5	\$125	5 calendar days from mailing date of this letter
132e	II	25	\$5	\$125	5 calendar days from mailing date of this letter
144c-1	II	25	\$5	\$125	5 calendar days from mailing date of this letter
17	III	25	\$3	\$75	15 calendar days from mailing date of this letter
96a	III	25	\$3	\$75	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license or to ban admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:


Karen E. Kroh, Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Mr. Lorin A. Croce

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Handwritten signature of Kevin T. Casey in cursive script, with the initials 'KIC' written at the end of the signature.

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	The home did not report the incident to the Department that occurred when the local fire company responded to a fire alarm on 2-20-10 at 9:45 PM. The smoke detector was activated because resident 9 was smoking in their bedroom and threw a lit cigarette from their bedroom window into the breezeway which is the designated smoking area.	03/15/10	The home shall notify the department within 24hrs of all reportable incidents.  Rev Administrators - staff have received additional training on incident reporting and additional staff that were recently hired have also been trained. The administrators will continue to monitor to ensure that incidents that are reportable are identified; that the proper forms completed and that it is submitted to the Department as required. as of 5/26/10	

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**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>James L. Haverford RD PC-HA [Signature]</i>	3/15/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.	Two hospice binders containing medical information and a Medication Administration Record (MAR) for a current resident were found unlocked and unattended at the nurse's station.  Repeat Violation – 3-31-09	March 14 2010	The Hospice Binders were immediately returned to the locked medication room where they are stored. Until this date, hospice staff had to have nursing unlock med room to obtain binders. If staff is not nearby to re-open door folders were left out.  To avoid this a locked box with hospice and home health folders will be kept at the nurses station. The key will be kept in a drawer in the reception area. All hospice/home health staff will be notified of keys location.  The unattended MAR had been reviewed by Home Health. It was replaced in the binder.  To avoid re-occurrence Home Health will have access to the locked box.  Monitoring will be done by the administrator or designee x 3 months and then on a random basis.	Steps have been taken to correct violation; full compliance is not verifiable. <u>5/26/10</u> <i>[Signature]</i> Date Initials (DPW)

*All MAR's + resident information are maintained in a locked room. Staff have had additional training - 5/26/10*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		<b>CURRENT LICENSE NUMBER</b> 325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>T. Jones</i>	<b>DATE</b> 05/26/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Capt. Bomberg</i>	<b>DATE</b> 5/26/10

1 REGULATION 55 Pa.Code § 2800.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	<p>-Resident 6, admitted to the home on 12-31-08, receives a personal needs allowance of \$85.00 a month. There is no cash distribution record for this resident.</p> <p>-The cash distribution records for residents 1 and 5 do not reflect a current balance. Pharmacy bills are deducted from both accounts, however, there is no supporting documentation that pharmacy bills have actually been paid.</p> <p>-Administrator A charges a fee of \$30.00 for resident doctor visits. The cash distribution record for resident 2 shows a deduction of \$225.00 for 5 doctor visits. The amount should be \$150.00.</p>	04/01/10	<p>All residents entitled to an \$85.00 a month allowance will receive a sum of \$85.00 a month. A cash disbursement record for each resident will be kept on file. Residents will pay their pharmacy bills from their allowance either directly or through a bank account. All pharmacy bills show payments and amount due each month. Copies of these bills will be kept in resident's file.</p> <p>Administrator A will no longer take resident's money. A credit of \$75.00 will be applied to Resident 2.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>5/26/10</i> <i>OB</i> Initials (DPW)</p>

*The administrator will conduct monthly audits of residents financial records to monitor compliance. 05/26/10*

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
<del>The Villages of Nantuxo P.C.H., 628 Pike Road, Johnstown, PA 15909</del>		325630	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/10/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
2053 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home does not obtain written receipts from residents 1 and 5 for individual disbursements. For example, resident 1 has a disbursement of \$465.00 for cigarettes dated 10-1-09 thru 2-1-10, and there is no resident signature for this disbursement. Resident 5 had six doctor visits with a disbursement of \$225.00; there is no resident signature for these charges.	04/01/10	All residents will sign for all disbursements made on their behalf. All residents will be responsible for obtaining all additional services not covered by the room and board fee.  The administrator will retain in the residents records any receipts for disbursement of resident funds or the residents signature as a receipt for the funds. 03/26/10	Steps have been taken to correct violation; full compliance is not verifiable <i>5/26/10</i> Date Initials (DPW)

