



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: February 16, 2011

Mr. Lorin A. Croce, President/CEO
The Village of Nanty Glo PCH, INC
628 Pike Road
Johnstown, Pennsylvania 15909

RE: The Village of Nanty Glo PCH
628 Pike Road
Johnstown, Pennsylvania 15909

Dear Mr. Croce:

As a result of the Department of Public Welfare's licensing inspection on September 23, 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.

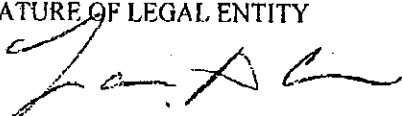
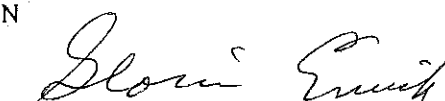
Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Regional Licensing Administrator

Enclosure(s)

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 DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Tom Shopay, Debora McConnell	
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 	DATE 11/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
102e Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.	The home's men's and women's rest rooms are configured with an area for sinks, a partitioned area for toilets and an area for a tub and two showers. The bathing area is separated from the rest of the restroom, as well as the tub and showers, by a curtain which does not afford bathing residents with privacy.	12/01/10	The home's men's and women's room bathtubs and showers will be partitioned off separately. Although this home has had the same configuration since 1992 permanent dividers will be placed separating the individual showers and bathtubs from the rest of the bathroom area to ensure resident's privacy during bathing.	Steps have been taken to correct violation; full compliance is not verifiable 3/16/11 Date Initials (DPW)

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 DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Tom Shopay, Debora McConnell	
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 <i>Debra McConnell</i>		DATE 11/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Gruch</i>
			DATE 2/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
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	The medication administration record (MAR) for resident #1 did not include the initials of employee A for the 12 am dose of Ativan 1 mg on 9/18/10, indicating that the medication was administered.	9/23/10	The employee who administered the medication signed her initials. In addition the employee was re-educated on the importance of signing the MAR and to be mindful of doing it. She has been observed administering medication and her medication administration records were reviewed and she has successfully completed the reviews. In an attempt to ensure that the MAR's are completed all staff has been re-educated on reviewing the medication and residents rights concerning medication administration.	Steps have been taken to correct violation; full compliance is not verifiable 2/16/11 Initials (DPW)

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 DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Tom Shopay, Debora McConnell	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				