



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2013

Mr. Lorin A. Croce, President/CEO
The Village of Nanty Glo PCH, 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 licensing inspection on April 30, 2013, August 13, 2013 and August 14, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 16, 2013 to October 16, 2014 was issued on July 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 32569 - 04/30/2013 - Rouse, McKinley
 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

There were 3 large water stains on the drop down ceiling tiles around the ceiling light of room 122.

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.

Ceiling tiles that were stained have been replaced with new tiles. Roof around skylight window have been repaired and made leak proof. Staff have been advised to notify management when they notice water marks on ceilings. Management will set up repair on roof as soon as possible after notification of water stain.

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) *Lorin A. Croce Administration* Date *08/15/13*

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

The above plan of correction is approved as of <u>9-27-13</u> (Date) The above plan of correction was approved by <u>LC</u> (Initials)	Plan of correction implementation status as of <u>9-27-13</u> (Date) <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
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Violation Report: 32569 - 04/30/2013 - Rouse, McKinley
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The evacuation route to the outside of the building for the exit door near room 116 was blocked by wheelchairs, chairs, a treadmill, a bicycle and a tarp.

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 winter tarp has been removed as this evacuation route is not in use during winter months and is not used during fire drills. All obstacles have been moved to clear pathway after tarp was removed. ~~During winter months, it will be installed and all references to it being an evacuation route will be removed.~~
~~Also we will carry a large sign showing the exit.~~ Staff will be sure not to use the exit during fire drills and signs is in place at all times.
 DE - unnecessary statement.

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 Administrator</i>	Date <i>08/15/13</i>
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Violation Report: 32569 - 04/30/2013 - Rouse, McKinley
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 There was a 4 pack box of Avonex Interferon beta 30Mcg/0.5ML for Resident #1 unlocked in the white refrigerator in the kitchen.
 There was a container of Apirdra insulin glulisine - DNA origin for Resident #2 unlocked in the white refrigerator in the kitchen.

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.

Any and all medication in the white refrigerator were removed and placed in small refrigerator locked in medication room. Staff was told not to use kitchen refrigerators for medication and a sign was put on refrigerator to remind them to use refrigerator in locked

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A Croce Administrator</i>	Date <i>08/10/13</i>
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Violation Report: 32569 - 04/30/2013 - Rouse, McKinley
 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
 There was a container of Apirdra insulin glulisine - DNA origin for Resident #2, date filled 07/20/2012, with a manufacturer's label that read, "Discard 28 days after opening ." The insulin was opened, but the date the insulin was opened was not marked on the insulin, or on the box.

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 container of Apirdra Insulin glulisine that was not dated was discarded. Staff was told to make sure they put the correct date, (month, day, year) on label when they first open the container. There will be a note on medication cart also to remind them to date newly open containers

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>08/15/13</i>
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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 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

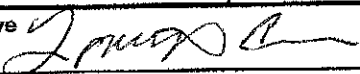
On August 13, 2013 the home's violation report was not posted in a conspicuous and public place in the home.

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.

The home's violation report will be posted in a conspicuous and public place. The home's violation report will be kept in a black binder located on the front desk in the lobby area. Staff will develop a monthly checklist to ensure residents do not remove the violation report and replace when necessary.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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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 Administrator	09/18/13

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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 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 August 14, 2013, the white kitchen refrigerator had an unidentified purple and brown liquid splashed on the inside and on the grapes located on top of the crisper.

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.

Sanitary conditions shall be maintained at all times. The kitchen refrigerator shelving was rearranged so that all drinks and beverage containers can be stood upright. A sign noting the change has been posted to refrigerator door. Staff will also be reminded to check cleaning schedule and clean refrigerator on scheduled days.

Training for staff will be conducted on 10/7/13 to reinforce sanitary conditions. - GE

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) Louise Coore Administrator Date 09/19/13

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 (Date)

Plan of correction implementation status as of 9-27-13
 (Date)

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

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

Violation Report: 32569 - 08/13/2013 - O'Pake, Hope
 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 August 14, 2013, at 10:20 AM, the water temperature in Room 125 measured 123.2 degrees Fahrenheit.
 -On August 14, 2013, at 10:00 AM, the water temperature in the men's room closest to the main entrance measured 137.5 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.

The hot water temperature will not exceed 120°F at any time. The new hot water tank will be set at 115°F down from 135°F setting. Staff will routinely check hot water temperature to ensure safe water temperatures. Documentation of the water temperatures will be kept by the home. -SE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Louis A. Case*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Louis A Case Administrator	Date 09/19/13
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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed on the right side of Room 124 did not have a source of light that can be turned on/off from bedside.

