

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE VILLA ASSISTED LIVING, LLC

LEGAL ENTITY

To operate THE VILLA ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 429 NAPOLEON PLACE, JOHNSTOWN, PA 15901

(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 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: No residents with mobility needs may be served

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 December 1, 2010 until May 31, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328361

Robert E. Robinson

ISSUING OFFICER

Kenneth O. 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

DEC 02 2010

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

Mr. Richard M. Kastelic, Owner/Member
The Villa Assisted Living, LLC
429 Napoleon Place
Johnstown, Pennsylvania 15901

Dear Mr. Kastelic:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 8, 2010 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed personal care home will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed Violation Report were found. 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2600.

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 The Villa Assisted Living, LLC, 429 Napoleon Place, Johnstown, PA 15901		CURRENT LICENSE NUMBER 32836
INSPECTION DATE(S) (Include all dates of the inspection) 11/08/10	REGIONAL REPRESENTATIVE Thomas Roth, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nora Pennington Administrator</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nora Pennington</i>	DATE 11/22/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Eileen Ewick</i>
		DATE 11/29/10

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
14b If the fire safety approval is withdrawn or restricted, the home shall orally notify the Department immediately, and in writing within 48 hours, of the withdrawal or restriction.	The home's certificate of occupancy that was submitted with the home's application listed the home as having an I-2 occupancy rating. On the date of the inspection, the home presented a revised occupancy certification that listed the home as having an I-1 rating. This change occurred on 10/29/10. The home did not notify the Department orally or in writing prior to the inspection on 11/08/10.	<i>11/8/2010</i>	The Administrator and or Designee shall orally notify the Department immediately in writing 48 hrs of the withdrawal or restriction of the occupancy rating. Please see attached the certification of I-1 occupancy rating which was presented the date of inspection.	Steps have been taken to correct violation; full compliance is not verifiable <i>11/29/10</i> Date <i>EP</i> Initials (DPW)

NOV-29-2010 09:40 THE VILLA 814 254 4541 P.002

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa Assisted Living, LLC, 429 Napoleon Place, Johnstown, PA 15901		CURRENT LICENSE NUMBER 32836	
INSPECTION DATE(S) (Include all dates of the inspection) 11/08/10		REGIONAL REPRESENTATIVE Thomas Roth, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nora Pennington Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nora Pennington</i>		DATE 11/22/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Pruitt</i>
			DATE 11/30/10

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
92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	The window screens in rooms # 310, 307, 207, 208, 211, and 103 were torn.	11/19/2010	The Administrator and or Designee shall ensure quarterly inspection of windows, including windows in doors, shall be in good repair and securely screened when doors or windows are opened. Rooms 310, 307, 207, 206, 211 and 103 have been replaced with new screens. A maintenance inspection report will specify monitoring of checks	11/30/10 <i>SE</i>

NOV-29-2010 09:41 THE VILLA 814 254 4541 P.004

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa Assisted Living, LLC, 429 Napoleon Place, Johnstown, PA 15901		CURRENT LICENSE NUMBER 32836
INSPECTION DATE(S) (Include all dates of the inspection) 11/08/10	REGIONAL REPRESENTATIVE Thomas Roth, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nora Pennington Administrator		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nora Pennington</i>	DATE 11/22/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewald</i>
		DATE 11/29/10

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
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 weezers.	The first aid kit located at the nursing station did not have a breathing shield.	11/22/2010 On going - BE	The Administrator and or Designee shall ensure first aid kit has a plastic breathing shield. Plastic breathing shield for CPR has been placed in first aid kit. The Administrator will check first aid kit supplies at least twice per month and after each use to ensure that all of the items inside are present + usable. -BE	11/29/10 BE

NOV-29-2010 09:41 THE VILLA 814 254 4541 P.006

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa Assisted Living, LLC, 429 Napoleon Place, Johnstown, PA 15901		CURRENT LICENSE NUMBER 32836	
INSPECTION DATE(S) (Include all dates of the inspection) 11/08/10		REGIONAL REPRESENTATIVE Thomas Roth, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nora Pennington Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nora Pennington</i>		DATE 11/22/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Erick</i>
			DATE 11/29/10

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
101j1 Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	The tag on the mattress in room #101 indicated that it was manufactured in 1995, and had no fire rating listed. The home's mattress covers did not have tags that listed an acceptable fire rating. The mattress covers' tags did not have a "T" designation, but listed a designation of "SOML."	11/9/2010	The Administrator and or Designee shall ensure each resident has a bed with a solid foundation and fire retardant mattress or mattress pad that is in good repair, clean and supports the resident. The Villa has received documentation from the manufacturer documenting that the mattress pad Class B confirms under 16 CFR Part 1632.6 that the mattress pad in question has passed fire retardant tests. See attached.	11/29/10 BE

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

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INSPECTION DATE(S) (include all dates of the inspection) 11/08/10		REGIONAL REPRESENTATIVE Thomas Roth, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nova Pennington Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nova Pennington</i>		DATE 11/22/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emery</i>
			DATE 11/29/10

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
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	There were no chairs available in various bedrooms reviewed, including #302, 310, 303, 310, 307, 207, 211, 215, 201, 206 and 103.	11/8/2010	The Administrator and or Designee shall ensure each room has a chair that meets the residents need. Upon tours and interest of potential admissions, residents have chosen to bring in his or her own chair. Sturdy chairs are available and will be distributed to any resident that does not prefer to bring in his or her own chair. See attached photo of available chairs.	11/29/10 BE

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Villa Assisted Living, LLC, 429 Napoleon Place, Johnstown, PA 15901		CURRENT LICENSE NUMBER 32836	
INSPECTION DATE(S) (Include all dates of the inspection) 1/08/10		REGIONAL REPRESENTATIVE Thomas Roth, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nora Pennington Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nora Pennington</i>		DATE 11/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>
			DATE 11/30/10

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
130b The smoke detectors specified in 130a shall also be located in hallways.	Hallway smoke detectors were located more than fifteen feet from the following bedroom doors: <ul style="list-style-type: none"> • The hall smoke detector closest to room #205 was 16 feet, 10 inches from the center of room's door. • The hall smoke detector closest to room #206 was 20 feet, 2 inches from the center of room's door. • The hall smoke detector closest to room #303 was 18 feet from the center of room's door. • The hall smoke detector closest to room #303 was 15 feet, 9 inches from the center of room's door. 	11/23/10 <i>2c</i>	The Administrator has made the following correction: Operable automatic smoke detectors are located within 15 feet from the center of each bedroom door and are located within 15 feet of each other in the hallways.	11/29/10 <i>SE</i>

PCH Division
Central Region Field Office

NOV 29 2010

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THE VILLA
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TOTAL P.002
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