

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.

To operate THE VILLAGE OF NANTY GLO P.C.H.

Located at 628 PIKE ROAD, JOHNSTOWN, PA 15909

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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

and shall remain in effect from October 15, 2010 until October 15, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **325690**

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.



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

ADULT RESIDENTIAL LICENSING

OCT 18 2010

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

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 licensing inspection on July 9, 2010, July 10, 2010, and September 7, 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

p.2

NAME AND ADDRESS OF PERSONAL CARE HOME The Village of Nanty Glo P.C.H. 628 Pike Road Johnstown, PA. 15909		CURRENT LICENSE NUMBER 325691	
INSPECTION DATE(S) (Include all dates of the inspection) 7/9/10 and 7/10/10		REGIONAL REPRESENTATIVE D. McConnell, M. Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>J. Haberkorn RD. V. Corp</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/2/10

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
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 #1 and #2 did not include whether the home collects a portion of the resident's rent rebate. Repeated violation - 2/24/10 PCH Division Central Region Field Office	07/26/10	All contracts were changed showing all residents will receive 100% of any and all rent rebates. Further more all new contracts will show residents will receive 100% of all rent rebates. The home has never collected any rent rebates from the residents. Resident #1 and #2 are private pay residents.	MCS 9/7/10

JUL 28 2010

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Jul 27 10 10:16a

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

p.3

NAME AND ADDRESS OF PERSONAL CARE HOME The Village of Nanty Glo P.C.H. 628 Pike Road Johnstown, PA. 15909		CURRENT LICENSE NUMBER 325691	
INSPECTION DATE(S) (Include all dates of the inspection) 7/9/10 and 7/10/10		REGIONAL REPRESENTATIVE D. McConnell, M. Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janet L. Huberman, R.N.</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Janet L. Huberman, R.N.</i>		DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>
			DATE 9/2/10

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
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 #3 indicated the home will collect 50% of the resident's rent rebate. The contract did not include the home's intended use of the rent rebate revenue collected. Repeated violation - 2/24/10	07/26/10	All residents contracts were changed to show all residents will receive 100% of any and all rent rebates. Furthermore, all new contracts will show the residents will receive 100% of the rent rebates. Resident #3 is a private pay resident.	<i>MES</i> 9/7/10

Jul 27 10 10:17a

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

p.19

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janet L. Haberkorn</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Janet L. Haberkorn</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>
		DATE 9/2/10

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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 did not have statements signed by residents #1, #2 or #3 informing them of the rent rebate policy. Repeated violation - 2/24/10	07/26/10	The home will have all residents or their designated person sign Addendum C, Rent Rebate Form showing the home will not collect any portion of resident's rent rebate. Furthermore All new contracts will show Addendum C, Rent Rebate Form showing the home will not collect any portion of the rent rebate. Copy of new contract enclosed.	<i>MES</i> 9/7/10

Jul 27 10 10:23a

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

p.20

NAME AND ADDRESS OF PERSONAL CARE HOME The Village of Nanty Glo P.C.H. 628 Pike Road Johnstown, PA. 15909		CURRENT LICENSE NUMBER 325691	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Janet L Haberkorn RD <i>[Signature]</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>		DATE 7/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 9/2/10

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
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective	The following direct care staff persons did not have criminal history background checks: <ul style="list-style-type: none"> A – hired 6/4/10 B – hired 6/21/10 C – 4/22/10 Direct care staff A and B did not have verification that they had resided in the state of PA for the past two years prior to employment	7/10/10	Direct care staff C - hired 4/22/10 Copy of background check done 7/23/10 within 30 days regulatory standard. Staff member B hired 6/21/10 - background check done 7/29/10 within 30 days of hire. Staff A - hired 6/4/10 - background ck done 6/6/10 starting no record. See copies As an addition to the hiring process new hires will sign a form - (see signed) indicating potential hires have lived in PA for 2 years and have not been convicted of violent crime or abuse. This will be monitored by administrators D+F to ensure it is completed	Steps have been taken to correct violation; full compliance is not verifiable 9/7/10 <i>[Signature]</i> Date Initials (DPW)

Jul 27 10 10:23a

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Joseph L. Halenpark</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 9/2/10

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Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.		7/16/10	<p>plan of correction on page 4</p> <p>New hires will sign a form indicating they dwelled in Pa. for 2 years and have not been convicted of crime or abuse.</p> <p>An FBI check will be done for hires not residing in Pa.</p> <p>The forms will be monitored by both administrator D+F to ensure completion</p>	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janeet H. Habebkorn</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Janeet H. Habebkorn</i>		DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>
			DATE 9/2/10

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The bedrail on the bed of resident #4 is a potential hazard. Resident #4 in room #103 had an unsecured bed rail on his/her bed that had an open area that measured 20". This allows for the potential of head or limb to become entangled.	07/10/10	The bedrail on the bed of resident #4 was removed during inspection. Resident #4 was informed of the reason why it was a violation. The home shall place any and all apparatus in resident's room so to meet all safety regulations. This will be monitored on a daily basis by all staff to ensure families do not place unsafe equipment in residents rooms.	<i>MES</i> 9/7/10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Janet K. Haberman</i>		DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MSP</i>
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90b For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.	Owner D confirmed that the home had no immediate means of communication between staff in the event of an emergency.	07/16/10	Staff members will carry walkie-talkies at all times. The home has purchased two sets of rechargeable walkie-talkies so one set can charge while staff members use the other set. All staff has been educated and informed on the use of the walkie-talkie as well as the need to carry one at all times.	<i>MSP</i> 9/7/10

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

Jul 27 10 10:28a

NAME AND ADDRESS OF PERSONAL CARE HOME The Village of Nanty Glo P.C.H. 628 Pike Road Johnstown, PA. 15909		CURRENT LICENSE NUMBER 325691	
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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 home's fire drill record indicated that on 4/21/10 at 5:35am 25 residents were in the home and 24 residents evacuated. Administrator E confirmed that the home's census was only 21 on this date. Repeated violation - 2/24/10	(07/26/10) 9/30/10 and Monthly	The home's fire drill (4/21/10) record was correct. Administrator E was incorrect when she stated the home census was 21. A copy of the home census is enclosed. The administrator will monitor the fire drill log monthly to ensure it is complete and correct.	<i>[Signature]</i> 9/7/10

[Signature]
9/2/10

VIOLATION REPORT
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