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 rooms will have an additional light source added to ensure both have a light source that can be turned on and off. Staff will check all bedrooms to make sure both residents have access to a workable light source.
 The lamp in room 124 was moved so as to be accessible from bedside. -GE

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) Louis A Coxe Administrator	Date 08/19/13
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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

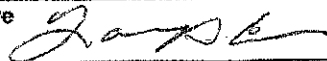
- On August 14, 2013, the bag of chicken filets in the chest freezer next to the kitchen entrance was opened and unsealed.
- On August 14, 2013, there was an opened, undated and unlabeled bag of salisbury steaks in the chest freezer next to the kitchen entrance.
- On August 14, 2013, the bag of English muffins in the two-door reach-in refrigerator was opened and unsealed.

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 will be reminded to date and seal tightly any unwrapped portions of food to be put back in freezer. Staff will be reminded of cleaning schedule to clean and defrost freezer monthly.
 Training on safe food storage will be conducted at home's staff meeting on 10/7/13. -JE

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) Loren A Cece	Date 08/19/13
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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are 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.

The home's emergency procedures will be posted in a conspicuous and public place. Staff will be reminded to place the home's emergency procedures in a public place. Staff will add this reminder to its checklist to make sure it is posted even when decorating for different holidays.

The home's emergency procedures are posted on the bulletin board in the dining room. -82

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

LOUIS A. CHASE Administrator

Date

08/15/13

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The above plan of correction is approved as of

9-27-13
 (Date)

Plan of correction implementation status as of

9-27-13
 (Date)

The above plan of correction was approved by

82
 (Initials)

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

Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

On August 14, 2013, the home did not have emergency evacuation diagrams posted.

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

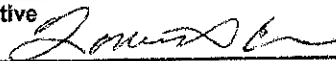
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Emergency evacuation diagrams were posted to replace those torn down by a resident in a fit of anger. Staff will be reminded to replace evacuation diagrams as soon as possible when any or all are destroyed.

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)

Louise A Cross Administrator

Date 09/18/13

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The above plan of correction is approved as of 9-27-13
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The above plan of correction was approved by LC
 (Initials)

Plan of correction implementation status as of 9-27-13
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was completed on May 19, 2013. The previous drill conducted during sleep hours was completed on August 16, 2012. There were nine months between drills conducted during sleeping hours.

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.

A fire drill will be added during sleeping hours once every six months. Staff will keep a separate checklist to make sure that a fire drill will be held nightly every six months. The next drill during sleeping hours will be conducted during the month of October, 2013. -*de*

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)

Louise A. Crose Administration

Date 09/18/13

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 (Initials)

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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last medical evaluation was completed on December 15, 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 residents will have a medical evaluation annually. Staff will be reminded to check evaluation forms for physician's dated signature and that all forms are filled out correctly or have physician office redo the forms.

Violation withdrawn. - GE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Croce Administrator</i>	Date <i>08/19/13</i>
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 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 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 #2's medication administration record lists Loperamide 2 mg (Take 2 capsules first dose then 1 cap after each loose bm), however the home does not have the medication available for administration.

-Resident #3's medication administration record lists Diphenhydramine 25 mg (Take 1 capsule by mouth 3 times daily/as needed for itch), however the home does not have the medication available for administration.

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 will check medication records and work with the pharmacy to ensure and all medications needed will be kept on hand. Staff will also work with the physician's office and pharmacy to remove any medications not needed and to correct the medication administration record accordingly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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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) <i>Louis A Cozz</i>	Date <i>09/12/13</i>
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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #4 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Every resident will be educated on the right to refuse medications. When resident signs a contract to enter the home staff she explain the right to refuse medications and resident will sign form showing they have been educated. Resident # 4 has been educated on the right to refuse medication if they believe that there may be a medication error. -BE

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Louise A Croce Administrator OR* Date *08/18/13*

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Violation Report: 32569 - 08/13/2013 - OPake, Hope
 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

The pre-admission screening form for Resident #4 does not include a determination that the home can meet the service needs of the resident.

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 determination that the home can meet the service needs of an individual shall be made 30 days prior to admission. Staff will be reminded to make sure all forms including the pre-admission form is filled out completely and have another staff member to review form before filling them in resident's charts

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joseph*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorinda A Crose</i>	Date <i>09/19/13</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>9-27-13</u> (Date)	Plan of correction implementation status as of <u>9-27-13</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