



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to THE VILLAGE OF NANTY GLO PCH INC
LEGAL ENTITY

To operate THE VILLAGE OF NANTY GLO P.C.H.
NAME OF FACILITY OR AGENCY

Located at 628 PIKE ROAD, JOHNSTOWN, PA 15909
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 19, 2015 until May 19, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 325691

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOV 19 2015

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.
License #: 325691

Dear Mr. Croce:

As a result of the Department of Human Services' (Department) licensing inspections on August 26, 2015, August 31, 2015 and October 22, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #325690 dated October 16, 2015 to October 16, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 16, 2015 to October 16, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

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

Enclosures
License
Licensing Inspection Summary

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

PCH Name: THE VILLAGE OF NANTY GLO P C H		License Number: 325690
Address: 628 PIKE ROAD, JOHNSTOWN, PA 15909		County: Cambria
Administrator: Lorin Croce		Region: CENTRAL
Legal Entity Name: THE VILLAGE OF NANTY GLO PCH INC		
Legal Entity Address: 628 PIKE ROAD, JOHNSTOWN, PA 15909		
Certificate(s) of Occupancy C-2 LP 12/10/1988 L&I		
Staffing Hours Resident Support: 57 Total Daily Staff: 104 Waking Staff: 78		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/26/2015: Springs, Israel; McCloskey, Jason 08/31/2015: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 45 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 38 Are 60 Years of Age or Older: 23 Have Mental Illness: 37 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home does not provide Resident #8 with quarterly itemized statements for the resident's financial transactions.

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.

Resident #8 will be given quarterly itemized statements. The home will no longer be a representative payee for anyone. All representative payees will be done through a third party.

In the event that a resident needs a representative payee, the administrator or designee shall assist the resident in contacting a local agency that can provide this service to the resident.

BAS 9/24/15

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 Admin.

Date *09/10/15*

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

The above plan of correction is approved as of

9/24/15
 (Date)

Plan of correction implementation status as of

11/9/15
 (Date)

The above plan of correction was approved by

BAS
 (Initials)

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

Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

2a. DESCRIPTION OF VIOLATION
 Resident #8 receives SSI payments. According to Staff Person C, the owner of the home, the home handles the finances for Resident #8 and does not provide the monthly personal needs allowance of \$85.00 to 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.

Resident #8 will receive a monthly personal needs allowance of \$85.00 dollars. The Administrator will be responsible to see that any resident under the SSI program will receive their \$85.00 allowance.

Resident #8 has been set up for representative payee services to be provided by Distinctive Human Services starting October of 2015. This agency shall be responsible for providing the \$85 Personal Needs Allowance to Resident #8.

The home will no longer be a Representative Payee for a resident of the home. *BAS 9/24/15*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Louise A Croce*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Louise A Croce* Date *09/15/15*

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

The above plan of correction is approved as of <u>9/24/15</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>11/9/15</u> (Date) <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
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Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident #7 performs housecleaning duties in the home including vacuuming of the dining room, two living rooms, and hallways. Staff Person C, the owner of the home, confirmed that the resident is not compensated in accordance to Federal and State labor laws.

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.

Resident #7 will be compensated in accordance to Federal and State labor laws. The home will no longer have resident perform any work related duties.

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) *Louise R Croce Admin.* Date *09/15/15*

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Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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
 The utility closet in the hallway near the staff/visitor bathroom was unlocked and contained Carol Brand Porcelain Bowl Cleaners (32 oz) and a gallon size Lysol Disinfectant Deodorizing Cleaner. These items had warning labels containing the phrase "call poison control center or a physician for treatment advice" and were accessible to residents, such as Resident #11, who have been assessed as being unable to safely use poisons.

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 utility closet will be kept locked and a notice tape to the door reminding staff to keep door locked. Administrator will check daily

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>Lorin A. Crocc Admin.</i>	Date <i>09/09/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Initials]</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: 32569 - 08/26/2015 - Springs, Israel
 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

During a medication review, Staff person A, a medication technician, showed the inspectors that the home has nine glucometers and six residents who require blood glucose level checks. Staff person A stated that the home primarily uses only two of the nine glucometers when testing these residents. This was also confirmed as the standard of practice by Staff Person B, the home's LPN. The two glucometers identified for regular use were Black Easy Max Vs located in a plastic cup within a plastic tote container and had no identification designating them to any specific resident. Of the remaining seven glucometers, three were unlabeled for any resident, the glucometer identified for Resident #6 was inoperable, and the glucometer identified for Resident # 5 contained no readings.

A comparison was made of the readings on the glucometers with the blood glucose levels recorded on the Medication Administration Records (MAR) for Residents #1, #2, #3, #4, #5 and #6. It was found that: on 8/31/15 at 8 am, one black Easy Max V glucometer was used to test Residents #1, #3, #4, and #5; on 8/30/15 at 8pm, this same glucometer was used to test Residents #1, #2, #3, #4, and #5; on 8/30/15 at 5pm, this glucometer was used to test Residents #1, #3, #5, and #6; and on 8/29/15 at 8pm, this glucometer was used to test Residents #1, #2, #3, #4, and #5.

The practice of using one glucometer for multiple residents was found to be consistent throughout the record. The investigation also found that there were blood glucose level entries recorded on the MAR for each of these residents that did not match any of the readings stored in the glucometers.

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 shall purchase all new glucometers four each resident needing one. Staff will use one glucometer for each resident being tested. All glucometers and their cover will be labeled with the resident name. Staff will be reminded to put all recorded glucose levels into the M.A.R. after each test. Administrator will check periodically to ensure procedure's are done correctly.

The staff members responsible for blood glucose testing and insulin administration will receive retraining in the care of diabetes by a Certified Diabetes Educator by November 20, 2015.

*BAS
9/24/15*

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)

Lorin A Croce Admin.

Date *09/08/15*

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The above plan of correction is approved as of

9/24/15
(Date)

Plan of correction implementation status as of

11/9/15
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Violation Report: 32569 - 08/26/2015 - Springs, Israel
 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

Resident #8 had no access to an operable bedside lamp or other source of bedside lighting.

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 new lamp will be placed in resident #8 bedroom. Staff will remind resident's not to move lamp to either side of their room. Staff will check daily to ensure lamp can be used by both residents.

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)

LOUIS A CROCE

Date *09/10/15*

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The above plan of correction is approved as of 9/24/15
 (Date)

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

Plan of correction implementation status as of 11/9/15
 (Date)

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

Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire drill observed by a fire safety expert was conducted on 2/23/14.

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.

Fire safety inspection and fire drill were completed on Sept 8, 2015. Administration to ensure inspections are done yearly by drafting a document to show when all inspections are due

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) *LOUIS A CRUCE* Date *09/15/15*

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Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #8's medical evaluation, dated 5/6/15, was incomplete. It contained no information for "Special Health or Dietary Needs".

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 medical evaluation for Resident #8 will be updated to show information for special health and dietary needs. Administrator will check all new evaluations upon their completion to ensure all information is completed.

The administrator shall complete an audit of all current medical evaluations for the resident in the home to assure proper completion of the documents. To be completed by October 16, 2015

BAS 9/24/15

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) *LOUIS A CROCC Admin.*

Date *09/16/15*

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The above plan of correction is approved as of 9/24/15
 (Date)

Plan of correction implementation status as of 10/9/15
 (Date)

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

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

Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 The Truamcinolone Acetonide 0.1% for Resident #8 was present in the medication cart but did not contain a label identifying this medication as being for Resident #8.

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 OTC for Resident #8 was labeled to identify the medication belonged to [REDACTED]. Staff will be reminded to label all OTC when they arrive into the home. Administration will check periodically to ensure all OTC are labeled correctly.

The administrator shall complete a review of all medication carts to assure that all Over the Counter medications are labeled correctly. To be completed by October 16, 2015

BAS 9/24/15

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) Louise A Croce Admin	Date 09/16/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record (MAR) for Resident #6 did not include documentation that the prescribed Donepezil Hcl 5 mg tab was administered or refused on 8/15/15 at 8:00pm.

The MAR for Resident #9 did not include documentation that the prescribed Benzotropine .5mg was administered or refused on 8/4/15 at 12:00 pm, and the prescribed Wellbutrin 75 mg tabs was administered or refused on 8/24/15 at 12:00pm.

The MAR for Resident #10 did not include documentation that the prescribed Magnesium 500mg was administered or refused on 8/16/15 at 8:00 am.

The MAR for Resident #3 did not include entries for the units of insulin administered on 8/24/15 at 12pm, 8/9/15 at 8am, and 8/9/15 at 12pm.

The MAR for Resident #5 did not include entries for the units of insulin administered on 8/30/15 at 12pm, 8/30/15 at 8am, and 8/4/15 at 12pm.

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 M.A.R. will be updated whenever possible per staff members. There will be a notification on the front of each M.A.R. reminding staff to initial the M.A.R. for all medication given. Administration will inspect MAR weekly for any missing documentation and will take appropriate action.

The staff members responsible for medication administration will receive retraining in proper documentation procedures for the Medication Administration Record (MAR) by November 20, 2015.

BAS 9/24/15

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) *Lorin A Crocc Administ* Date *08/15/15*

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

The above plan of correction is approved as of 9/24/15 (Date)

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

Plan of correction implementation status as of 11/9/15 (Date)

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

Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 The current Support Plan for Resident #11, dated 6/7/15, was not signed by the resident and did not reflect that the resident refused or was unable to sign.

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.

Current support plan will be updated showing resident was unable to sign document. All support plans will be reviewed by Assistant Administrator after completion by the Administrator.

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. COCCO</i>	Date <i>09/18/15</i>
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Violation Report: 32569 - 08/26/2015 - Springs, Israel
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident Records for Residents #6, 8, 9, and 11 did not contain a photograph of the resident that is no more than two years old.
 Resident Records for Residents #2, 8, 9, and 10 did not include the resident's hair color, identifying marks, and religion.

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 shall have a new picture taken and placed into current M.A.R. All resident records will be updated to include all information required. New residents will have picture taken and all information required upon arrival

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 09/15/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

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 (Initials)

Plan of correction implementation status as of 11/9/15
 (Date)

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- Partially Implemented - Adequate Progress
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