

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE VILLAGE OF NANTY GLO PCH INC

LEGAL ENTITY

To operate THE VILLAGE OF NANTY GLO P.C.H.

NAME OF FACILITY OR AGENCY

Located at 628 PIKE ROAD, JOHNSTOWN, PA 15909

(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 48  
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 October 16, 2012 until October 16, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations

No: 325690

*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



DEC 31 2012

Mr. Lorin A. Croce, President/CEO  
The Village of Nanty Glo P.C.H., Inc.  
The Village of Nanty Glo P.C.H.  
628 Pike Road  
Johnstown, Pennsylvania 15909

Dear Mr. Croce:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 22, 2012 and December 17, 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 Human Services 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". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

On 8/22/2012 the home's current violation report was not posted in a conspicuous and public place in the home.

**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.

*Entrance of the home (2E)*

All current violation reports will be kept in the ~~unlock~~ cabinet for anyone's perusal. Administration will ensure the report is not left on front counter so residents can destroy the report.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/18/2011		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Loriso A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Loriso A. Croce Adm.</i>	Date <i>11/12/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a quality management plan.

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.

THEVILLAGE has always had a quality management plan but the home's binder removed by [redacted] upon [redacted] resignation. The homes attorney's recovered the binder and a copy of the binder is enclosed. Administration was unaware of this situation and will now keep a locked copy of the procedures in administrator's office.

*Violation withdrawn - SE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lorin A. Croce*

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

*Lorin A. Croce*

Date *11/12/12*

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The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**

The following staff persons have provided direct care services to residents and did not have a Pennsylvania State Police Criminal Background Check on file in the home:  
 Staff Person A, hired 4/28/2012  
 Staff Person B, hired 6/17/2012  
 Staff Person C, hired 6/19/2012

**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.*

THEVILLAGE of Nanty Glo will do and always have done background checks on all new prospective employees. THEVILLAGE will make two copies of background checks where one will be kept in the staff persons file and one lock in administrators office. Staff persons; A,B and C had a second background checks completed while the inspection was being done and all three had no record with the Pa. State Police.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorin A Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorin A Croce Adm.</i>	Date <i>11/12/12</i>
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- Fully Implemented
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- Not Implemented

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B and Staff Person D, who both provide direct care services do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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.*

Staff persons B and D both have high school diploma's that were not filed properly. THEVILLAGE will collect all high school diploma's and file in staff members personnel file. All staff members files will be locked in administrators office.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/18/2011		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louise A. Crocc*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Louise A Crocc* Date *11/12/12*

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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff Person D was hired on 6/14/2012 and began providing unsupervised ADL services. The staff person has not successfully completed the Department-approved direct care training course or pass the competency test.

**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.*

*Staff Person D will complete the direct care training course & pass the competency test. -GE*

All new staff personal will complete all training requirements required by Regulation 55 Pa. Code 2600.65. THEVILLAGE is currently holding two one hour continue education classes per month taught by Conemaugh Memorial Hospital. The assistant administrator will peruse staff documentation monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorina A Crocc*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *LORINA Crocc Adm.* Date *11/12/12*

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

- Direct Care Staff Person E received only 6.5 hours of annual training in training year 4/2011 to 4/2012.
- Direct Care Staff Person F received only 5.5 hours of annual training in training year 5/2011 to 5/2012.

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.

THEVILLAGE of Nanty Glo is currently holding two one hour continuing education seminars monthly taught by Conemaugh Memorial Hospital. These classes will concentrate on the required subject's and will continue until all staff members are current with the annual training requirements. Assistant administrator will check personal files and advise staff members of any missing requirements

*Staff Person E and Staff Person F have completed the additional hours required in the past training year. -bc*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lorin A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorin A. Croce Adm</i>	Date <i>11/12/12</i>
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- Not Implemented

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

- Direct Care Person E did not receive training in fire safety, emergency preparedness procedures, resident rights, Older Adult Protective Services Act, or falls and accident prevention during training year 4/2011 to 4/2012.
- Direct Care Person F did not receive training in fire safety, emergency preparedness procedures, resident rights, or Older Adult Protective Services Act during training year 5/2011 to 5/2012.

