



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 19, 2013

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

RE: The Village of Nanty Glo P.C.H.

Dear Mr. Croce:

As a result of the Department of Public Welfare's Human Services licensing inspection on October 23, 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 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

Violation Report: 32589 - 10/23/2013 - Rouse, McKinley

PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following medications for Resident #1 did not have diagnoses or the purposes for their being prescribed documented on the medication administration record:

- *Gabapentin 100mg cap
- *Leftunomide 20mg tablet
- *Diclofenac SOD DR 50mg tablet
- *Toviaz ER 8mg tablet

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

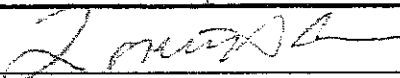
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As new medication are order by physician's staff it going to mark the current MARI with diagnosis's. When pharmacy sends new monthly MARI administration will double check for diagnosis's after the medication are approved. This process will be implemented immediately.

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)

Lorin A Croce

Date 12/17/13

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

The above plan of correction is approved as of 12-19-13
(Date)

Plan of correction implementation status as of 12-19-13
(Date)

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

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

Violation Report: 32569 - 10/23/2013 - Rouse, McKinley

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

On 08/18/2013, Resident #2 was sent to the hospital because he/she was talking to himself/herself and began to stab himself/herself with a fork. The home did not complete a new assessment for Resident #2, and the most recent assessment dated 12/08/2012, was not updated to reflect this significant change.

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.

Administration will confer with hospital and physician to assess resident's current needs when returned from the hospital. Any and all changes needed for the resident will be added to their most recent assessment. This will be done with all residents who visit the hospital and implemented immediately.

Resident # 2's RASB will be updated with relevant information. - EE

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 Croce Administrator	Date 12/17/13
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