



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

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' annual licensing inspection on July 11, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

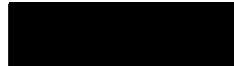
Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary





Violation Report: 32836 - 07/11/2017 - Showers, Michael  
PCH Name: THE VILLA PERSONAL CARE LLC

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 9/13/2016, Resident 1 was diagnosed as having Shingles. This diagnosis was never reported to the Department.

**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 facility is reeducated on reporting certain diagnosis as required per regulation .  
The administrator or designee shall report to the department all reportable diagnosis required , effective immediately.  
Administrator or designee shall routinely review in quality management meetings that all reportables are reported with in time frame.

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 *7/20/2017*

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

The above plan of correction is approved as of 7/25/17 (Date)

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

Plan of correction implementation status as of 7/25/17 (Date)

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