



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2018

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

RE: Johnson's Personal Care Home
Certificate #: 321370

Dear Ms. Johnson:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on March 9, 2018 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.

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.

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,

Jacqueline L. Rowe
Director

Enclosure
License
License Inspection Summary

Violation Report: 32137 - 03/09/2018 - McCloskey, Jason
 PCH Name: JOHNSON S PERSONAL CARE HOME

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 toilet seat in the pink bathroom is cracked and poses a pinching hazard to anyone who sits down.

The baseboard heater in the pink bathroom is in poor repair as evidenced by a gap in the metal that runs along the vertical surface of the unit. The top of the unit is rough and discolored from rust stains.

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.

Toilet Seat

1. Toilet Seat was replaced on March 10, 2018.
2. Direct care staff and administrators will monitor on a routine basis to always make sure, that we do a visual exam while assisting the residents, to look for any cracks on the toilet seat, and change right away if we see any.

Baseboard Heater

1. The baseboard heater as been repaired it was missing a screw that holds the cover up.
2. The baseboard heater also has been scuffed up & repainted with a rustoleum paint used for metal.
3. Administrator had a meeting on 3/23/18 with residents, asking them to be easy when opening the bathroom door, when they whip it open real hard it hits the end of the heater causing the screws to come loose.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nanette Johnson

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nanette Johnson - Administrator

Date 3/26/2018

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

The above plan of correction is approved as of

3/27/18
 (Date)

Plan of correction implementation status as of

3/27/18
 (Date)

The above plan of correction was approved by

NJS
 (Initials)

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

Violation Report: 32137 - 03/09/2018 - McCloskey, Jason

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

On 3/9/18, at 11:51am, the water temperature at the sinks in the pink and the blue bathrooms measured 128 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.

- Direct care staff and administrator are constantly monitoring the water temperature. The administrator is constantly turning the water heaters up and down and both water heaters are new, and we still struggle with the temperature being correct.
- We have contacted our plumber (Hoover Plumbing & Heating) they ordered us mixing valves for on each hot water tank, they should be in on March 27, 2018 and they will install them on March 28, 2018; Hoover's said this will correct our problem.

* The home will perform weekly checks of the hot water temperatures in the identified bathrooms. These temperature checks will be logged with the date, time, and temperature of the water. The log will be reviewed by the administrator to identify any on-going problems.

BWS 3/27/18

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/30/2017

08/09/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Nanette Johnson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nanette Johnson

Date

3/26/2018

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BWS
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Violation Report: 32137 - 03/09/2018 - McCloskey, Jason
 PCH Name: JOHNSON S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(p) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

Resident 1's bedroom has water damage as evidenced by very dark brown stains on the ceiling and streaks running down the wall.

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.

- We noticed the leak on January 3, 2018, called the roof repair man, he came the same day and repaired the roof, we had a shingle come loose and caused the water to enter that way, but was repaired the exact same day.
- The bedroom is being painted on March 27, 28 the resident is in the behavioral health unit in the hospital and will be there for several days.
- Direct care staff and administration will monitor regularly for any problems, and if find any will have repaired right away. The roof was just put on new in 2015, we had new shingles installed in 2015.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>3/26/2018</i>
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The above plan of correction is approved as of 3/27/18
 (Date)

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

Plan of correction implementation status as of 3/27/18
 (Date)

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

Violation Report: 32137 - 03/09/2018 - McCloskey, Jason
 PCH Name: JOHNSON S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

During the inspection, licensing representatives observed Resident 2 using a wheelchair with assistance from a staff person. Resident 2's most recent assessment, completed on 4/9/17, identifies the resident as independent with transferring. Per interview with Staff Person A, the administrator, the resident was hospitalized in January 2018 and now has mobility needs requiring assistance with transferring. The home has not performed a reassessment to address this significant change.

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 resident's mobility change was only to be a week or two, but she got stronger after being discharged from the hospital, it is taking her longer to get her strength back. It was an oversight on my part (administrator).
 - I have done a reassessment on the resident, and will make sure I do a reassessment right away for a resident, when a reassessment is needed to keep this from occurring again.

* The administrator will complete an audit all resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 15 days from the receipt of this plan.

3/27/18 BAS

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ranette Johnson - Administrator* Date *3/26/2018*

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The above plan of correction is approved as of 3/27/18
 (Date)

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

Plan of correction implementation status as of 3/27/18
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented