

Department of Human Services  
Bureau of Human Service Licensing

November 30, 2022

[REDACTED]  
THE VILLAGE OF NANTY GLO PCH INC  
628 PIKE ROAD  
JOHNSTOWN, PA, 15909

RE: THE VILLAGE OF NANTY GLO P.C.H.  
628 PIKE ROAD  
JOHNSTOWN, PA, 15909  
LICENSE/COC#: 32569

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2021, 11/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE VILLAGE OF NANTY GLO P.C.H.* License #: 32569 License Expiration: 01/04/2023  
Address: 628 PIKE ROAD, JOHNSTOWN, PA 15909  
County: CAMBRIA Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *THE VILLAGE OF NANTY GLO PCH INC*  
Address: 628 PIKE ROAD, JOHNSTOWN, PA, 15909  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/31/1998 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 11/09/2021

**Inspection Dates and Department Representative**

11/09/2021 - On-Site: [REDACTED]  
11/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 50 Residents Served: 48

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 44 Are 60 Years of Age or Older: 39  
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 2 Have Physical Disability: 2

**Inspections / Reviews**

**11/09/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2022

**07/15/2022 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/22/2022

**11/17/2022 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 11/24/2022

**11/30/2022 - Document Submission**

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

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, dated [redacted] 21, for Resident #2 was not signed by the resident or designee.

POC Submission

Directed

(Directed)

- The administrator will obtain Resident 2's signature on the contract by 12/1/22.
- The administrator will audit all resident contracts by 12/1/22 to ensure they are each signed by the resident.
- The administrator will develop and implement a new admission checklist by 12/1/22 to ensure the contract is signed by the new resident on the day of admission.

Directed Completion Date: 12/01/2022

Implemented ([redacted] - 11/30/2022)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's quality management plan was not reviewed annually. The most recent Quality Management review was conducted on 10/19/20.

POC Submission

Accept

A quality management plan was completed on 01/19/22. Staff will now mark training material to remind administration of quality management plan. Administration will also mark in his binder for THEVILLAGE of yearly quality management plan.

Licensee's Proposed Overall Completion Date: 01/19/2022

Implemented ([redacted] - 11/30/2022)

51 - Criminal Background Check

3. Requirements

2600.

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

Description of Violation

A criminal background check was not completed for Staff Member A prior to starting employment on [redacted]/21.

POC Submission

Accept ([redacted] 11/15/2022)

A criminal background check was completed [redacted] 21. A copy is enclosed. Administrator will advise staff that a background must be done on all employees even the administrator's sister who works eight hours a month. Administrator will check for all criminal background checks before first day of employment. Administration will

51 - Criminal Background Check (continued)

make monthly exams to ensure CHBC on done. All were check on 07/29/22

Licensee's Proposed Overall Completion Date: 07/29/2022

Implemented ( ) - 11/30/2022

63a - First Aid/CPR Training

4. Requirements

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.

Description of Violation

Staff Person E was scheduled alone overnight on the pm-am shift on /21 and /21 and was not currently certified in first aid and CPR.

Staff Person F was scheduled on /21, /21, /21, /21, and /21 alone overnight on the pm-am shifts and was not currently certified in first aid and CPR.

POC Submission

Directed ( ) - 11/15/2022

(Directed)

- Both identified staff members were trained in CPR/First Aid on /21.
- The administrator will audit all staff records by 12/1/22 to ensure that a sufficient number of staff are trained in CPR/First Aid such that at least one staff person who is trained is present on each shift.
- The administrator will audit the staff schedule weekly beginning 12/1/22 to ensure 1 staff person who is trained in CPR/First Aid is present on each shift.

Directed Completion Date: 12/01/2022

Implemented ( ) - 11/30/2022

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

1 of the 2 residents residing in rooms and 1 of the 3 residents residing in room do not have access to a source of light that can be turned on/off at bedside.

POC Submission

Accept ( ) - 11/15/2022

All new lights were purchased to accommodate residents in need of lamps. Staff was reminded to check for lamps in each room as residents move furniture rendering the current lamps not within reach of both residents. Also, if a resident leaves and takes the lamp belonging to THEVILLAGE, remind staff to tell administration to replace lamp. Assistant Administrator will exam all rooms monthly to check for lighting for each resident .This report will be given to the Administrator

**101j7 - Lighting/Operable Lamp (continued)***Directed)*

- *The administrator purchased new lights by 12/22/21 and placed them at bedside for each identified resident.*
- *Beginning 12/1/22, the administrator will audit each resident bedroom weekly to ensure bedside lights are in place.*

**Licensee's Proposed Overall Completion Date: 07/29/2022****Implemented (██████ 11/30/2022)****190a - Completion Medication Course****6. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff Person C, who has hired on ██████/14, last had a medication administration record (MAR) review and observation completed on 9/27/20, but has administered meds since last review date.*

*Staff person D, who was hired on ██████/14, last had MAR review and observation completed on ██████/20, but has administered meds since last review.*

**POC Submission****Accept ██████ 11/15/2022)**

*Staff person C and D have both been Med. trained on ██████ 2021. Administration will check training schedules monthly to make sure staff is in compliance. Sanswrit will not download require information. These documents were mailed to Pa. Human Services on 05/12/22*

**Licensee's Proposed Overall Completion Date: 07/29/2022****Implemented ██████ 11/30/2022)****224a Preadmission Screen Form****7. Requirements**

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.

**Description of Violation**

*Resident #2's preadmission screening form was dated ██████/21 as completed, however the form was incomplete. Sections I-F, II-E, II-F, II-G, II-H, II-I, sensor needs and diagnosis were not completed.*

**POC Submission****Accept ██████ - 11/15/2022)**

*Residents preadmission form was completed on ██████/21. Administration will review all charts pertaining to residents' admissions. This will include all residents with emergency admissions through Area of Aging protective services. Review of all charts will be done monthly.*

224a - Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 07/29/2022

Implemented ( ) - 11/30/2022

225a Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted on [redacted]/21 and the initial assessment was not signed and not dated, and only partially completed. The following areas were blank: bladder, bowel, hygiene, finances, supervision, dental, dietary, vision, social and recreational.

POC Submission

Directed ( ) - 11/15/2022

Protective services of AAA will be notified that all new admissions must have a preadmission form completed before admission. This still must be completed even in emergency situations. Corrections were made on [redacted]/22.

Staff will follow through the next day on all emergency cases.

(Directed)

The administrator will audit all resident records by 12/1/22 to ensure that preadmission screenings are fully completed.

Directed Completion Date: 12/01/2022

Implemented ( ) - 11/30/2022

227a Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on [redacted]/21 and the initial support plan was not signed and not dated, and only partially completed. The following areas were blank: bladder, bowel, hygiene, finances, supervision, dental, dietary, vision, social and recreational.

POC Submission

Directed ( ) 11/15/2022

(Directed)

- The administrator will audit all resident support plans by 12/1/22 to ensure they are accurate and complete.
- Beginning 7/29/22, The administrator will review all initial support plans within 1 day of completion to ensure all required information is present.
- Beginning 7/29/22, the administrator will conduct monthly audits of support plans within the first week of the month.

227a - Support Plan 30 Days (*continued*)

Directed Completion Date: 07/29/2022

Implemented (█ - 11/30/2022)