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15009		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/10/10	<i>[Signature]</i>	03/04/10

1 REGULATION 55 Pa.Code § 2600:	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b5 Commingling of resident funds and home funds is prohibited.	Administrator A told the Inspector residents sign their Supplemental Security Income (SSI) checks and these checks are deposited into the First National Bank. Funds in the First National Bank are transferred into a USSCO account, the home's checking account, from which resident and home bills are paid.	04/01/10	<p><i>There will be no commingling of residents funds. Fund will be distributed to residents on the day their funds are received. Residents will be responsible for their own personal bills.</i></p> <p><i>Not Acceptable</i></p> <p><i>The Administrator advised that the home has established an account for residents funds which is separate from the home's account.</i></p>	03/04/10

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Grant L. Harkness</i>	03/11/10	<i>Cybil Bambery</i>	5/24/10

1 REGULATION 55 Pa.Code § 2600:	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Administrator A told the inspector the home does not give an itemized financial record to the residents or designated persons on a quarterly basis.	04/01/10	<i>Resident and the resident's designated person shall receive an itemized financial record quarterly.</i>	Steps have been taken to correct violation; full compliance is not verified. <i>5/26/10</i> Date Initials (DPW)
		6/30/10	<i>The administrator will develop a checklist of each resident for whom the home handles any funds. The checklist will be used at the end of each quarter to ensure that itemized accountings are produced and provided to the residents and their designated persons. 05/24/10</i>	

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		<b>CURRENT LICENSE NUMBER</b> 325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 04/01/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	The contracts for residents 2 and 4 do not include whether the home collects a portion of the resident's rent rebate.	04/01/10	<p>The contract for residents 2 and 4 will be amended showing the home will not collect any portion of the resident's rent rebate.</p> <p>The residents are [redacted] and [redacted].</p> <p>The administrator will review all resident/home contracts to ensure that the contracts properly state that the home will not be collecting any of the rent rebate funds. 05/26/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>5/26/10 <i>[Initials]</i>  Date Initials (DPW)</p>

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 629 Pike Road, Johnstown, PA 15909		325890	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/10/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-3SOP If the home collects a resident's rent rebate, the resident-home contract must include the home's intended use of the revenue collected from the rent rebate.	The contract for resident 1 indicates the home will collect 50% of resident 1's rent rebate. But the contract does not include the home's intended use of the rent rebate revenue collected.	04/01/10	The contract for Resident 1 shall be amended not to collect the 50% of the rebate.	Steps have been taken to correct violation; full compliance is not verified. Date: 5/26/10 Initials: <i>[Signature]</i>
			The administrator will review all resident/home contracts to ensure that the contracts properly state that the home will not be collecting any of the rent rebate income. 05/26/10	

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 03/10/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-4SOP A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in the rent rebate statement of policy is to be kept in the resident's record.	The home does not have statements signed by residents 1, 2, or 4 informing them of the rent rebate policy.	04/01/10	<p>The home shall have signed statements by residents 1, 2, and 4 informing them of the rent rebate program.</p> <p>The administrator will review all resident/home contracts to ensure that the contracts properly state that the home is not collecting any of the rent rebate funds. 05/24/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/24/10      <i>[Initials]</i> Date                      Initials (DPW)</p>

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		<b>CURRENT LICENSE NUMBER</b> 325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 3/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/26/10

