



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 24, 2017

Ms. Nanette Johnson,
Owner/Administrator
222 Salisbury Street
Meyersdale, Pennsylvania 15552

RE: Johnson's Personal Care Home
Certificate #: 331370

Dear Ms. Johnson:

As a result of the Department of Human Services' licensing inspection on August 9, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32137 - 08/09/2017 - Springs, Israel
 PCH Name: JOHNSON S 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

The shared bathroom between rooms #2 and #3 had a measured water temperature of 124 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.

The hot water tank is directly below this bathroom. #2 Room has their own bathroom in the bedroom, so this bathroom is hardly ever used and we have a hard time keeping the temperature below 120°F. It is either too cold or too hot (the tank is new). We will continue to check the water temperature twice daily and continue to adjust the water tank till we can get it to stay below 120°F. We were only checking weekly, we will now continue to check twice daily.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/30/2017			
-----------------------	-----------------------------------	------------	--	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanette Johnson - Administrator</i>	Date <i>8/21/2017</i>
--	-----------------------

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

The above plan of correction is approved as of 8/24/17
 (Date)

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

Plan of correction implementation status as of 8/24/17
 (Date)

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

Violation Report: 32137 - 08/09/2017 - Springs, Israel
 PCH Name: JOHNSON S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 8/9/17, only the menus for the weeks of 7/19/17 and 7/26/17 were posted. The current and upcoming week's menus were not posted.

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.

I always do the menu for 2 weeks in advance, The direct care staff wakes that I fixed the night before had torn them up and throwed them in the garbage on her way out the door. I did not have a chance to hang new menus back up before you all came that morning.

I will make sure there is always a menu prepared and hanging in 1 week advance, I usually always do 2 weeks in advance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janet M. Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nonette Johnson - Administrator</i>	Date <i>8-21-2017</i>
---	-----------------------

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

The above plan of correction is approved as of <u>8/24/17</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>8/24/17</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
--	--