



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: March 24, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 4, 2020 of the above facility, we have determined that your submitted plan of correction is accepted and fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: JOHNSON'S PERSONAL CARE HOME

License Number: 32137

Address: 222 SALISBURY STREET,, MEYERSDALE, PA 15552

County: SOMERSET

Region: CENTRAL

## Administrator

Name: Nanette Johnson

Phone: 8146345160

Email:

## Legal Entity

Name: NANETTE JOHNSON

Address: 222 SALISBURY STREET, MEYERSDALE, PA, 15552

## Certificate(s) of Occupancy

Type: I-2

Date: 03/31/2011

Issued By: Labor and Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

## Inspection Dates and Department Representative

03/04/2020 - On-Site: Michael Showers, Cybil Bomberger

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 15

Residents Served: 15

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 14

Are 60 Years of Age or Older: 7

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

183d - Prescription Current

Regulations

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

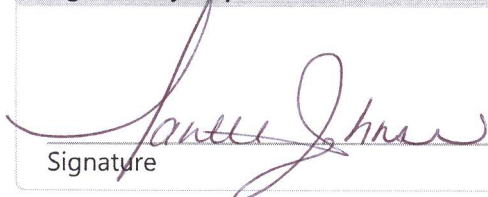
A container of Ketoconazole Shampoo prescribed for Resident #1 was located in the medication cart on 3/4/2020. This medicated shampoo had expired 01/31/2019.

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.)

1. Re-educate all staff the importance of checking the expiration dates on all meds.
2. Administrator will check every Monday, med cart to make sure there is no expired meds.
3. Boswell Pharmacy will send a worker out every month also to check the med cart.
4. The expired shampoo that was resident's #1, was discarded and thrown away on the date of our inspection, and the new shampoo put in the med cart.

Legal Entity Representative

  
Signature

Nanette Johnson / owner  
Printed Name and Title  
Administrative  
3-23-2020  
Date

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

The above plan of correction is approved as of 3/24/20 Plan of correction implementation status as of 3/24/20  
(Date)  Implemented (Date)  
The above plan of correction was approved by BAS  Not Implemented  
(Initials)