



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 19 2014

Ms. Nanette Johnson, Owner/Administrator
222 Salisbury Street
Meyersdale, Pennsylvania 15552

RE: Johnson's Personal Care Home
License #: 321370

Dear Ms. Johnson:

As a result of the Department of Public Welfare's licensing inspection on February 12, 2014, 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.

Your regular license for the period June 16, 2014 to June 16, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

MAY 14 2014

Violation Report: 32137 - 02/12/2014 - Bacher, Mike
PCH Name: JOHNSON S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 10:45 am, a 1/2 full trash can in the kitchen did not have a lid.

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.

2-14-14 The Administrator had a meeting with all the staff reminding them of the regulation which states kitchen and bathrooms garbage cans must have a lid on at all times. I being the administrator keeps checking and reminding the staff of the importance of this regulation and I will continue to monitor the staff on a daily basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janice Johnson

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

Nonette Johnson - owner/Administrator

Date

5/10/14

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

The above plan of correction is approved as of

4/10/14
(Date)

Plan of correction implementation status as of

5/2/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 14 2014

Violation Report: 32137 - 02/12/2014 - Bacher, Mike
PCH Name: JOHNSON S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

At 9:45, emergency exit B had approximately 8 inches of snow on the steps and landing.

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.

2-12-14 The administrator had a meeting with the snow removal people reminding them of keeping all exits open, even though we had lots of snow and ice. We had all five exits open, but the sixth exit that is never used they forgot about, but I made them aware of how important it is to keep all exits open. I will monitor this on a daily basis several times a day to make sure all exits are being cleaned properly.

Repeat Violation: Yes

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

5-10-14

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

The above plan of correction is approved as of

6/2/14
(Date)

Plan of correction implementation status as of

6/2/14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)