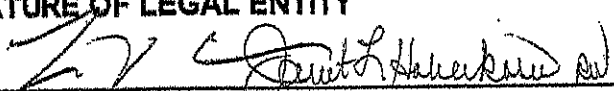

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>54a Direct care staff persons shall have the following qualifications:</p> <p>(2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.</p>	<p>Direct care staff person A, hired 12-28-09, and direct care staff person B, hired 9-25-09, do not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p>	<p>3/15/10</p>	<p>Direct care staff persons A+B have brought in high school diplomas. (see copies A+B)</p> <p>In the future new hires will bring copies of diploma/GED or active nurse aide registry status on day of hire.</p> <p>This will be monitored by the administrator when staff is hired.</p>	<p>5/26/10 <i>[Signature]</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		CURRENT LICENSE NUMBER 325690	
INSPECTION DATE(S) (Include all dates of the inspection) 2-24-10		REGIONAL REPRESENTATIVE D. Jones, T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Joseph L. Halberkorn</i>	DATE 3/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt. [Signature]</i>	DATE 5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	-On 2-13-10 and 2-14-10, the 11:00 PM to 7:00 AM shift did not have a staff person trained in CPR and First Aid.  -On 2-20-10 and 2-21-10, the 7:00 AM to 3:00 PM and the 3:00 PM to 11:00 PM shifts did not have a staff person trained in CPR and First Aid.	3/11/10	The entire staff has been trained in CPR/First aid.  When staff is hired they will be scheduled with a trained staff member until they receive certification.  The administrator will monitor the weekly schedule on an ongoing basis.	5/27/10 <i>CB</i>

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 03/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 3/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
83a The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.	The air temperature inside the men's bathroom located behind the dining area was 58 °F.	04/01/10	An portable heater shall be placed in men's room behind dining area.  Temperature will be monitored daily. 03/16/10	3/26/10 CB

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/10/10	<i>[Signature]</i>	5/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
68a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	-The ceiling of the third shower to the left in the women's hall bathroom by room 117 had water damage and had fallen approximately one inch out of place at the rear of the shower.  -There were nine ceiling panels above the dishwasher in the kitchen that were water-logged and bowed.	04/01/10	Ceilings of the third shower will be replaced and all ceiling panels shall be replaced.  The administrator will routinely monitor the home for maintenance issues and needs and assure that they are timely addressed. - 05/20/10	

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/10/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The fire panel box in the furnace room had a yellow light activated for the 'alarm silence' notification. The home was unable to say what this light meant or if the alarm was currently silenced.  The home is remodeling the basement and the following safety concerns were observed in the basement:	04/01/10	The fire panel box was serviced and repaired.  Electricians will connect electric outlet junction box, fire alarm bell, and reconnect light where wires were taped and hanging down	Steps have been taken to correct violation; full compliance is not verifiable 5/26/10 <i>[Signature]</i> Date Initials (DPW)
	<ul style="list-style-type: none"> <li>an electric outlet junction box hanging loose</li> <li>a fire alarm bell hanging from its electric source wire</li> <li>exposed electric wires with taped ends hanging loose from an upper wall electrical junction box</li> </ul>		The administrator will monitor the home for maintenance needs and assure that they are timely addressed. 03/26/10	

4.

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Robert A. ...</i>	3/15/10	<i>Cybil ...</i>	3/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a 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.	The first aid kit in the kitchen is missing adhesive tape and a breathing shield.  Repeat Violation – 3-31-09	3/20/10	The adhesive Tape has been re-placed in The First aid kit in The Kitchen.  Breathing Shields have been ordered and will be placed in The First aid kit.  The administrator or designee will monitor The contents of First aid kit - present findings at The Quality Assurance meeting.  The administrator will be using a checklist to ensure required contents are in place. - 3/27/10	Steps have been taken to correct violation; full compliance is not verifiable <u>3/27/10</u> Date <span style="float: right;"><u>CB</u> Initials (DPW)</span>

**TVIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 626 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	-There was a large amount of ice partially obstructing the outside exit pathway from the rear exit door by the kitchen.  -The outside exit pathways from the resident room wings and the smoking area were not clear of snow below the steps leading from each respective exit. The snow was approximately 2 inches deep.	02/25/10	Snow and ice were removed from partially obstructing the outside exit pathway.  The administration will	Steps have been taken to correct violation; full compliance is not verifiable 5/26/10 <i>[Signature]</i> Date Initials (DPW)
		6/30/10	re-educate staff on the need to have pathways clear and free from snow, ice or other obstructions. CB 5/26/10	

**TVIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		326990	
<b>INSPECTION DATE(S) (Include all dates of the Inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Janet L. Heberberke</i>	3/15/10	<i>Cybil Berman</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/GLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101c Each bedroom for one or more residents with a mobility need shall have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment.	Room 103 measures 120 square feet. There are two residents residing in this room. One of the residents uses a wheelchair and oxygen, requiring 100 square feet for mobility for this resident alone.	3/17/10	We are currently awaiting an exemption from the doctor specifying that the space is adequate + since they are [redacted] + [redacted] they refuse to be separated.  Staff will check rooms during weekly cleaning to ensure that all residents have sufficient space to permit easy passage in their bedrooms. 5/26/10	5/26/10 CB

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15809		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/26/10


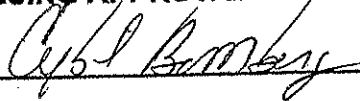
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	There was one chair for the two residents residing in room 115.	03/19/10	A chair shall be installed in room 115.  <i>[Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 5/27/10 Initials (DPW)
			Per the Administrator a checklist will be developed on a weekly basis it will be used to ensure that required furnishings are present. 03 5/26/10	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
<del>The Village of Nantux P.C.H., 628 Pike Road, Johnstown, PA 15909</del>		325690	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/10/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There were no bedside tables for the two residents (whose beds are to the right-hand side of the door) in room 115.	02/19/10	Bedside table shall be installed between the two beds on RT side of room 115	Steps have been taken to correct violation; full compliance is not verifiable Date <u>5/27/10</u> Initials (DPW) <u>[Signature]</u>
			Per the Administrator, a checklist is being developed to be used on a weekly basis to ensure that all required furnishings are in place. as 5/26/10	

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
<del>The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909</del>		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>		<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
			5/26/10
<b>DATE</b>		<b>DATE</b>	
3/15/10		5/26/10	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j6 Each resident shall have the following in the bedroom: A mirror.	There was one mirror for three Residents in room 115.	03/15/10	Mirror will be installed in Resident's room # 115	Steps have been taken to correct violation; full compliance is not verified. Date: 5/27/10 Initials: [Signature]
			Let the administration a checklist is being developed to be used on a weekly basis to ensure that all required furnishings are in place. CS 5/26/10.	

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Quentin Halberstadt RDPCHA</i>	3/15/10	<i>Cybil Barmby</i>	3/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103c Food shall be protected from contamination while being stored, prepared, transported and served.	There were food items in the kitchen left uncovered for at least an hour after the lunch meal had been prepared, including: a jar of jelly, a jar of peanut butter, a gallon of milk, a large pan of potatoes, a tray of roast beef, a pan of corn and a pan of pudding.	3/11/10	<p>One staff member will be designated To stay in kitchen after mealtime To properly wrap + promptly store Food.</p> <p>The schedule will reflect the staff member responsible.</p> <p>Staff will be trained on proper food storage and safety - as specified</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/27/10 <i>OB</i>  Date Initials (DPW)</p>

**TVIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	There was no thermometer in the refrigerator section of the small white refrigerator/freezer next to the two-door stainless steel refrigerator in the kitchen. Additionally, the freezer section of the same unit had an interior temperature of 10°F.	03/15/10	A thermometer shall be installed in small white freezers and monitored daily. <del>Freezer will be adjusted to below 0° or will be</del>  replaced per Administration. The freezer is no longer in use. The temperatures are checked daily and logged. CB 5/26/10	5/27/10 CB

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		CURRENT LICENSE NUMBER 325690	
INSPECTION DATE(S) (Include all dates of the inspection) 2-24-10		REGIONAL REPRESENTATIVE D. Jones, T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Robert H. Haverkamp</i>	DATE 3/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B. Brown</i>	DATE 5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103g Food shall be stored in closed or sealed containers.	-The large plastic bowl of applesauce in the white refrigerator next to the oven was not sealed. It had tin foil loosely wrapped across the top of the bowl.  -The large blue plastic bag of frozen vegetables stored in the smaller chest freezer in the kitchen was not sealed and had a hole in the side.	3/15/10	All bowls/bags of food will be sealed with foil/or saran wrap and secured with a rubber band.  All staff has been instructed on this procedure.	Steps have been taken to correct violation; full compliance is not verifiable 5/27/10 <i>CB</i> Date Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 03/10/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	Administrator A told the inspectors the dryer's internal/external ductwork has never been cleaned.	03/04/10	Dryer's ductwork was cleaned by Griffith and Petz Co. on 03/04/10.  The cleaning will be scheduled by the administrator on a regular basis and listed on the calendar used by the home's administrator. 05/26/10	Steps have been taken to correct violation; full compliance is not verifiable <u>5/26/10</u> Date <span style="float:right"><u>[Signature]</u> Initials (DPW)</span>