**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.*

THEVILAGE of Nanty Glo is currently holding two one hour continuing education courses monthly to meet annual training requirements. Direct staff person's E and F were advised of the schedule classes and cannot attend afternoon classes. Staff persons E and F were advised of the needed requirements and will continue their education on line. The assistant administrator will check staff members files and advise any staff members of any requirements not met to date.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Lorin A Croce Date 11/2/12

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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a staff training plan.

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.

THEVILLAGE of Nanty Glo does have a staff training plan which was recovered by the homes attorney from [REDACTED]. Copies of the attorneys letter and the staff training plan are enclosed. Administration will keep a locked copy of all training and the homes pertinent information in the administrators locked offices.

*Violation withdrawn - EC*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louise A Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louise A Croce Adm</i>	Date <i>11/12/12</i>
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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

A 124 fl oz can of paint, with a manufacture's label indicating "if swallowed, get medical attention immediately", and a 3 oz tube of Stick-Ease Seam Repair with a manufacture's label indicating "in case of ingestion, seek medical attention" was unlocked and accessible to residents in a storage closet across from bedroom #123. Residents of the home, including Resident #1 and Resident #2, have not been assessed capable of recognizing and using poisons safely.

**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.*

The storage closet across from room 123 has had the locks replaced and any hazardous materials removed. Administration will inspect all locks on appropriate doors to make sure they are in working order.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louise A. Croce*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Louise A. Croce Adm* Date *11/12/12*

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 (Initials)

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

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/22/2012, at approximately 3:45pm, bedroom #115 had a strong odor of urine. A bedside toilet full of urine was discovered in the room. This bedroom is shared by two residents.

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.

All direct care staff members are to check and empty when necessary the commode chair in room #115. All new direct care staff members are to be trained to check commode chair in room 115. Staff members who assist the resident in room #115 will also be advised to check commode chair. Administration will check commode daily to assure sanitary conditions are maintained.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John A. Croce*

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

*Louis A Croce Adm*

Date

*11/12/12*

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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**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.

**2a. DESCRIPTION OF VIOLATION**

The ceiling paint in the shower stall of the women's bathroom was flaking off and falling to the floor. In addition, a broken towel bar with brackets sticking out of the wall was found in the women's bathroom. This poses a risk of injury to individuals with mobility needs or gait problems if they were to lose their balance and fall into the object.

**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.*

Brackets sticking out of wall were removed and ceiling in womens bathroom shower has been repaired or replaced. Staff will be trained to watch for damaged and/or broken items and immediately notify administration. Administration will address the problem as soon as possible or order parts as needed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/18/2011		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louise A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louise A. Croce Adm.</i>	Date <i>11/12/12</i>
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 (Initials)

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- Not Implemented

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION  
 The men's bathroom off the dining area, does not have sufficient cold water to equalize the temperature from hot to cold.

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.

Plumber was called before inspection and advise home parts would need to be ordered. A second plumber was called and advised home that someone had just turned cold water valve to off position. Second plumber turn cold water valve to the on position and the problem was solved. Staff will continue to check all water temperatures and make sure sinks are in working condition.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorinda A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorinda A. Croce Adm</i>	Date <i>11/12/12</i>
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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 On 8/22/2012, at 2:10pm, the water temperature in the men's bathroom off the dining area measured 132.2 degrees Fahrenheit.

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.

Plumber was called twice to repair sink. Second plumber found cold water valve under sink was turned to the off position and then turned it to the on position. Water temperature was corrected when the valve was turned to the on position. Administration will continue to check water temperatures and repair any problems with water temperature in the future .

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louis A. Cooc*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A. Cooc Adm</i>	Date <i>11/12/12</i>
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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
 On 8/22/2012, the home had 38 residents, but only 60-70 gallons of emergency drinking water. This was confirmed by Staff Person G.

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.

