



JUN 05 2014

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

RE: The Villa Personal Care, LLC
License #: 328360

Dear Mr. Kastelic:

As a result of the Department of Public Welfare's licensing inspection on March 26, 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 July 9, 2014 to July 9, 2015 was issued on April 21, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2014 staff training plan does not include the name, position and duties for each staff person required to take the training.

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 homes staff training planning was put on a calendar, and has since been revised to the state form. A list of in services has been added to form to aim to improve the knowledge and skills of the direct care staff. The Administrator and/or designee will assure proper training/documentation is recorded to meet regulation 2600.66

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nora Pennington*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nora Pennington</i>	Date <i>5/7/2014</i>
--	----------------------

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

The above plan of correction is approved as of 5-15-14
 (Date)

The above plan of correction was approved by *JP*
 (Initials)

Plan of correction implementation status as of 5/15/14
 (Date)

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

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Hydrogen Peroxide solution 16 fl/oz bottle, with a manufacture's label indicating "If swallowed seek professional assistance or contact poison control", was unlocked and accessible to residents in the doctors office on the 1st floor. Residents of the home, including Resident #1, have not been assessed capable of recognizing and using poisons safely.

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 physician's room is to be locked at all times. A sign indicating, "keep door closed and locked at all times" is posted. Staff educated on Regulation 2600.82. Shift leaders and PCA shall make frequent checks to assure door is locked and closed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ana Romanaytra

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

Noia Romanaytra

Date *5/7/2014*

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

The above plan of correction is approved as of

5.15.14
 (Date)

Plan of correction implementation status as of

5.15.14
 (Date)

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

The above plan of correction was approved by

GR
 (Initials)

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 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

On 3/26/2014, the water temperature at the 1st floor bathroom sink next to room 101 measured 127 degrees Fahrenheit. The bathroom sink in room 101 measured 124.8 degrees Fahrenheit and the bathroom sink in room 302 measured 126.3 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.

Immediate phone call to a professional plumbing company was placed
 At time of finding and immediate action was taken to correct problem.
 Administrator and/or designee will continue to monitor water temps
 Monthly. Should the water temp in areas accessible to residents exceed 120dg
 A professional plumbing company will be notified.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nora Pennington*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nora Pennington</i>	Date <i>5/12/2014</i>
--	-----------------------

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

The above plan of correction is approved as of <u>5-15-14</u> (Date)	Plan of correction implementation status as of <u>5-15-14</u> (Date)
The above plan of correction was approved by <u><i>JP</i></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

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The ramp at the 1st floor emergency exit door, next to the kitchen door, that leads to the designated meeting place does not have a handrail or non-skid surface. In addition, the cement at the end of the ramp is broken and could be a tripping hazard.

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 cement square at the end of the ramp is not the property of this facility.
 The controller of facility has contacted a city official, reviewed the violation,
 And the need to repair the square. The controller of facility will monitor
 The construction to assure the repair will be completed. *by June 30, 2014.*

LR

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date *5/15/2014*

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

The above plan of correction is approved as of 5.15.14
 (Date)

Plan of correction implementation status as of 5.15.14
 (Date)

The above plan of correction was approved by *JP*
 (Initials)

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

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 10/2/2013 does not include the number of residents, the number of residents evacuated, the number of staff participating, whether the alarm was activated, whether the alarm was operative or any other pertinent information about the drill.

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 fire drill on 10/2/201³ was conducted however the documentation was partly finished. Future documentation shall provide proper detail according to regulation 2600.132. Administrator and /or designee shall assure proper documentation is recorded.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

5/7/2014

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

The above plan of correction is approved as of 5.15.14
 (Date)

Plan of correction implementation status as of 5.15.14
 (Date)

The above plan of correction was approved by *JP*
 (Initials)

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

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

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 on 6/12/2013 and no sleeping hours drill has been conducted since.

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 was conducted on 3/31/2014 at 11:15pm.
 A Fire drill shall be held during sleeping hours once
 Every six months. The administrator and/or designee
 Will monitor monthly fire drills and conduct a fire drill during sleeping hours
 to assure Reg. 2600.132 is followed.

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)

Tina Pennington

Date

5/7/2014

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

The above plan of correction is approved as of

5.15.14
 (Date)

Plan of correction implementation status as of

5.15.14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

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

On 3/26/2014, two loose pills; one small round white pill, Amlodypine 5mg and one large orange round pill, Enteric coated aspirin, were found in the 3rd floor medication cart drawers.

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 educated on violation 2600.183 on 3/26/14.
 Staff shall clean med cart to assure no loose. *Cleaning will be done weekly. etc*
 Medications DON and/or shift leader to monitor frequently.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dona Pennington Jr

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

Dona Pennington

Date

5/15/2014

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

The above plan of correction is approved as of 5.15.14
 (Date)

Plan of correction implementation status as of 5.15.14
 (Date)

The above plan of correction was approved by *JP*
 (Initials)

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

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

A vial of Pneumocococool Vaccine along with a syringe and two needlless was unlabeled, in a brown paper bag and located in the medication room refrigerator.

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 educated on regulation 2600.184 on 3/26/14 *CR*
 Staff reeducated on proper labeling and storage
 of medication. DON and/or shift leader to monitor frequently
 compliance.

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)			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
<u>5.15.14</u> (Date)		<u>5.15.14</u> (Date)	
The above plan of correction was approved by		<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	
<i>CR</i> (Initials)			

Violation Report: 32836 - 03/26/2014 - Rosenblat, Dale
 PCH Name: THE VILLA PERSONAL CARE LLC

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 #2, admitted 7/16/2013, does not include the date the resident was assessed. The inspector could not determine if the assessment was completed in the time frame required by regulation.

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 preadmission screening form shall include the date the residents were assessed according to the 2600.224 reg. The administrator and/or designee shall do periodic reviews to assure all dates are marked as required by regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nora Rosenblat*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nora Rosenblat* Date *5/7/2014*

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

The above plan of correction is approved as of 5.15.14
 (Date)

The above plan of correction was approved by *NR*
 (Initials)

Plan of correction implementation status as of 5.15.14
 (Date)

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