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	3/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The last fire safety inspection and supervised fire drill were completed on 2-18-08.	4/1/10	A fire safety inspection and fire drill will be conducted by a fire safety expert annually and documentation will be kept on file	Steps have been taken to correct violation; full compliance is not verifiable 5/27/10 Date Initials (DPW) <i>[Signature]</i>
			The administrator will use their calendar to ensure that the safety inspection and fire drill are scheduled in advance. 05/27/10	

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 626 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record from June 2009 through February 2010 does not distinguish between the number of residents in home when the alarm sounds and the number of residents evacuated. Nor does the record indicate if the fire alarm was activated each month or which exit routes were used.	03/19/10	A fire drill record will be kept so to distinguish between the number of residents in the home and the number of residents evacuated. Also the record will show which fire alarm was activated and which exits used.  The administrator will review the fire drill log each month for content to ensure all required information is required.	Steps have been taken to correct violation; full compliance is not verifiable. 5/27/10 Date <i>CB</i> Initials (DPW)
			<i>CB</i> 5/27/10	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15009		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																					
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The home does not have a maximum safe evacuation time specified in writing by a fire safety expert. Fire drill times are as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Minutes</th> </tr> </thead> <tbody> <tr> <td>9-26-09</td> <td>4:10 PM</td> <td>1:49</td> </tr> <tr> <td>10-2-09</td> <td>11:00 AM</td> <td>2:45</td> </tr> <tr> <td>11-20-09</td> <td>8:40 PM</td> <td>1:50</td> </tr> <tr> <td>12-11-09</td> <td>4:50 PM</td> <td>2:10</td> </tr> <tr> <td>1-7-10</td> <td>10:10 AM</td> <td>2:07</td> </tr> <tr> <td>2-6-10</td> <td>11:15 AM</td> <td>1:50</td> </tr> </tbody> </table> <p>Repeat Violation – 3-31-09</p>	Date	Time	Minutes	9-26-09	4:10 PM	1:49	10-2-09	11:00 AM	2:45	11-20-09	8:40 PM	1:50	12-11-09	4:50 PM	2:10	1-7-10	10:10 AM	2:07	2-6-10	11:15 AM	1:50	04/01/10	<p><i>Not Acceptable</i></p> <p><del>A fire safety expert will evaluate the home and specify in writing a maximum safety evacuation time.</del></p> <p>Staff and residents will be educated in fire safety and evacuation procedures. Fire drills will be repeated if and when they are not completed in 2 1/2 minutes or less. The administrator will assess all residents for mobility needs that affect the resident's ability to evacuate the home timely. Any mobility needs will be addressed on the residents' support plans.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/27/10 <i>[Signature]</i>            Date Initials (DPW)</p>
Date	Time	Minutes																							
9-26-09	4:10 PM	1:49																							
10-2-09	11:00 AM	2:45																							
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1-7-10	10:10 AM	2:07																							
2-6-10	11:15 AM	1:50																							

*The home timely. Any mobility needs will be addressed on the residents' support plans.*  
*CS 5/27/10*

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Janet L. Heber</i>	<b>DATE</b> 03/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132e A fire drill shall be held during sleeping hours once every 6 months.	The home has not held a fire drill during sleeping hours within the last 6 months. It is unknown when the last fire drill was held during sleeping hours.  Repeat Violation – 3-31-09	04/15/10	The next fire drill will be held during sleeping hours between the hour of 11:00 pm to 6:00 am.  The homes administrator will monitor the homes fire drill records and use their own calendar to ensure that sleeping hours drills are held at least once every six months. <i>CS 5/27/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>5/27/10</i> Date: <i>[Signature]</i> Initials (DPW)

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Joseph Haberkorn</i> PGHA <i>J-H</i>	3/15/10	<i>C. J. Bambery</i>	5/27/10

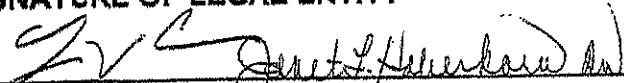

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation dated 9-9-09 for resident 1 reads 'see list' under the Medication section however, there is no list attached. There were several copies of resident 1's medical evaluation with addendums but no medications were listed or attached.	2/24/10	The medication administration record for resident 1 dated 9/9 was in [redacted] chart filed under physicians orders.  A copy was attached to the medical evaluation see copy CTD-EF-G  The administrator or designee will review all medical evaluations when they are received to check for	Steps have been taken to correct violation; full compliance is not verifiable  5/27/10 <i>CS</i> Date Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	There was a metal chair with black padded vinyl in the smoking area. This chair seat was not fire resistant.  Repeat Violation – 3-31-09	03/15/10	Chair was removed from smoking area.  The smoking area is checked daily to ensure that there are no furnishings which are not fire resistant or that there are no flammable materials present. 5/26/10	Steps have been taken to correct violation; full compliance is not verifiable. 5/27/10 <i>[Signature]</i> Date Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
<del>The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909</del>		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b> 03/10/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 5/27/10
			

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144d Smoking outside of the smoking room is prohibited.	On 2-20-10 at 9:45 PM resident 9 was smoking in their bedroom. The smoke detector was activated and the fire department responded because resident 1 threw the lit cigarette from their bedroom window into the breezeway which is the designated smoking area.	3/19/10	ALL residents have again been advised that smoking is prohibited in their bedrooms. STAFF has been advised to check on Resident 1 periodically during evening hours.	

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	03/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	There is no first aid kit in the 2002 Cadillac Sedan which is used to transport residents.	03/19/10	<del>Purchase First Aid Kit w Mark For CPR. And put in car.</del> As the Administrator the home is no longer providing transportation. 03/26/10	5/27/10 <i>[Signature]</i>

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Janet L. Heberkorn RDPCA</i>	3/15/10	<i>CyberBomber</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	The medication storage for resident 2 contained a vial of medication labeled <i>Singulair</i> , dated 5-2-09, but the word <i>Tylenol</i> was written across the top of the label, and the vial contained five white round pills of two different sizes. These pills did not match the size or shape in the resident's other current <i>Singulair</i> vial, dated 2010.	2/24/10	The bottle was immediately discarded. Its presence in the drawer cannot be explained as both the pharmacy and the nursing staff check the medications.  Staff has been re-educated on the importance of keeping all medication in the original labeled containers.  Daily monitoring will be done by the medication nurse.	Steps have been taken to correct violation; full compliance is not verifiable. <u>5/27/10</u> <i>CB</i> Date Initials (DPW)

**TVIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>[Signature]</i>	3/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b 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.	There were medications on top of the medication cart in the dining room at 9:05 AM. There were no staff members present. These medications included <i>Ibuprofen, 400 mg</i> for Resident 7; a <i>Spiriva Inhaler</i> for Resident 2; and a <i>Calcitonin Inhaler</i> for Resident 8.	2/24/10	<p><i>Drawer in the med cart is now labeled and used to store inhalers, eye/nose drops. They will be put in the locked drawer immediately after use. After med pass the med cart will be stored in the locked med cart.</i></p> <p><i>This will be done by the administrator / med nurse.</i></p> <p><i>See Administrator - addition in-service training provided staff and the administrator is conducting random checks of the medication cart + storage.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3/27/10</i>     <i>OB</i>  Date                      Initials (DPW)</p>

*See Administrator - addition in-service training provided staff and the administrator is conducting random checks of the medication cart + storage.*  
*OB 3/26/10*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village of Nanty Glo P.C.H., 626 Pike Road, Johnstown, PA 15080		<b>CURRENT LICENSE NUMBER</b> 35660N	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Janet Helmerbach</i>	<b>DATE</b> 3/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cyrt Bambery</i>	<b>DATE</b> 3/27/10