THEVILLAGE will maintain at least a three day supply of drinking water in the basement for emergency situations. Administration will purchase a three day supply of water every time a new resident is admitted to the facility. Current supply water levels are adequate.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorin A Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorin A Croce</i>	Date <i>11/12/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

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

The above plan of correction was approved by LC  
 (Initials)

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**2a. DESCRIPTION OF VIOLATION**

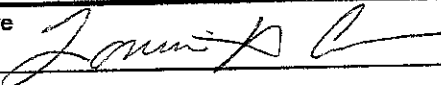
The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

**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.*

THEVILLAGE has an emergency procedure when a smoke detector or fire alarm is inoperable. The original copy of the procedures were obtained by the home's attorney from [REDACTED]. Copies of the procedures are enclosed along with letter from the attorney. Administration will make a copy of all missing procedures and keep extra copy locked in administrators office.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Lorin A Croce Adm		11/12/12

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

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Staff reported that Staff Person G announces in advance when there is going to be a fire drill.

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.

All fire drills have been and will continue to be unannounced since current inspection. Only the administrator will know when a fire drill will occur, no staff or resident will be notified.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Joseph A. Cuoco*

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

Joseph A. Cuoco Adm

Date 11/12/12

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

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

The above plan of correction was approved by BC  
 (Initials)

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**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.

**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.

THEVILLAGE has a written fire safety policy to assure safe smoking practices. The written procedures were removed by [REDACTED] and obtained from [REDACTED] by home's attorney. Copies of procedures and attorneys letter are enclosed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Louis A Croce Adam</u>	Date <u>11/12/12</u>
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The above plan of correction is approved as of 12-17-12  
 (Date)

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

The above plan of correction was approved by LL  
 (Initials)

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

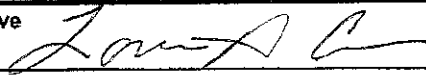
- On 8/22/2012, a bottle of Glycerin Suppositories prescribed for individual #3, who is not a current resident of the home, was located in a refrigerator in the home's medication room.
- Siltussin DM Cough Syrup for Resident #4 was discontinued on the medication administration record; however the medication was still in the medication cart.

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.

All medications that are expired have been removed and destroyed from medication carts and refrigerator. Administration will instruct staff to remove all medications for residents when they depart the the personal care home. Administration will check weekly for for any medications that should not be medication carts.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>LORIN A. CROC</u>	Date <u>11/12/12</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

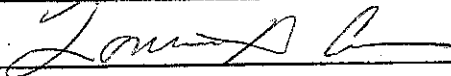
**2a. DESCRIPTION OF VIOLATION**  
 On 8/22/2012, the following medications were found loose in the newer medication cart:

- 1/2 medium white round pill in the top drawer
- 1/2 large white round pill in the 2nd drawer
- 1 large oval salmon color pill in the 3rd drawer

**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.

Medication carts were cleaned and updated after inspection. Medication carts are to be cleaned every Sunday and inspected for any loose materials or materials. Administration will check medication carts weekly to assure staff performing the upkeep of medication carts.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Lorin A. Croce</u>	Date <u>11/12/12</u>
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The above plan of correction was approved by <u>GC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

- Resident # 4's medication administration record lists Promethazine/Codeine Syrup (take 5ml every 4 hours PRN); however the home does not have the medication available for administration.
- A bottle of Novolin Insulin for Resident #5 was opened on 3/6/2012 and expired on 4/6/2012. The medication was administered to the resident on 6/24/2012.

**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.*

THEVILLAGE will implement procedures to ensure all PRN medications are on hand. THEVILLAGE will implement procedures to assure all medications are not outdated. Administration will examine weekly for outdated medications and that medication carts are kept clean.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorin A Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LORIN A Croce Adm</i>	Date <i>11/12/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

The home's procedures for the safe use of medications and medical equipment do not include documentation of the receipt of controlled substances and prescription medications; limited access to medication storage areas; and documentation of the administration of medications.

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

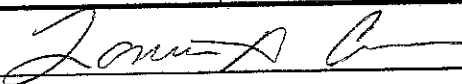
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

THEVILLAGE will implement procedures to include documentation for the receipt of controlled substances and prescription medications. THEVILLAGE will limit access to the medication storage area and document the administration of medications. The administration will oversee that staff locks medication area's and carts in the space provided. Administration will collect all signed pharmacy delivery slips. Administration will check MARS for any and all mistakes in the administration of medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Louis A Croce Adm.

Date 11/12/12

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

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

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

The above plan of correction was approved by LC  
 (Initials)

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

According to the medication administration record:


- Staff Person E administers medications to residents but has not received medication administration training since 2/10/2011.
- Staff Person F administers medications to residents but has not received medication administration training since 12/24/2010.
- Staff Person H administers medications to residents but has not successfully completed the Department-approved medications administration course.

**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.*

THEVILLAGE will obtain a current trainer to certify that all staff that administer medication be trained and certified. Staff person H has successfully completed a Department approved medication administration course but will have to be re-certified for annual training. Administration will oversee all approved training of staff who administer medications. The assistant administrator will inspect personnel files to ensure all certification are updated.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) LORIN A. CROCE Adm Date 11/12/12

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

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

Violation Report: 32569 - 08/22/2012 - Rief, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**  
 2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

**2a. DESCRIPTION OF VIOLATION**  
 The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

**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.

THEVILLAGE will develop and implement a program of activities to promote each resident's active involvement. THEVILLAGE, with the help of its resident, will put together a calendar of activities in which the resident's may participate. Administration will oversee staff in the implementation of various activities.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louis A Crocc*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A Crocc Adm</i>	Date <i>11/12/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12-17-12</u> (Date)  The above plan of correction was approved by <u>Se</u> (Initials)	Plan of correction implementation status as of <u>12-17-12</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 There is no preadmission screening form for Resident #6, admitted 4/27/2012.

**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.

THEVILLAGE of Nanty Glo does a preadmission screening on all perspective residents to see if the home can meet the residents needs. THE preadmission form for resident #6 was found and was misfiled in residents file in administrators office. Administration will inspect all patient's records to be sure all forms are current and filed correctly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/18/2011	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorin A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorin A. Croce Adm</i>	Date <i>11/12/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for Resident #7 was completed on 5/12/2011.

**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.*

All assessment's and support plans will be done on a timely basis.  
 Administration will comprise a list of current residents and the date when the next assessment is due. If assessments are due than administration will schedule a time with the resident so a new assessment can be completed.

*Resident #7 will have an updated assessment completed by the home. - EE*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lorin A Croce Adam* Date *11/12/12*

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

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

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

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

The above plan of correction was approved by EE  
 (Initials)

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**  
 The most recent support plan for Resident #7 was completed on 5/12/2011.

**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.

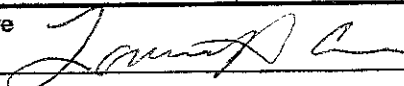
All support plans will be done on a timely basis. Administration will comprise list of resident's and the date when the next support plan is due. If the condition of resident changes significantly a new support plan will be done. Administration will check monthly that all support plans are up to date and complete.

*Resident #7 will have an updated Support Plan completed by the home. -BE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

*HH Louis A Croce Adm*

Date *11/12/12*

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

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 (Date)

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

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 (initials)

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

Violation Report: 32569 - 08/22/2012 - Riel, Becky  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**  
 2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

**2a. DESCRIPTION OF VIOLATION**  
 The home does not have policies and procedures for managing records..

**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.

THEVILLAGE had policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records. These policies were taken form the home without anyone's knowledge by [REDACTED] upon [REDACTED] resignation. The home's attorney was able to obtain these policies from [REDACTED] attorney. Copies of the policies and letter from the attorney are enclosed. The administration will make copies of all of its policies and keep one copy locked in the administrator's office.

*Violation withdrawn - se*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Louise A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louise A. Croce</i>	Date <i>11/12/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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