



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

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 February 28, 2013, 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.

Your regular license for the period of June 16, 2013 to June 16, 2014 was issued on March 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

RECEIVED

PCH Name: JOHNSON S PERSONAL CARE HOME		License Number: 32137
Address: 222 SALISBURY STREET, MEYERSDALE, PA 15552		County: Somerset
Administrator: Nannette Johnson		Region: WEST
Legal Entity Name: NANETTE JOHNSON	Western Field Office Adult Residential Licensing	
Legal Entity Address: 222 SALISBURY STREET, MEYERSDALE, PA 15552		
Certificate(s) of Occupancy I-2 03/30/2011 <i>Myersdale Boro</i>		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/28/2013: Miller-Linhart, Alden		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
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 Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 13 Have Mental Illness: 5 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 32137 - 02/28/2013 - Miller-Linhart, Alden
 PCH Name: JOHNSON S PERSONAL CARE HOME

APR 15 2013

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The portable telephone located in the kitchen did not have the personal care home hotline telephone number posted on or by the telephone.

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 the Personal Care Home Hotline telephone number to the list with all the other emergency phone numbers on by the phone. This number was added as soon as I read this violation. The phone number has been added to the master list, so as not to be overlooked again. I also told the staff to make sure the number remained on the list.

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 Date
 (Required on EVERY Page) *Nanette Johnson - Administrator* *owner* *April 11, 2013*

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

The above plan of correction is approved as of 4-16-13
 (Date)

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

Plan of correction implementation status as of 4-16-13
 (Date)

- Fully Implemented *4-16-13*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32137 - 02/28/2013 - Miller-Linhart, Alden
 PCH Name: JOHNSON S PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

15 2013

2a. DESCRIPTION OF VIOLATION

Western Field Office
 Adult Residential Licensing

The closet accordion door hangers located in bedroom #4 are broken dislodging the door from the door track.

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 contacted the maintenance man that does the Personal Care Home repairs about this. The closet door will be fixed by April 20th. I have also discussed this matter with the staff letting them know if they see something in need of repair to please let the administrator know right away, so that we do not have this happen again, and can keep up with maintenance repairs.

4-30-13 - The home will have the closet doors fixed or replaced by the maintenance person or another source, 4-16-13

Repeat Violation: No

Date(s) of Previous Violation(s):

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 April 11, 2013

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 (Date)

Plan of correction implementation status as of 4-16-13
 (Date)

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- Partially Implemented - Adequate Progress 4-16-13
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 32137 - 02/28/2013 - Miller-Linhart, Alden

PCH Name: JOHNSON S PERSONAL CARE HOME

APR 15 2013

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 2/28/13 at 9:30 a.m. the sidewalks for emergency exits B and D had an accumulation of one to two inches of snow.

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 had a meeting with the gentleman that does the outside snow removal and made him aware of this situation. He must keep all doorways and sidewalks clear at all times, not just the main entrances. I will also make sure this is done, and have the staff keep checking this when it is snowing, so we can call him right away to come & clear all entrances.

4-30-13 - During periods of snowfall a designated staff person will check all exterior emergency egress pathways every 1/2 hour to ensure there is no build up of snow or ice. 4-16-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Nanette Johnson [Signature]

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

Nanette Johnson owner - administrator

Date

April 11, 2013

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The above plan of correction is approved as of

4-16-13 (Date)

Plan of correction implementation status as of

4-16-13 (Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-16-13

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature] (Initials)

Violation Report: 32137 - 02/28/2013 - Miller-Linhart, Alden

PCH Name: JOHNSON S PERSONAL CARE HOME

APR 15 2013

1. REGULATION 55 Pa.Code §2600

2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The bedroom window in bedroom #9 did not have drapes, shades, curtains, blinds or shutters.

The bedroom window in bedroom #10 did not have drapes, shades, curtains, blinds or shutters.

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 will take down the curtains in bedroom #9 and bedroom #10 and install blinds on the windows and then re-hang the curtains over top the blinds.
→ I will make sure that all curtains that we use have a heavy liner inside so that they are hard to see through.
→ The blinds will be up by April 20.

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} _{administrative}

Date

April 11, 2013

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4-16-13
(Date)

Plan of correction implementation status as of

4-16-13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-16-13

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

J
(Initials)

Violation Report: 32137 - 02/28/2013 - Miller-Linhart, Alden
PCH Name: JOHNSON S PERSONAL CARE HOME

APR 15 2013

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 2/28/13 at approximately 9:50 a.m. the medication room/office was unlocked and accessible. There were unlocked medications in the room.

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.

- On April 10, I had a meeting with all the workers, letting them know the importance of keeping the office doors locked at all times, even though the med cart is locked we must also keep the office door locked also for safety reasons. The staff all understand this, and will make sure the door is always locked on their shifts. The administrator will also enforce this.

4-30-13 - The Administrator or designated staff person will check daily on each shift to ensure all medications and syringes are in an area or container that is locked. 4-16-13

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 April 11, 2013

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