



NOV 29 2018

Mr. Lorin A. Croce
President/Chief Executive Officer
The Village of Nanty Glo PCH, Inc.
628 Pike Road
Johnstown, Pennsylvania 15909

RE: The Village of Nanty Glo P.C.H.
Certificate #: 325690

Dear Mr. Croce:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 31 and August 1, 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.

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 "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 6/27/17, did not have a resident-home contract completed until 7/1/17.

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.

Resident contract will be signed prior to admission or within 24 hours after admission. Staff to make sure if a resident arrives before his/her scheduled admission that their contract be signed on that day even if home is not changing resident until their original admission date. Administration will check all contracts before file into resident's chart.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Lorin A. Croce*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorin A Croce Admin</i>	Date <i>09/24/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/19/18</u> (Date)	Plan of correction implementation status as of <u>11/19/18</u> (Date)
The above plan of correction was approved by <u>GE</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 - 07/31/2018 - Hoover, Douglas

PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

A criminal background check was not done for Direct Care Staff Member A who was hired on 6/22/18.

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 criminal background check will be done on all new staff members. The administrator will do all background checks on new employees and Assistant Administrator will verify before putting in employee's file

A criminal background check was completed on the identified staff person on 8/1/2018. The Administrator has developed a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act. - GE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Louis

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

Louis A Croce Admin.

Date *09/24/18*

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(Date)

Plan of correction implementation status as of 11/19/18
(Date)

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

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

Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Member B, the home's administrator, was required to complete 31 hours of training for the training year 2017 because of insufficient training hours for the 2016 training year. Only 27 hours were completed for the 2017 training year.

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 will complete 24 hrs of training per year. Administrator will complete 28 hours of training in 2018 to compensate for lack of hours the previous year. Assistant Administrator will check to see the training has been completed.

Staff training needs were discussed at the home's November quality management review. -GE

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) <i>LOUIE A. CROSS</i>	Date <i>09/24/18</i>
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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

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

Direct Care Staff Member C did not receive training in safe management techniques and care for residents with mental health and intellectual disability needs in the 2017 training year.

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 care staff members will receive all training requirement for every year. Assistant Administrator will note all employees who miss schedule training and make sure those trainings are made up on different days. Administrator will check each employee's file every schedule training day to ensure trainings are on schedule

Staff training needs were discussed at the home's November quality management review. Documentation of training will be kept by the home. -GE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/24/2018		
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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) *Louise A. Grace Administrator* Date *09/24/18*

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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member C did not receive training on resident rights in the 2017 training year.


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 care staff member will receive all training needed for the year. Staff member C will be trained on residents rights. All scheduled trainings will be done, if a staff person mirror this training administrator will train said staff member. Administrator will check all training files to make sure all direct care staff receive proper training.

Staff training needs were discussed at the home's November quality management review. Documentation of training will be kept by the home. -GE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/24/2018	
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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) Louisa Crowe Date 09/24/18

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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 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 following were observed in the common men's bathroom:

- There was a 3 by 3 inch hole behind a swinging stall door
- There was a 3 by 4 inch hole in the wall behind and below the same swinging stall door
- There was a 6 by 3 inch hole on the back wall, above the baseboard in the same stall
- The rubber baseboard in the corner of the same stall, behind the toilet, was wavy and warped with rusty screws

There is a gap of 1 inch between the back of the sink and the wall in the back hall bathroom. The 2 screws which secure the sink to the wall are exposed and pulling away from 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.

All necessary repairs will be made to men's bathroom within the next thirty days.

A new sink will be put in when old one is pulled away and was purchased but not yet installed on the day of inspection. Staff to be reminded of advising Administration of all needed repairs.

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) *Louis A Croce* Date *09/24/18*

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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.102(c) - There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

2a. DESCRIPTION OF VIOLATION

The home's census of 44 requires 5 bathtubs or showers. On 8/1/18, the home had 3 operational bathtubs or showers. Two bathtubs, 1 each in the men's room and the ladies room, were not operational. The bathtubs were missing faucet parts and handles and the water could not be turned on.

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 bath tubs were repaired before inspector left that day. ^{on 8/1/18} Two new handles were installed and in working condition verified by inspection staff to be reminded to notify administration of all repairs needed

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

Printed Name and Title of Legal Entity Representative *LOUIE A CROW*
 (Required on EVERY Page) Date *09/24/18*

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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

There was a can of "Zippo" lighter fluid and a bottle of isopropyl rubbing alcohol, that belonged to Resident #1, sitting on a table in Room 107.

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 combustible materials will be removed from all resident's room. Staff to remind all residents of this rule and check rooms daily for the materials. Administration will routinely check rooms for such materials.

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) <i>Louise A. Coon Administrator</i>	Date <i>09/24/19</i>
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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

There was no initial medical evaluation completed for Resident #1 who was admitted on 6/27/17. The completed medical evaluation for Resident #1 is dated 2/28/18.

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 new residents will have a completed medical evaluation upon admission. Staff to have a completed medical evaluation and administrator will go over the evaluation to make sure it is completed correctly. If not said evaluation will be sent back for correction.

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

Printed Name and Title of Legal Entity Representative *Laura A Croce*
 (Required on EVERY Page) Date *09/20/18*

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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The initial medical evaluation for Resident #2 is dated 6/6/17. The following medical evaluation for Resident #2 is dated 6/28/18.

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 new medical evaluations will be checked
 for correct dating. Administration will review
 all medical evaluations to ensure they are
 completed on a timely basis.*

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) <i>Louise A. Cross</i>	Date <i>09/24/18</i>
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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas

PCH Name: THE VILLAGE OF NANTY GLO PCH

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

There was a *Lantus 100 u/ml (3 ml)* unused insulin pen that was not labeled with the resident's name or pharmacy label in medication cart #2.

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.

Administrative Staff

All medication will be labeled correctly. Staff will remind med tech to ensure that all medications be labeled correctly. Administration will inspect med carts weekly to ensure the process is being done

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) *Louisa Cross Administration* Date *09/26/18*

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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

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 (MAR) for Resident #3 was not initialed for the administration of *Humalog 100 u/ml* "KwikPen" at 12:00 pm on 7/4, 7/11, 7/29 and 7/30 of 2018.

Resident #4 is on a sliding insulin scale which requires blood sugar readings at 8:00 am, 12:00 pm and 5:00 pm. The July 2018 MAR documents blood sugar readings but not units (dose) of insulin given as required by the sliding insulin scale.

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 remind staff of proper
 of marking MARs after administering insulin.
 Administration will check MARs periodically to
 ensure all MARs are being initialed and readings
 are being done correctly on a weekly basis. -GE*

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) <i>Louisa A. Gore</i>	Date <i>09/24/18</i>
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Violation Report: 32569 - 07/31/2018 - Hoover, Douglas
 PCH Name: THE VILLAGE OF NANTY GLO PCH

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #1, admitted 6/27/17, is dated 5/23/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

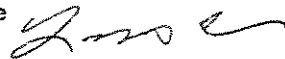
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All ^{30 days} pre-admission forms will be made prior to admission. Administrator will inspect all pre admission forms to ensure they are not done to early, or to late.

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)

Louis Croce

Date 09/24/18

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented