



November 1, 2019

Ms. Nora Pennington
Administrator
The Villa Personal Care LLC
429 Napoleon Place
Johnstown, Pennsylvania 15901

RE: The Villa Personal Care LLC
Certificate #: 328360

Dear Ms. Pennington:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 17, 2019, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

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, appearing to read "Kevin Hancock". The signature is fluid and cursive, written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE VILLA PERSONAL CARE LLC*

Address: *429 NAPOLEON PLACE, JOHNSTOWN, PA 15901*

County: *CAMBRIA*

Region: *CENTRAL*

License Number: *32836*

Administrator

Name: *Nora Pennington*

Phone: *8142544514*

Email:

Legal Entity

Name: *THE VILLA PERSONAL CARE LLC*

Address: *429 NAPOLEON PLACE, JOHNSTOWN, PA, 15901*

Certificate(s) of Occupancy

Type: *I-1*

Date: *09/23/2010*

Issued By: *City of Johnstown*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *44*

Waking Staff: *33*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/17/2019 - On-Site: Kellie Cargile, Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50*

Residents Served: *35*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *35*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *9*

Have Physical Disability: *0*

Rec'd
8/2/19
GE

07/17/2019

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 5/15/19, an order for a hospital bed, fall mats, and beside table were written for Resident #1 after several falls in the home. The resident's support plan, dated 9/25/18, does not document the use of or need for this equipment.

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.)

7/13/2019

Administrator, Director of Nursing and/or designee to audit all current resident support plans by 8/15/19, to ensure that adaptive/assistive equipment is included in their support plans. Administrator, Director of Nursing and/or designee will audit new and annual resident support plans within 30 days of completion to ensure that adaptive/assistive equipment is included in their support plans. Audits to be recorded on flow sheet enclosed with quality assurance tools.

Legal Entity Representative

Nora Pennington
Signature

Nora Pennington PCHA/AL 8/18/2019
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/25/19 (Date) Plan of correction implementation status as of 9/25/19 (Date)

The above plan of correction was approved by GE (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented