



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

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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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 January 4, 2017 until January 4, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **325690**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
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

JAN 0 5 2017

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 #: 325690

Dear Mr. Croce:

As a result of the Department of Human Services' annual licensing inspections on July 19, 2016, July 20, 2016 and October 19, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: THE VILLAGE OF NANTY GLO P C H		License Number: 32569
Address: 626 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: 626 PIKE ROAD, JOHNSTOWN, PA 15909		
Certificate(s) of Occupancy C-2 LP 12/10/1998 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/19/2016: McCloskey, Jason; Rosenblat, Dale		
07/20/2016: McCloskey, Jason; Rosenblat, Dale		
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: 44 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 38 Are 60 Years of Age or Older: 24 Have Mental Illness: 37 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 3	

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 7-20-16, the home's licensing inspection summaries from 8-26-15 and 8-31-15 were not posted in a conspicuous and public place in the home.

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's licensing inspection summaries will be posted in a conspicuous place. The home will create a binder to include all inspection summaries.

These postings shall include a copy of the Licensing Inspection Summary from the most recent licensing renewal inspection and all summaries received since the most recent licensing renewal inspection.

BAS 9/8/16

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. CROSS Adm.* Date *08/06/16*

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/19/16
 (Date)

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

Violation Report: 32589 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
 On 7-14-16, there were 42 residents in the home, including 3 residents with mobility needs, requiring a total minimum of 45 hours of direct care. On this date, only 44.5 hours of direct care staffing was provided.
 On 7-17-17, there were 43 residents in the home, including 3 residents with mobility needs, requiring a total minimum of 46 hours of direct care. On this date, only 43.5 hours of direct care staffing was provided.

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 check schedule weekly to ensure the home has met its requirements of providing at least 2 hours per day of personal care services.

To ensure that adequate direct care staffing hours are being maintained, the administrator shall account for the time staff spend performing ancillary duties when planning staffing schedules.

Direct Care Staffing hours shall be reviewed during the Home's Quality Management Meetings to identify and address any staffing problems.

*9/8/16
 BMS*

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) *Lorin A. Croce Adm* Date *8/6/16*

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/19/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 7-17-16, a total of 46 hours of direct care was required. However, only 33.5 of the required hours, or 73 percent, were provided during waking hours.

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 check schedule weekly to ensure the home has met it's requirements of providing at least 75% of the personal care services hours during waking hours. Administrator shall also watch for call offs and replace those hours appropriately.

To ensure that adequate direct care staffing hours are being maintained, the administrator shall account for the time staff spend performing ancillary duties when planning staffing schedules.

Direct Care Staffing hours shall be reviewed during the Home's Quality Management Meetings to assure that the home is providing proper waking hours Direct Care coverage, and address any staffing problems that have been identified

9/8/16 BAS

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) Date

Lois A C-occ Adm 8/6/16

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 10/19/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION

The staff contact list did not contain the name, address or phone number of staff person B.

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 shall add the name, address and telephone number of the missing staff. Administration will remind staff to add new employees to list including those old employees who come back to work at the village.

The administrator of the home shall review the staff contact list during each Quality Management Meeting to assure that the staff information is current.

BAS
9/18/16

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) *Mark A. Crow* *Admin* Date *09/06/16*

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

The above plan of correction is approved as of 9/18/16
 (Date)

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

Plan of correction implementation status as of 10/19/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of administrator training for staff person A, for training year 2015, does not include 12 hours of online training that was completed.

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 shall complete all training requirements. Administrator will keep all training records locked in his office and track the progress of all trainings done.

The administrator will maintain a record containing the date, source, content, and length of each training course the administrator has completed. Copies of all training certificates shall be kept in the administrator's training file. The administrator shall review this file semi-annually to ensure that proper documentation and recording has been maintained.

9/8/16

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) *Law A Carter PCHM* Date *09/08/16*

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/19/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C received only 4 hours of annual training in training year January through December 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.

All direct staff persons will receive twelve hours of annual training. All sign in sheets will be marked showing which training is given, and the date, and the instructor. All sign in sheets will be copied and put in the staff person's file for review.

Staff Person C shall complete 20 hours of training during training year 2016. 12 of these hours shall be for the 2016 training year and 8 hours shall account for the hours missed in training year 2015.

The Administrator shall review each staff member's training every three months to track the hours that each staff member has completed and address missed trainings.

