



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 14 2015

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 Human Services' licensing inspection on February 4, 2015 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, 2015 to July 9, 2016 was issued on April 29, 2015. 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

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: The Villa Personal Care Home		License Number: 32836
Address: 429 Napoleon Place, Johnstown, PA 15901		County: Cambria
Administrator: Nora Pennington		Region: CENTRAL
Legal Entity Name: The Villa Personal Care Home		
Legal Entity Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA 15901		
Certificate(s) of Occupancy I-1 09/23/2010 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 42 Waking Staff: 32		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/04/2015: OPake, Hope; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED MAR 03 2015 CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 3	

Violation Report: 32836 - 02/04/2015 - OPake, Hope
 PCH Name: The Villa Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care Staff Member A does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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 member "A" is no longer employed by The Villa Personal Care, LLC, as of 2/4/2015. Administrator and/or designee will review all necessary documentation on employment to ensure compliance and department standards. Administrator and/or designee will routinely audit employee records to ensure all required documents are available, and to ensure that all staff meet the required qualifications. CS.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>3/25/2015</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><i>4/20/15</i></u> (Date)	Plan of correction implementation status as of <u><i>4/20/15</i></u> (Date)
The above plan of correction was approved by <u><i>CS</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 - 02/04/2015 - OPake, Hope
 PCH Name: The Villa Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On January 26, 2015, January 31, 2015 and February 3, 2015 from 10:30 PM to 11:00 PM, residents were present in the home. During these times, no staff persons were present in the home who were certified in CPR and First Aid.

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.

Administrator and/or designee will review schedule routinely to ensure staffing requirements (re: CPR/First aid) are met. Administrator and/or designee will routinely review employee records to ensure CPR/First Aid are current and cards state "First Aid" as rectified on the day of inspection. Administrator and/or designee will routinely review employee files for non-certified personnel. Administrator and/or designee will routinely schedule first aid and CPR classes for employee certification as part of the staff training calendar.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>3/25/2015</i>
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The above plan of correction was approved by <u><i>CB</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 - 02/04/2015 - OPake, Hope
 PCH Name: The Villa Personal Care Home

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 February 4, 2015, the water temperature in Room 102 measured 128.6 degrees Fahrenheit.
 -On February 4, 2015, the water temperature in Room 208 measured 123.9 degrees Fahrenheit.
 -On February 4, 2015, the water temperature in Room 210 measured 125.4 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.

Administrator and/or designee will continue to monitor water temperatures in areas accessible to the resident assuring temperatures do not exceed 120 degrees F. Staff will contact the professional plumbing services should temp. gauge read above. *Profession Plumber Contracted DAY 2 Inspection*

(monthly)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nola Pennington</i>	Date <i>3/25/2015</i>
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Violation Report: 32836 - 02/04/2015 - OPake, Hope
 PCH Name: The Villa Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There is no grab bar, hand rail or assist bar in the bathroom of Room 102.

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.

Administrator and/or designee will routinely examine toilet and bath areas for grab bars, hand rails or assist bars. It was explained to the resident in Room 102 both the necessity and regulation. Grab Bars installed on 3/23/2015.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>3/25/2015</i>
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Violation Report: 32836 - 02/04/2015 - OPake, Hope
 PCH Name: The Villa Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On February 4, 2015, the home had 37 residents, but only 41 gallons of emergency drinking water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember to include steps to correct the violation described above and steps to prevent a sin immediately, include dates by which the steps will be completed. pages.)
 ps cannot be completed

$37 \times 3 = 111$

$9 \times 5 = 45$

The facility shall maintain at least a 3 day supply of drinking Water. The Administrator has contacted the water supply Company. The facility has nine (9) – five (5) gallon bottles of water on hand. The Administrator or designee shall continue to monitor the water supply and adjust supply as needed.

14 additional bottles (5 gals) are being ordered and delivered in order to meet and exceed the amount required based on the current census. The administrator will review the supply of water available based on census changes to ensure an adequate supply is always available.
 3/4/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mona Pennington* Date *3/28/2015*

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Violation Report: 32836 - 02/04/2015 - OPake, Hope
 PCH Name: The Villa Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
 - Staff Member B, who has not completed a Department-approved diabetes education program within the past twelve months, administered insulin to Resident #2 on February 3, 2015.
 -Staff Member C, who has not completed a Department-approved diabetes education program within the past twelve months, administered insulin to Resident #2 on February 1, 2015.

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 members "B" and "C" attended diabetes education program on 2/24/2015. Administrator and/or designee will routinely review employee files to ensure compliance and certifications. Administrator and/or designee will schedule department approved diabetes education yearly as part of training schedule.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Noa Pennington</i>	Date <i>3/25/2015</i>
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