

Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

[REDACTED] OWNER/ADMINISTRATOR
NANETTE JOHNSON
222 SALISBURY STREET
MEYERSDALE, PA 15552

RE: JOHNSON'S PERSONAL CARE
HOME
222 SALISBURY STREET
MEYERSDALE, PA, 15552
LICENSE/COC#: 32137

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *JOHNSON'S PERSONAL CARE HOME* License #: *32137* License Expiration Date: *06/16/2021*
 Address: *222 SALISBURY STREET, MEYERSDALE, PA 15552*
 County: *SOMERSET* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *8146345160* Email: [REDACTED]

Legal Entity

Name: *NANETTE JOHNSON*
 Address: *222 SALISBURY STREET, MEYERSDALE, PA, 15552*
 Phone: *8146345160* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *03/30/2011* Issued By: *Somerset County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/05/2021*

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]

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: *11*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

05/06/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2021*

Inspections / Reviews *(continued)*

6/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/15/2021*

7/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures**1. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for Resident #1, who was admitted on [REDACTED] was not signed by the payer.

Plan of Correction**Accept**

Due to Covid-19 we were not allowing anyone but staff and residents in the home. The administrator and resident were the only ones who signed the contract.

I being the administrator will make sure that all contracts are signed by the resident, administrator, and the payer.

The administrator will complete an audit of all the resident contracts by 7/15/21. Any contract found without the required signatures will be corrected.

Completion Date: 06/11/2021

Document Submission**Implemented**

All Steps are in process.