

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NANETTE JOHNSON

LEGAL ENTITY

To operate JOHNSON'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 222 SALISBURY STREET, MEYERSDALE, PA 15552

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 15

15

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

(MAXIMUM CAPACITY)

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 July 22,

2010

until July 22,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321370

Robert E. Robinson

ISSUING OFFICER

Kevin T. 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.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

JUL 23 2010

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

Ms. Nanette Johnson, Owner/Administrator
Johnson's Personal Care Home
222 Salisbury Street
Myersdale, Pennsylvania 15552

Dear Ms. Johnson:

As a result of the Department of Public Welfare's licensing inspection on April 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Johnson's Personal Care Home 222 Salisbury Street, Myersdale, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATE(S) (Include all dates of the inspection) 4/20/2010		REGIONAL REPRESENTATIVE S. Chou	
SIGNATURE OF LEGAL ENTITY <i>Jane Johnson</i>	DATE 5-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 7/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	During the inspection, the administrator stated that all of the required areas of the home's quality management plan had been reviewed. However, there was no record of the review.	5/1/2010 <i>Jane Johnson</i>	When we have our quality management plan meetings, I will log the date, time, attendance, and our topics we discussed on a sheet of paper and keep it in the files, and will have each person present sign the sheet.	Steps have been taken to correct violation; full compliance is not verifiable <u>7/16/10</u> <i>GE</i> Date Initials (DPW)

MAY 18 2010

The quality management plan meetings will include reviewing reportable incidents, complaints, direct care staff training, violations received and recommendations made by resident council. - *GE*

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SIGNATURE OF LEGAL ENTITY <i>Nanette Johnson</i>	DATE 5-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Elaine Enrich</i>	DATE 7/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
26c The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.	There was no documentation to address the areas needing improvement that were identified during the review and evaluation of the home's plan.	5/1/2010 <i>Nanette Johnson</i>	<p><i>I will discuss and chart the areas needing improvement and have all present at the meeting - sign a attendance sheet and keep in our records.</i></p> <p>Improvements in the areas of documenting reportable incidents, reviewing complaints, evaluating direct care staff training, and correcting violations received will be addressed. - <i>EE</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>7/16/10</i> <i>EE</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Janette Johnson</i>	DATE 5-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emswiler</i>	DATE 7/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
132f Alternate exit routes shall be used during fire drills.	All fire drills conducted during the past year used same exit routes.	5/15/2010 <i>J. Johnson</i>	During our last fire drill we put cones up in front of the exit that we did not want the residents to use. We will continue to put cones up in front of different locations when doing our fire drills so the residents go to other locations to exit during a fire drill.	Steps have been taken to correct violation; full compliance is not verifiable 7/16/10 <i>SE</i> Date Initials (DPW)

In the future, different exits will be used for each upcoming fire drill. - *SE*

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SIGNATURE OF LEGAL ENTITY <i>Janette Johnson</i>	DATE 5-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Emswiler</i>	DATE 7/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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.	All residents' medical evaluations read "see medication list" under physician orders. Lists were attached, but were not signed or dated by the doctor. Repeated Violation – 4/22/09	5/1/2010 <i>Janette Johnson</i>	<i>I will make sure that the doctor sign off on the medication lists that are attached and also date them on future NASI's.</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>7/16/10</u> <i>JE</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Janette John</i>	DATE 5-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 7/16/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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: (14) Name and initials of the staff person administering the medication.	Resident # 1's Ativan 0.5 mg was given on 4/6/10, 4/10/10, 4/11/10, 4/12/10, 4/16/10, 4/18/10 and 4/19/10, but the medication administration record was not initialed for the doses given on those days.	4/21/2010 <i>Janette John</i>	<i>I had a meeting with all staff members that give medicine and made them aware that they must initial the front of the MARs for PRN's and also chart on the back of the MARs when giving PRN meds. In this situation with Ativan it was a PRN med- they charted on the back of the MARs and did not initial the front of the MARs. All meds given must be initialed.</i>	Steps have been taken to correct violation; full compliance is not verifiable 7/16/10 Date <i>JS</i> Initials (DPW)

situation with Ativan it was a PRN med- they charted on the back of the MARs and did not initial the front of the MARs. All meds given must be initialed.