

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NANETTE JOHNSON

To operate JOHNSON'S PERSONAL CARE HOME

Located at 222 SALISBURY STREET, MEYERSDALE, PA 15552

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 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 16, 2012 until June 16, 2013,  
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

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

AUG 02 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 June 5, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

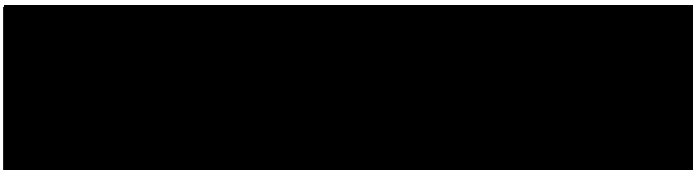
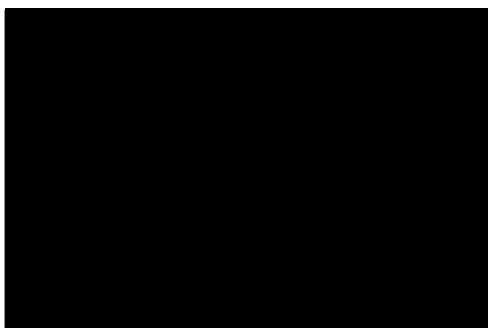
A handwritten signature in black ink, appearing to read "Ronald Melusky", written over a long horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

**RECEIVED**

PCH Name: JOHNSON S PERSONAL CARE HOME		License Number: 321370
Address: 222 SALISBURY STREET, MEYERSDALE, PA 15552		County: Somerset
Administrator: Nanelle Johnson	JUL 7 2012	Region: WEST
Legal Entity Name: NANETTE JOHNSON		Western Field Office
Legal Entity Address: 222 SALISBURY STREET, MEYERSDALE, PA 15552		Adult Residential Licensing
<b>Certificate(s) of Occupancy</b>		
R-3 03/01/2005 Meyersdale Boro	I-2 03/30/2011 Somerset County	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/15/2012: Cutter, Jan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 15 Number of Residents Served: 15 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 32137 - 06/15/2012 - Cutter, Jan  
PCH Name: JOHNSON S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. Western Field Office Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's written policy on reportable incidents does not address prevention of specific incidents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- I have added preventive methods to the procedures for reportable incidents.
- I have discussed these preventive measures with the staff at the Personal Care Home.
- We will continue to have education seminars on the reportable incidents.
- If need be we will contact the local Health Department or Environmental Department to assist us with all seminars on other agencies.
- Please see the attached sheet for the procedures for reportable incidents.

Repeat Violation: No

Date(s) of Previous Violation(s):

05/09/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nanette Johnson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Nanette Johnson (owner/administrator)

Date 7-13-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7-17-12  
(Date)

Plan of correction implementation status as of

7-17-12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32137 - 06/15/2012 - Cutter, Jan  
PCH Name: JOHNSON S PERSONAL CARE HOME

JUL 7 2012

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There is a 5 foot long by 1 inch wide tear in the carpet coming out from the back wall in the livingroom. There is another 2 foot long by 1 inch wide tear in the carpet next to the couch. These tears pose a tripping hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- I have ordered new carpet for the living room floor.
- I have made each resident aware of the situation.
- The new carpet will be installed during the night hours. DO as not to be a problem for the residents.
- The carpet will be put down before on on July 31, 2012 during the night hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nanette Johnson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Nanette Johnson owner/administrator

Date

7-13-12

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7-17-12  
(Date)

Plan of correction implementation status as of

7-17-12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32137 - 06/15/2012 - Cutter, Jan  
PCH Name: JOHNSON S PERSONAL CARE HOME

66 7

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There are four steps exiting from the back door which are missing non-skid treads.

The landing for the external exit near the internal fire doors was moss covered and very slippery.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Each of the stair exits have been power washed down to remove any dirt or moss that has covered the porch steps.
- Each of these stair exits have been painted white.
- Each of these stair exits will have new non-skid treads put on them.
- The non-skid treads for each exit way have been purchased and will be installed by July 28, 2012.
- The residents only would use these exits for a practice fire drill or an emergency, and that has been made aware of the situation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nanette Johnson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Nanette Johnson (owner/administrator)

Date

7-13-12

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The above plan of correction is approved as of

7-17-12  
(Date)

Plan of correction implementation status as of

7-17-12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32137 - 06/15/2012 - Cutter, Jan  
PCH Name: JOHNSON S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

- 2600.107(b) - The home shall have written emergency procedures that include the following:
- (1) Contact information for each resident's designated person.
  - (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
  - (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
  - (4) Means of transportation in the event that relocation is required.
  - (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
  - (6) Alternate means of meeting resident needs in the event of a utility outage.

Western Field Office  
Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures do not include: means of transportation for relocation, alternative housing, and the duties and responsibilities of staff during a relocation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- I have added means of transportation for relocation, alternative housing, and the duties and responsibilities of staff during a relocation to my emergency procedures plan.

- I have discussed this with the staff.

- Please see the attached forms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Nonette Johnson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nonette Johnson (owner/administrator)* Date *July 13, 2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-12  
(Date)

Plan of correction implementation status as of 7-17-12  
(Date)

The above plan of correction was approved by *ASP*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32137 - 06/15/2012 - Cutter, Jan  
PCH Name: JOHNSON S PERSONAL CARE HOME

JUL 7 2012

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home has not developed written fire safety procedures to ensure safe smoking practices.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- I have developed a written fire safety procedure.
- All residents and staff are aware of the smoking policy
- Please see the attached policy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Janette Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janette Johnson (owner/administrator)* Date *7-13-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>7-17-12</u> (Date)</p> <p>The above plan of correction was approved by <u>JSP</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>7-17-12</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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