

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE VILLA PERSONAL CARE LLC
LEGAL ENTITY

To operate THE VILLA PERSONAL CARE LLC
NAME OF FACILITY OR AGENCY

Located at 429 NAPOLEON PLACE, JOHNSTOWN, PA 15901
(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 50
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 July 9, 2013 until July 9, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328360

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 09 2013

Mr. Richard M. Kastelic, Owner/Member
The Villa Personal Care, LLC
429 Napoleon Place
Johnstown, Pennsylvania 15901

Dear Mr. Kastelic:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 22, 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. 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 "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32836 - 04/22/2013 - Rouse, McKinley
 PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, admitted 12/26/2012, lists a person other than the resident as the payer, but the listed payer did not sign the contract.

The contract for Resident #2, admitted 1/25/2012, lists a person other than the resident as the payer, but the listed payer did not sign the contract.

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 contract shall be signed by the Administrator and/or designee, the resident, and the payer if different from the resident and co-signed by the residents designated person if any, if resident agrees. The contract for resident # 1, son did not sign upon admission because resident signs her own checks, invoice is sent to son's address, son in turn brings checkbook into resident and resident signs her check and then sends the invoice in to the office. Signature, however was obtained by son to match the invoice mailing address and he has agreed to become payer. The Administrator has reviewed ALL contracts to assure the correct signatures were obtained. The Administrator and or designee will review the contract upon an admission to verify the signature is obtained as required and where needed.

The contract shall be signed by the Administrator and/or designee, the resident, and the payer if different from the resident and co-signed by the residents designated person if any, if resident agrees.

The contract for resident #2 listed the address of the son that receives the invoice, the daughter signed the contract as the payer she is the one that writes the check for resident # 2, this is a personal decision made between the resident's children as payers. However, A Signature was obtained by the son as designee and payer to match the address of where the invoice is mailed and he will become the payer for resident # 2.

The Administrator has reviewed ALL contracts to assure the correct signature were obtained. The Administrator and or designee will review the contract upon an admission to verify the signature is obtained as required/needed.

RECEIVED

JUN 06 2013

CENTRAL REGION FIELD OFFICE
 Human Services Licensing

Repeat Violation:

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nora Pennington

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

Nora Pennington Admin

Date *5/13/2013*

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

The above plan of correction is approved as of 6-25-13
 (Date)

Plan of correction implementation status as of 6-25-13
 (Date)

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

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

Violation Report: 32836 - 04/22/2013 - Rouse, McKinley
 PCH Name: THE VILLA PERSONAL CARE LLC

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

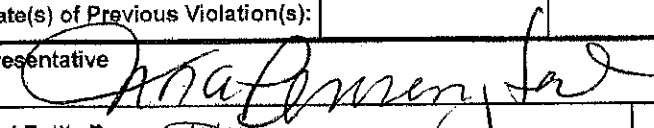
2a. DESCRIPTION OF VIOLATION
 The water temperature in the bathroom of resident bedroom #207 at 11:35am, was 123.9 degrees Fahrenheit.
 The water temperature in the bathroom of resident bedroom #201 at 11:45am, was 124.5 degrees Fahrenheit.

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.

Hot water temperature in areas accessible to the resident may not exceed 120 F.
 The hot water in the bathroom of 201 and 207 has been monitored weekly at different times by the administrator without findings of over 120.0 by running the water for 30seconds and then placing the thermometer into the water stream.
 Due to the need to address this violation a profession plumbing service has monitored the water temperature in different rooms as well 201 and 207. The recommendation is to adjust the mixing value a "tiny bit".
 The explanation to this: hot water temperature range can be different at different times of the day. Adjustments will be made if the testing reaches 2 degrees above the 120 f or under, due to the different times of the day, the quantity of use especially throughout the day focusing on the corner rooms, the location of the pipes along with and when the water furnace is doing its job at one given minute temperatures can differate, therefore should this happen a professional plumber service will be called and readjustments will be made. The administrator and or designee will continue to monitor the hot water temperatures weekly in random rooms along with focus on the corner rooms, if the temperature is above or below the 2degree permitted variance of 120 f during testing or a complaint from the resident a call will be placed to the professional service and they again will adjust the mixing valve/temp gauge to the best of their professional ability to comply with the regulation not to exceed 120f.

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 5/17/2013
 Nora Pennington, Admin

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

The above plan of correction is approved as of <u>6-25-13</u> (Date)	Plan of correction implementation status as of <u>6-25-13</u> (Date)
The above plan of correction was approved by <u>BP</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