



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail: lorincroce@yahoo.com**  
**Mailing Date: March 10, 2016**

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 PCH  
Certificate #: 325691

Dear Mr. Croce:

As a result of the Department of Human Services' licensing inspections on October 22, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger", written in a cursive style.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 32569 - 10/22/2015 - McCloskey, Jason  
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 On 10/22/15, a vial of *Humalog Insulin 100u/ml* for Resident 5 was marked as having been opened on 7/27/15. According to the manufacturer's instructions, the insulin may be kept for only 28 days after being opened.  
 The *Nasonex* nasal spray for Resident 4 had expired at the end of September 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.

*Administration will inspect medications on a daily basis looking for expired medications. Inspection will include medication carts and medication refrigerators. An invoice will be made to all med trained employees regarding outdated medications.*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrator*      Date *11/15/15*

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

The above plan of correction is approved as of 12/1/15 (Date)

Plan of correction implementation status as of 2/5/16 (Date)

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

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

Violation Report: 32569 - 10/22/2015 - McCloskey, Jason  
 PCH Name: THE VILLAGE OF NANTY GLO PCH

**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 10/22/15, three cups of medications were located on the top of a medication cart in the kitchen. The first cup contained a small white pill belonging to Resident 1. The second cup contained 5 tablets and 1 capsule belonging to Resident 2 who was sent to the hospital prior to medications being administered on 10/22/15. The third cup contained 5 tablets and 2 capsules belonging to Resident 3, who was not present in the home since Sunday, 10/18/15.

**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 hold in service on the importance of discarding on used medications. When a resident refuser medications staff will immediately notify appropriate parties and take medications to administration for disposal. Administration will post instructions on each medication cart.

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 11/15/15

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

The above plan of correction is approved as of

12/1/15  
 (Date)

Plan of correction implementation status as of

2/9/16  
 (Date)

The above plan of correction was approved by

PLK  
 (Initials)

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

Violation Report: 32569 - 10/22/2015 - McCloskey, Jason  
 PCH Name: THE VILLAGE OF NANTY GLO P C H

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

On 10/22/15, Resident 2 was transported to the hospital prior to the administration of the 8am medications. However, the medication administration record (MAR) for Resident 2 incorrectly indicated that administration of the medications had occurred at 8:00 am.

Resident 3 was away from the home on 10/18/15. However, the MAR incorrectly reflected that administration of medications occurred on 10/18/15 at 8:00 am.

**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 hold training seminar to medication trained employees on importance to deliver all medications. If resident leaves the home before staff can deliver medication staff to document it appropriately and destroy medication. Administration will post directions on medication cart.

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

Date

11/15/15

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

The above plan of correction is approved as of

11/15  
 (Date)

Plan of correction implementation status as of

2/5/16  
 (Date)

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

The above plan of correction was approved by

BAS  
 (Initials)