1 REGULATION 55 Pa.Code § 2600	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	The vials of Lantus and Humulin for resident 2 were opened on 12-29-09. Manufacturer's instructions for these medications indicate to discard 28 days after opening.	2/24/10	The vials of Lantus and Humulin insulin opened 12/29/09 were immediately discarded and The resident had unexpired bottles of insulin also in the refrigerator for use.  The administrator will monitor contents of refrigerator discard & order new supplies of medication as needed.  A label for "date opened" is placed on each vial when they are first opened. - RW Administrator	Steps have been taken to correct violation; full compliance is not verifiable <i>SB</i> Date Initials (DPW)

CB 5/26/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village of Nanty Glo P.C.H., 528 Pike Road, Johnstown, PA 15009		<b>CURRENT LICENSE NUMBER</b> 225690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 3/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185a 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.	The medication administration record (MAR) for Resident 2 list two medications – Xoporex, 63mg, Inhaler and Tylenol, 500 mg – neither medication was available in the home.	3-15-10	The resident stated The Xoporex made [redacted] sick when [redacted] had it in the hospital and instructed [redacted] pharmacy to send it back as [redacted] would not pay for it. It has been OCo  Tylenol 500mg was not ordered when resident returned from the hospital and was removed from drawer [redacted] returned with order for darvocet for pain. See orders addendum 183F -H+I  The MAR's are reviewed monthly	Steps have been taken to correct violation; full compliance is not verifiable 5/27/10 <i>[Signature]</i> Date Initials (DPW)

*To ensure that all prescribed medications are available in the home for administration. 5/27/10*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15902		225690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
2-24-10		D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>		<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Ant Sheskinan</i>		<i>Cyberman</i>	5/27/10
<b>DATE</b>			
3/15/10			

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-The MAR for Resident 2 has five medications listed which do not include an accompanying diagnosis.  -The MAR for Resident 2 lists a dosage of 8 units for the medication <i>Lantus</i> but the prescription label says to give 10 units of this medication.  -The MAR for Resident 2 did not list a <i>Glucagon, 1 mg, Emergency Kit</i> , which was in the Resident's medication storage area.	6/15/10	<i>attached</i> The diagnosis are on the bottom of the MAR under the heading: <i>Diagnosis (see copy)</i>  The label was changed on the insulin, but the <i>Lantus</i> was O/c'd 2/24/10 and discarded.  The <i>Glucagon</i> is on a pm MAR and has been on since it was ordered see copy I added it is stored in medication drawer	Steps have been taken to correct violation; full compliance is not verifiable 5/27/10 <i>DR</i> Date Initials (DPW)

See addendum 187 J+K+L  
 The MARs will be reviewed at the beginning of each month and when received to check that the diagnosis is listed with and for each individual medication  
 (B/S/27/10)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village of Nanty Glo P.C.H., 628 Pike Road, Johnstown, PA 15909		<b>CURRENT LICENSE NUMBER</b> 325690	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Quint L. Schuler, RPH</i>	<b>DATE</b> 05/26/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil B. Boney</i>	<b>DATE</b> 5/26/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
(13) Date and time of medication administration. (14) Name and initials of the staff person			<u>Contd</u>	

WAY TO 100110

1124

*Sherebura Rd*

13

**TVIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
<del>The Village of Nanty Glo, 325 Pike Road, Johnstown, PA 15009</del>		225600	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2-24-10		<b>REGIONAL REPRESENTATIVE</b> D. Jones, T. Roth	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Sherebura Rd LDC</i>	3/15/10	<i>[Signature]</i>	5/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The MAR for Resident 2 is blank for the administration of Lantus, 8 units, HS from 2-4-10 to 2-13-10. It can not be determined if the Resident received this medication.	2/24/10	ON 1/18/10 THE LANTUS IN SULIN WAS DECREASED TO 3 UNITS SQ See script - As recorded on the MAR IT WAS DISCONTINUED ON 2/5/10.  See 187BM-N-O addendum	Steps have been taken to correct violation; full compliance is not verifiable. <i>[Signature]</i> Date: 5/27/10 Initials (DPW)
			The Administrator will conduct MAR audits at least weekly to ensure compliance. as 5/24/10	