9/8/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lorin A. Croce</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LORIN A. CROCE Administrator	09/20/16

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/15/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff persons C and D for the training year January through December 2015 did not include any of the training topics required by this 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.

STAFF will be trained on all required topics. Administrator will redo his current training schedule to include all requirements needed.

The administrator shall create and implement a new training plan that records the staff person trained, date, source, content, and length of each training required in regulation 2600.65f. All certificates obtained for the completion of trainings, shall be maintained in the training file. The new training plan shall be created and implemented by 9/20/16.

The Administrator shall review each staff member's training every three months to track the hours that each staff member has completed and address missed trainings.

9/8/16 BAS

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)

David A. Cozz Adm.

Date *08/06/16*

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

The above plan of correction is approved as of 9/18/16
 (Date)

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

Plan of correction implementation status as of 10/15/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The hallway from the dining room to the resident bedrooms has a raised seam in the flooring of approximately 1" which extends across the width of the floor and poses a tripping hazard to anyone using the hallway and an impedence for anyone utilizing a wheelchair for ambulation.

The lower corner of the wall which separates the sink area from the shower area in the men's bathroom is damaged with a torn outer layer of drywall and crumbling plaster which extendeds approximately 14" up the wall and approximately 12" along the floor.

The lower corner of the wall which separates the sink area from the shower area in the women's bathroom is damaged as evidenced by a ragged, missing piece of drywall measuring about 8" x 8".


There is a ceiling tile above the middle sink in the women's bathroom that is damaged by water, as evidenced by a large brown water stain covering most of the tile.

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 hallway floor will be raised to match the concrete step so hallway will be repaired.
 Both corners of the walls in each bathroom will have the dry wall removed and replaced with wood. This will stop the wheelchairs from damaging the walls. Ceiling tiles have been replaced. Staff to Advise administration of any and all damages.

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) Lori A Cross Admin Date 08/22/14

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

The above plan of correction is approved as of 9/8/14
 (Date)

Plan of correction implementation status as of 10/19/16
 (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 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2E. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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.

Copies of emergency procedures shall be posted in a public place. Administration will check daily.

Staff shall be re-educated on this violation and will be advised to immediately inform the administrator if the Emergency Procedures Manual found to be missing. The administrator shall immediately replace the Emergency Procedures Manual, upon notification that it is not posted.

*9/8/16
BAS*

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)

Laura A. Croce Admin

Date *08/06/16*

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

The above plan of correction is approved as of

9/8/16
 (Date)

Plan of correction implementation status as of *10/19/16*
 (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 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa. Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 The home permits smoking in a shelter at the left rear corner of the property. On 7-20-16, licensing representatives observed a resident smoking at the front entrance of the home. Numerous cigarette and cigar butts were observed on the pavement and in the shrubbery bed to the right of the front door.

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 to inform all residents that smoking is allowed only in the shelter in back of building. Staff will remind residents daily and check to see residents are abiding to the regulation

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lorie A Croce Adm* Date *08/05/16*

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/19/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

The *Bisacodyl 10 mg suppository* for Resident 1 was discontinued on the medication administration record (MAR) prior to July but was still present in the medication cart on 7/19/16.

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 Bisacodyl 10 mg suppository will be disposed of immediately. Administrator will inform staff that when a medication is discontinued to immediately remove any and all medications from the home

The administrator, and/or designated person, will conduct an audit of all the medication carts to dispose of all expired medications found. This audit will be completed by 9/20/16.

BMS
9/8/16

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) Date
 LORIN A CROCC Adm 08/06/16

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

The above plan of correction is approved as of 9/8/16
 (Date)

Plan of correction implementation status as of 10/19/16
 (Date)

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

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

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

The label for Resident 2's *Proair HFA Albuterol Sulfate* reads "1 puff every 4 hrs as needed", but the prescription states one puff to be given twice a day.

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 MAR was changed to the prescription. Administrator to address all med-techs to correctly mark the MARs. Also the med-techs should check MARs every time medication is given to be sure medication is labeled correctly.

The administrator, and/or designated person, will conduct an audit of all the current medications to assure that the labels match the current prescription. This audit will be completed by 9/20/16.

The home shall audit the medications for a 25% sample of the residents on a quarterly basis.

BAS 9/18/16

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 Cucco Admin.* Date *08/06/16*

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

The above plan of correction is approved as of 9/18/16 (Date)

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

Plan of correction implementation status as of 10/19/16 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident 2 states that *Oxycodone 10 mg* is to be administered 1 tablet 3 times a day as needed. The prescription states 1 tablet to be given 3 times a day as a regular order.

