



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Mr. Richard M. Kastelic  
Owner/ Member  
The Villa Personal Care LLC  
429 Napoleon Place  
Johnstown, Pennsylvania 15901

RE: The Villa Personal Care LLC  
Certificate #: 328360

Dear Mr. Kastelic:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 30, 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 32836 - 07/30/2018 - Hoover, Douglas  
PCH Name: THE VILLA PERSONAL CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 7/30/18, the home's census was 33 which required one staff person trained in CPR and first aid present at all times.

There were no trained staff in first aid on the the following dates and times:

- 7/8/18 from 3:00 pm to 7:00 am on 7/9/18
- 7/14/18 from 7:00 am to 12:00 pm and from 6:00 pm to 12:00 am
- 7/20/18 from 7:00 am to 1:30 pm and from 8:00 pm to 12:00 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.

On the date of inspection it was discovered that the new certifying instructor did not complete the cards for first aid training, only CPR. A new class was rescheduled immediately for shift leaders and completed on August 22 2018. Shift leaders are scheduled daily and around the clock per shift. This will meet the requirements of 2600.63. All CMA's were recertified in first aide as required. The administrator or designee shall audit all cards for correct certification/training and be sure all requirments are met of 2600.63 on an ongoing basis, per schedule. See cards attached  
*Roster*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Noea Pennington PCH/AL* Date *9/18/2018*

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

The above plan of correction is approved as of <u>9/19/18</u> (Date)	Plan of correction implementation status as of <u>9/19/18</u> (Date)
The above plan of correction was approved by <u>GCE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32836 - 07/30/2018 - Hoover, Douglas  
 PCH Name: THE VILLA PERSONAL CARE LLC

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home uses a "house" glucometer if a resident's own glucometer is defective. The following were recorded on the glucometer:

- On 9/17/17, there was a blood sugar reading of 345 at 12:15 am
- On 9/18/17, there was a blood sugar reading of 220 at 10:03 pm
- On 9/25/17, there was a blood sugar reading of 112 at 8:41 pm
- On 10/4/17, there was a blood sugar reading of 218 at 12:24 am

Direct Care Staff Member A could not correlate all of the blood sugar readings with specific residents.

**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*

A house glucometer that was kept in the medication room ; stored in the cupboard and not used since 9/2017 was disposed of immediately upon dicussion of importance of not sharing glucometers. Staff had been previous trained on risk of sharing glucometers and the DHS requirments of 2600.185 verses hospitals or a SNF facility. Staff was reeducated on 7/30/2018 of the importance of not sharing glucometers and no house glucometer is permitted (as confident the house glucometer hasn't been used since 9/2017). The house glucometer is disposed of and correction is in place. Nursing staff is aware no house glucometer and sharing of glucometers is permissable.

Staff was / is educated to the importance of not sharing glucometers due to risk of infection, completed 8/1/2018

Staff educated to contact family for replacemnet of glucometer in the event that a machine malfunctions.

On 8/1/2018 the DON implemented quality control monitoring (see attached)

- Each LPN or CMA will review the previous shifts accrucheck readings for accruacy.
- If any additional accruchecks would need completed on an individual, documentation for reason and reading to be completed in resident chart notes and on the mar.
- The Administraor, DON or desginee shall routinely review for complaince on an ongong basis.

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) <u>Nora Pennington PEITALAL</u>	Date <u>9/18/2018</u>
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Violation Report: 32836 - 07/30/2018 - Hoover, Douglas  
 PCH Name: THE VILLA PERSONAL CARE LLC

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

There was a bottle of *Ketoconazole Shampoo 2%* with a prescription label for Resident #1 on top of a shelf in the 2nd floor salon. The medication was discontinued on 4/18/17.

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 bottle of ketoconazole shampoo that was discontinued and left in the salon was disposed of immediately.  
 Nursing staff and housekeeper was educated the day of inspection on regulation 2600.183.  
 The Nursing staff and housekeeper will ensure that medications are correctly secured at all times.

In the future, the home will not keep expired or discontinued medications in the home. (GE)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *9/18/2018*

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THE VILLA

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