



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **APR 12 2012**

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 March 2, 2012 and March 9, 2012, 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 "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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 MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 03/02/2012, 3/9/2012		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Nanette Johnson - Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 4/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-10-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
<p>190b</p> <p>A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.</p>	<p>The last diabetic patient education for the med passers of the home was conducted on 12/4/2010. The home administers daily insulin injections for Resident #1.</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>Western Field Office Adult Residential Licensing</p> </div>	<p style="text-align: center;">3-10-12 - ^{Stacked Plan of Correction} right away</p> <p>Nanette Johnson, the administrator will check and double check each workers folder or file to make sure that their diabetic patient education is done once a year, making sure it falls within every 12 months. I have scheduled a diabetic education class for each worker with Somerset Community Hospital in Somerset, PA. [redacted] is the diabetic educator at the hospital; half of the staff will go on April 19 (Thursday) and the other half will go April 20 (Friday). I will schedule this training next year at the same time, so we stay within the 12 month period.</p>	<p style="text-align: center; font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">4/10/12 Date Initials (DPW) JPP</p>

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

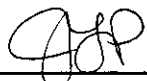
NAME AND ADDRESS OF PERSONAL CARE HOME JOHNSON S PERSONAL CARE HOME, 222 SALISBURY STREET MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 03/02/2012, 3/9/2012		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Nanette Johnson - Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 4/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-10-12

REGULATION 55 Pa.Code §2600	VIOLATION	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	The home administers Novolog 100u/ml for Resident #1, 4 times per day according to a sliding scale. On the following dates and times the home did not document the number of units of Novolog given: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">BS Reading</th> <th style="text-align: left; border-bottom: 1px solid black;">Units Required</th> </tr> </thead> <tbody> <tr><td>2/11/12 at 6:30am</td><td>240</td><td>4</td></tr> <tr><td>2/13/12 at 8:00pm</td><td>290</td><td>6</td></tr> <tr><td>2/22/12 at 4:30pm</td><td>358</td><td>10</td></tr> <tr><td>2/22/12 at 8:00pm</td><td>434</td><td>12</td></tr> <tr><td>2/24/12 at 8:00pm</td><td>394</td><td>10</td></tr> <tr><td>2/26/12 at 11:30am</td><td>390</td><td>10</td></tr> <tr><td>2/27/12 at 8:00pm</td><td>424</td><td>12</td></tr> <tr><td>2/29/12 at 8:00pm</td><td>389</td><td>10</td></tr> </tbody> </table>	Date	BS Reading	Units Required	2/11/12 at 6:30am	240	4	2/13/12 at 8:00pm	290	6	2/22/12 at 4:30pm	358	10	2/22/12 at 8:00pm	434	12	2/24/12 at 8:00pm	394	10	2/26/12 at 11:30am	390	10	2/27/12 at 8:00pm	424	12	2/29/12 at 8:00pm	389	10	<p style="text-align: center;"><i>3-10-12 started plan is correction RIGHTAWAY</i></p> <p>The specific change that will be made is we had a staff meeting on Saturday 3/10/12, we discussed the importance of making sure that the dosage of units given must be also wrot down along with the insulin reading, so we have accurate records of the dosage given and proof of how many units given. I Nanette Johnson the administrator will make sure that this is followed thru with. The change was made immediately, the change was made by having a meeting and educating everyone on the importance of proper charting. we have made sure that each staff person that is charting, making sure they are also marking the units that are given, I the administrator check this regularly to make sure it is being done, and this will not occur again.</p>	<p style="text-align: center;">DATE 4-10-12 INITIALS JWP</p> <p style="font-size: 0.8em; text-align: center;">Steps have been taken to correct violation. Full compliance is not verifiable</p>
Date	BS Reading	Units Required																												
2/11/12 at 6:30am	240	4																												
2/13/12 at 8:00pm	290	6																												
2/22/12 at 4:30pm	358	10																												
2/22/12 at 8:00pm	434	12																												
2/24/12 at 8:00pm	394	10																												
2/26/12 at 11:30am	390	10																												
2/27/12 at 8:00pm	424	12																												
2/29/12 at 8:00pm	389	10																												

RECEIVED

Western Field Office
Adult Residential Licensing

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 MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321370	
INSPECTION DATES (Include all dates of the inspection) 03/02/2012 ; 3/4/2012		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
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
			4-10-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
precautions, if 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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">9</div> <div style="font-size: 0.8em; margin-top: 20px;">Western Field Office Adult Residential Licensing</div>		