

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

March 7, 2023

[REDACTED]
THE VILLA PERSONAL CARE LLC
429 NAPOLEON PLACE
JOHNSTOWN, PA, 15901

RE: THE VILLA PERSONAL CARE LLC
429 NAPOLEON PLACE
JOHNSTOWN, PA, 15901
LICENSE/COC#: 32836

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2023 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

Facility Information

Name: *THE VILLA PERSONAL CARE LLC* License #: 32836 License Expiration: 07/09/2023
 Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA 15901
 County: CAMBRIA Region: CENTRAL

Administrator

Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE VILLA PERSONAL CARE LLC*
 Address: 429 NAPOLEON PLACE, JOHNSTOWN, PA, 15901
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: 09/03/2010 Issued By: *City of Johnstown*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 47 Waking Staff: 35

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 01/26/2023

Inspection Dates and Department Representative

01/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 38

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 9 Have Physical Disability: 1

Inspections / Reviews

01/26/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/11/2023

02/16/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/01/2023
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/24/2023

Inspections / Reviews *(continued)*

02/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/01/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/03/2023

03/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/01/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a - Medical Evaluation

1. Requirements

2600.

141.a. 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.

Description of Violation

Resident #1 was admitted on [REDACTED] the initial Documentation of Medical Evaluation (DME) was not completed until [REDACTED], which is greater than 30 days after admission.

Plan of Correction

Accept (MD - 02/24/2023)

Beginning 2/20/23, Administrator and/or designee will complete audit of all new admissions within 20 days after move in to ensure Documentation of Medical Evaluation is submitted in the correct time frame.

Administrator and or designee to complete an audit of all existing residents by 3/1/23 to review compliance for DME requirements.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MD - 03/07/2023)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 1/26/23 at approximately 9:05 am, a medicine cup marked with the numbers [REDACTED] with a tan-colored paste was observed unlocked, unattended, and accessible at the front desk, inches from the Covid sign-in screening forms. There was no staff at the desk, nor in the general area.

Plan of Correction

Accept (MD - 02/24/2023)

Administrator and/or designee to complete staff re-training on medication storage by 3/1/23. Re-training is scheduled for 2/21/23.

Beginning 2/20/23, Administrator and/or designee to monitor for staff compliance with safe medication storage on a monthly basis. Administrator and/or designee will increase frequency of observations if needed.

Administrator and/or designee to complete annual medication re-training for medication administrators, administrator and/or designee will repeat training as needed if staff are noted to be out of compliance with regulations.

All training needs will be addressed at the next quality management meeting on 2/21/23.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented (MD - 03/07/2023)

183d - Prescription Current

3. Requirements

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

On 1/26/23, acetaminophen prescribed for Resident #2 was observed in the home's medication cart; however, the medication expired on 1/6/23.

Plan of Correction**Accept (MD - 02/24/2023)**

Expired medication was removed on 1/26/23 by [REDACTED] RN.

Administrator and/or designee to complete an audit of the medication carts every other month to ensure all current medications and orders are not expired and are available for resident use by 3/1/23.

Administrator and/or designee to complete audits of medication carts every other month to ensure all medications are current and available.

Licensee's Proposed Overall Completion Date: 03/01/2023

Implemented (MD - 03/07/2023)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed True Plus glucose tabs as needed. On 1/26/23, the medication was not available in the home.

Resident #2 is prescribed SSD cream as needed. On 1/26/23, the medication was not available in the home.

Resident #3 is prescribed Soothe XP eye drops as needed. On 1/26/23, the medication was not available in the home.

Plan of Correction**Accept (MD - 02/24/2023)**

Administrator and/or designee to complete an audit of the medication carts and current physician orders ensuring all residents have their current medications ordered and are available for resident use by 3/1/23.

Administrator and/or designee to complete a re-training of medication administration policies and procedures with medication administrators by 3/1/23. Staff training is scheduled for 2/21/23.

Administrator and/or designee to complete an audit of medication carts every other month to ensure all medications are current and available.

Licensee's Proposed Overall Completion Date: 03/01/2023

185a - Implement Storage Procedures (*continued*)

Implemented (MD - 03/07/2023)