

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

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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
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 June 15, 2011 until June 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **321370**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 20 2011

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

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

Dear Ms. Johnson:

As a result of the Department of Public Welfare's licensing inspection on May 9, 2011 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

F-388
P. 004/024
T-251

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Tera Newman	
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>Janette J. Ropon</i>	DATE 5/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Newman (g)</i>	DATE 6-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	6-2-11	<i>Please see the attached plan 16b.</i>	
		6-20-11	<i>The home developed written policies and procedures for the prevention, reporting, notification, investigation and management of reportable incidents and conditions. 6-3-11</i>	
			<i>All staff persons will be educated on the policies and procedures for reportable incidents and conditions. 6-3-11</i>	
	<p>Western Region</p> <p>JUN 2 2011</p> <p>Adult Residential Licensing</p>			<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-7-11 <i>J</i></p> <p>Date Initials (DPW)</p>

06-02-11 12:02PM FROM-

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

F-388
P. 005/024
T-251

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Tera Newman	
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>Janice Johnson</i>	DATE 5/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.	The bathroom across room #9, does not have an operable window or a working ventilation fan. Western Region JUN 2 2011 Adult Residential Licensing	5-18-11	I had the exhaust fan fixed by a local contractor - see attached letter from him. I will check each exhaust fan weekly to make sure they are working properly.	6-3-11

06-02-11 12:02PM FROM-

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

T-251 P.008/024 F-388

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Tera Newman	
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>Janette Johnson</i>	DATE 5/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-9-11

06-02-11 12:02PM FROM-

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	<p>On 5/9/11, at 10:30 a.m., the water temperature at the bathroom sink located in the bathroom across from the kitchen area, measured 128.6 degrees Fahrenheit.</p> <p>The hot water from the bathroom sink located across from room #9, measured 133.3 degrees Fahrenheit.</p> <p align="center">Western Region</p> <p align="center">JUN 2 2011</p> <p align="center">Adult Residential Licensing</p>	5-10-11	<p>I had 2 - thermometers - the one I usually use was not reading properly so I threw it away and used the other one. Now I am getting the proper water temp. readings - I check & chart the water temp. twice a week and make sure it does not exceed over 120°F</p>	6-9-11

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

T-261 P. 007/024 F-388

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Dennis Rojon, Tera Newman	
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>Nancy Johnson</i>	DATE 5/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	<p>There is no lamp or other source of lighting that can be turned on/off at bedside for the beds in room #2.</p> <p>There is no lamp or other source of lighting that can be turned on/off at bedside for the beds in room #4.</p> <p>There is no lamp or other source of lighting that can be turned on/off at bedside for the beds in room #8.</p> <p align="center">Western Region</p> <p align="center">JUN 2 2011</p> <p align="center">Adult Residential Licenses</p>	5-11-11	<p><i>I installed on the wall by each bed a 5.5" moonlite so each resident just has to reach up at arms length & touch the light to turn it on. The staff and myself will monitor the lights regularly to make sure they are working properly.</i></p>	6-3-11

6-20-11 A designated staff person will check daily to ensure each resident bed has a source of lighting that can be turned

all staff persons will be educated on the importance of bedside lighting. Documentation of training will be kept. 6-3-11

06-02-11 12:02PM FROM-

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

T-251 P. 008/024 F-388

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Tera Newman	
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>Sandra Johnson</i>	DATE 5/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was an accumulation of 1/4" of lint in the lint trap of the gas dryer in the laundry area. Western Region JUN 2 2011 Adult Residential Licensing	5-10-11	I had a meeting with the staff making them aware of this situation and telling them that the vent must be cleaned after each use. I will check this weekly to make sure they are doing this.	Steps have been taken to correct violation; full compliance is not verifiable 6-3-11 Date Initials (DPW)

06-02-11 12:02PM FROM-

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

T-251 P.009/024 F-388

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON'S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Tera Newman	
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SIGNATURE OF LEGAL ENTITY <i>Janice Johnson</i>	DATE 5/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The gas dryer exhaust vent had an accumulation of lint hanging from the outside vent and the ground was covered with about 1/4 to 1/2 inch in a 2-foot by 3-foot area. Western Region JUN 2 2011 Adult Residential Licensing	5-10-11 y	The metal vent outside will be taken off weekly and cleaned + put back on by the administrator and lint that has been accumulated will be disposed of - will keep a chat of this cleaning.	Steps have been taken to correct violation; full compliance is not verifiable. 6-3-11 Date Initials (DPW)

06-02-11 12:02PM FROM-

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

T-251 P.010/024 F-388

NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
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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 <i>Janette Johnson</i>	DATE 5/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
132e A fire drill shall be held during sleeping hours once every 6 months.	The last sleeping hours fire drill was conducted on 10/20/10 and the previous sleeping hours drill was conducted on 1/11/10.	5-10-11	<i>I will make sure that we conduct a fire drill at least once every six months during sleeping hours which is between 11pm and 5am, will chat accordingly.</i>	
	Western Region JUN 2 2011 Adult Residential Licensing	5-20-11	<i>A sleeping hours fire drill was conducted. 6-3-11</i>	

Steps have been taken to correct violation; full compliance is not verifiab.
 6-3-11
 Date Initials (DPM)

06-02-11 12:02PM FROM-

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

T-251 P. 011/024 F-388

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The initial assessment for resident #1, dated 2/28/11, indicates the resident as mobile. The medical evaluation, dated 4/7/11, indicates the resident as unable to move from one location to another without prompting. Western Region JUN 2 2011 Adult Residential Licensing	5-12-11	I talked to Dr. [redacted] he will not change the MA51 at this time, so I made the adjustment on my assessment plan. When [redacted] goes to [redacted] next appt. with Dr. [redacted] we will discuss this matter further but for now [redacted] will need oral prompting per the doctor, but I will pursue this matter because [redacted] does do lots of things without oral prompting.	Steps have been taken to correct violation; full compliance is not verifiable 6-3-11 Date Initials (DPW)

6-20-11 The administrator or designee(s) staff person will review all resident medical evaluations and assessments for accuracy. If there are any discrepancies the residents physician will be contacted for clarification.

06-02-11 12:03PM FROM-