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 MAR was changed to match the prescription. Administrator to ^{address} med-tech to correctly mark MAR. Also Administrator should check MARs to ensure they match prescription every time medication is given.

The administrator, and/or designated person, will conduct an audit of all the current medications to assure that what is documented on the Medication Administration Record matches the current prescription. This audit will be completed by 9/20/16.

The home shall audit the medications for a 25% sample of the residents on a quarterly basis.

BRAS 9/8/16

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. Cucco Adm* Date *09/06/16*

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

The above plan of correction is approved as of 9/8/16 (Date)

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

Plan of correction implementation status as of 10/19/16 (Date):

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person C administered medications throughout the month of July including on 7-16-16, 7-11-16, 7-7-16 and 7-6-16. Staff person C's medication training is not current as it does not include administration observations made since the last training held on 6-27-15.

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.

Staff person to have medication training updated. Administrator to review all staff files to make sure they all in compliance with their current duties. All training initiated but not limited to med-training and diabetic training will be completed by 09/10/16

Every three months, the administrator of the home shall review the medication administration training for all staff who perform these duties. The administrator shall assure that the administration observations, annual practicums, and biannual testing is being completed as required. If a staff member is found to be out of compliance with the training requirements, that staff member will be removed from the medication administration duties until the time the requirements have been fulfilled.

BAS 9/10/16

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) *Laura A. Coxe Adm* Date *08/06/16*

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/15/16
 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

On 7-19-16, licensing representatives observed staff person E check the blood sugar of Resident 3 and then administer insulin. Per interview with staff person E, this staff member has never received diabetic education.

Staff person F has checked the blood sugar of and administered insulin to Resident 3 throughout the month of July, including on 7-20-16, 7-19-16, 7-18-16 and 7-15-16. Staff person F has not received diabetic education since 1-1-14.

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.

Staff person was trained on 08/10/16. All staff will be trained by 09/10/16 in diabetic training. Administration will review all staff files to make sure staff are current on training for current duties.

Every three months, the administrator of the home shall review the medication administration training for all staff who administer insulin. The administrator shall assure that each staff member performing these duties has successfully completed a Department-approved diabetes patient education program within the past 12 months, and has current medication administration training required in regulation 2600.190(a). If a staff member is found to be out of compliance with the training requirements, that staff member will be removed from the medication administration duties until the time the requirements have been fulfilled.

BAS 9/10/16

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
<i>Loren Cloe Admin</i>			<i>08/06/16</i>

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

The above plan of correction is approved as of	<u>9/8/16</u> (Date)	Plan of correction implementation status as of	<u>10/19/16</u> (Date)
The above plan of correction was approved by	<u>BAS</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 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The home's medication administration training record for staff person C does not include the certificate for the certified diabetic educator who conducted the class, or documentation of the successful completion of the training held on 7/29/15.

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 to collect all certificates of trainings and file appropriately. All records to be locked in Administration office. All staff to be retrained at both Medication and Diabetic training.

During the home's Quality Management meetings, the administrator shall review the training documentation for all staff performing medication administration duties to assure that a record of the trainings and copies of current certificates for the diabetic educator and medication administration trainer are being maintained.

9/18/16 BVS

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) *Laura R Croce Adm.* Date *09/06/16*

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

The above plan of correction is approved as of 9/18/16 (Date)

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

Plan of correction implementation status as of 10/19/16 (Date)

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

Violation Report: 32569 - 07/19/2016 - McCloskey, Jason
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION

The home's activities program does not include times when any of the activities are scheduled to occur. In addition, the calendar includes haircuts and nail care which are fee-for-service activities that the home arranges for through a third party. The administrator states that a church service activity occurs one day each month, however, this activity was not included on the calendar.

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 will adjust its activity program to include social, physical, intellectual and recreational activities

The administrator of the home shall create a new activities schedule. This schedule will be developed utilizing resident input and shall include the dates and times when the activities are to occur. The activities will not include services that are provided as a part of the residents' regular care and hygiene. The new schedule will be developed and implemented by 9/20/16. The administrator shall review the activities schedule semiannually to assure that the residents interests and needs are being served.

BAS 9/8/16

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) *Lon R. Cress Adm* Date *09/08/16*

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

The above plan of correction is approved as of 9/8/16
 (Date)

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

Plan of correction implementation status as of 10/15/16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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